

1 *fitness, healthy food and beverages, and incentives in*  
2 *the Federal Employee Health Benefits Program; and*

3 *(2) submit to Congress a report concerning such*  
4 *evaluation, which shall include conclusions con-*  
5 *cerning the reasons that such existing programs have*  
6 *proven successful or not successful and what factors*  
7 *contributed to such conclusions.*

## 8 ***TITLE V—HEALTH CARE***

### 9 ***WORKFORCE***

#### 10 ***Subtitle A—Purpose and***

#### 11 ***Definitions***

##### 12 ***SEC. 5001. PURPOSE.***

13 *The purpose of this title is to improve access to and*  
14 *the delivery of health care services for all individuals, par-*  
15 *ticularly low income, underserved, uninsured, minority,*  
16 *health disparity, and rural populations by—*

17 *(1) gathering and assessing comprehensive data*  
18 *in order for the health care workforce to meet the*  
19 *health care needs of individuals, including research*  
20 *on the supply, demand, distribution, diversity, and*  
21 *skills needs of the health care workforce;*

22 *(2) increasing the supply of a qualified health*  
23 *care workforce to improve access to and the delivery*  
24 *of health care services for all individuals;*

1           (3) *enhancing health care workforce education*  
2           *and training to improve access to and the delivery of*  
3           *health care services for all individuals; and*

4           (4) *providing support to the existing health care*  
5           *workforce to improve access to and the delivery of*  
6           *health care services for all individuals.*

7 **SEC. 5002. DEFINITIONS.**

8           (a) *THIS TITLE.—In this title:*

9           (1) *ALLIED HEALTH PROFESSIONAL.—The term*  
10           *“allied health professional” means an allied health*  
11           *professional as defined in section 799B(5) of the Pub-*  
12           *lic Health Service Act (42 U.S.C. 295p(5)) who—*

13                   (A) *has graduated and received an allied*  
14                   *health professions degree or certificate from an*  
15                   *institution of higher education; and*

16                   (B) *is employed with a Federal, State, local*  
17                   *or tribal public health agency, or in a setting*  
18                   *where patients might require health care services,*  
19                   *including acute care facilities, ambulatory care*  
20                   *facilities, personal residences, and other settings*  
21                   *located in health professional shortage areas,*  
22                   *medically underserved areas, or medically under-*  
23                   *served populations, as recognized by the Sec-*  
24                   *retary of Health and Human Services.*

1           (2) *HEALTH CARE CAREER PATHWAY.*—*The term*  
2           *“healthcare career pathway” means a rigorous, en-*  
3           *gaging, and high quality set of courses and services*  
4           *that—*

5                   (A) *includes an articulated sequence of aca-*  
6                   *demically and career courses, including 21st century*  
7                   *skills;*

8                   (B) *is aligned with the needs of healthcare*  
9                   *industries in a region or State;*

10                  (C) *prepares students for entry into the full*  
11                  *range of postsecondary education options, in-*  
12                  *cluding registered apprenticeships, and careers;*

13                  (D) *provides academic and career coun-*  
14                  *seling in student-to-counselor ratios that allow*  
15                  *students to make informed decisions about aca-*  
16                  *demically and career options;*

17                  (E) *meets State academic standards, State*  
18                  *requirements for secondary school graduation*  
19                  *and is aligned with requirements for entry into*  
20                  *postsecondary education, and applicable indus-*  
21                  *try standards; and*

22                  (F) *leads to 2 or more credentials, includ-*  
23                  *ing—*

24                           (i) *a secondary school diploma; and*

1                   (ii) a postsecondary degree, an appren-  
2                   ticeship or other occupational certification,  
3                   a certificate, or a license.

4                   (3) *INSTITUTION OF HIGHER EDUCATION.*—The  
5                   term “institution of higher education” has the mean-  
6                   ing given the term in sections 101 and 102 of the  
7                   Higher Education Act of 1965 (20 U.S.C. 1001 and  
8                   1002).

9                   (4) *LOW INCOME INDIVIDUAL, STATE WORK-*  
10                   *FORCE INVESTMENT BOARD, AND LOCAL WORKFORCE*  
11                   *INVESTMENT BOARD.*—

12                   (A) *LOW-INCOME INDIVIDUAL.*—The term  
13                   “low-income individual” has the meaning given  
14                   that term in section 101 of the Workforce invest-  
15                   ment Act of 1998 (29 U.S.C. 2801).

16                   (B) *STATE WORKFORCE INVESTMENT*  
17                   *BOARD; LOCAL WORKFORCE INVESTMENT*  
18                   *BOARD.*—The terms “State workforce investment  
19                   board” and “local workforce investment board”,  
20                   refer to a State workforce investment board es-  
21                   tablished under section 111 of the Workforce In-  
22                   vestment Act of 1998 (29 U.S.C. 2821) and a  
23                   local workforce investment board established  
24                   under section 117 of such Act (29 U.S.C. 2832),  
25                   respectively.

1           (5) *POSTSECONDARY EDUCATION.*—*The term*  
2           *“postsecondary education” means—*

3                   (A) *a 4-year program of instruction, or not*  
4                   *less than a 1-year program of instruction that is*  
5                   *acceptable for credit toward an associate or a*  
6                   *baccalaureate degree, offered by an institution of*  
7                   *higher education; or*

8                   (B) *a certificate or registered apprentice-*  
9                   *ship program at the postsecondary level offered*  
10                   *by an institution of higher education or a non-*  
11                   *profit educational institution.*

12           (6) *REGISTERED APPRENTICESHIP PROGRAM.*—  
13           *The term “registered apprenticeship program” means*  
14           *an industry skills training program at the postsec-*  
15           *ondary level that combines technical and theoretical*  
16           *training through structure on the job learning with*  
17           *related instruction (in a classroom or through dis-*  
18           *tance learning) while an individual is employed,*  
19           *working under the direction of qualified personnel or*  
20           *a mentor, and earning incremental wage increases*  
21           *aligned to enhance job proficiency, resulting in the*  
22           *acquisition of a nationally recognized and portable*  
23           *certificate, under a plan approved by the Office of*  
24           *Apprenticeship or a State agency recognized by the*  
25           *Department of Labor.*

1       **(b) TITLE VII OF THE PUBLIC HEALTH SERVICE**  
2 *ACT.*—*Section 799B of the Public Health Service Act (42*  
3 *U.S.C. 295p) is amended—*

4           *(1) by striking paragraph (3) and inserting the*  
5 *following:*

6           **“(3) PHYSICIAN ASSISTANT EDUCATION PRO-**  
7 *GRAM.—The term ‘physician assistant education pro-*  
8 *gram’ means an educational program in a public or*  
9 *private institution in a State that—*

10           *“(A) has as its objective the education of in-*  
11 *dividuals who, upon completion of their studies*  
12 *in the program, be qualified to provide primary*  
13 *care medical services with the supervision of a*  
14 *physician; and*

15           *“(B) is accredited by the Accreditation Re-*  
16 *view Commission on Education for the Physi-*  
17 *cian Assistant.”; and*

18           *(2) by adding at the end the following:*

19           **“(12) AREA HEALTH EDUCATION CENTER.—The**  
20 *term ‘area health education center’ means a public or*  
21 *nonprofit private organization that has a cooperative*  
22 *agreement or contract in effect with an entity that*  
23 *has received an award under subsection (a)(1) or*  
24 *(a)(2) of section 751, satisfies the requirements in sec-*  
25 *tion 751(d)(1), and has as one of its principal func-*

1     *tions the operation of an area health education center.*  
2     *Appropriate organizations may include hospitals,*  
3     *health organizations with accredited primary care*  
4     *training programs, accredited physician assistant*  
5     *educational programs associated with a college or*  
6     *university, and universities or colleges not operating*  
7     *a school of medicine or osteopathic medicine.*

8             “(13) *AREA HEALTH EDUCATION CENTER PRO-*  
9     *GRAM.—The term ‘area health education center pro-*  
10    *gram’ means cooperative program consisting of an*  
11    *entity that has received an award under subsection*  
12    *(a)(1) or (a)(2) of section 751 for the purpose of plan-*  
13    *ning, developing, operating, and evaluating an area*  
14    *health education center program and one or more*  
15    *area health education centers, which carries out the*  
16    *required activities described in section 751(c), satis-*  
17    *fies the program requirements in such section, has as*  
18    *one of its principal functions identifying and imple-*  
19    *menting strategies and activities that address health*  
20    *care workforce needs in its service area, in coordina-*  
21    *tion with the local workforce investment boards.*

22             “(14) *CLINICAL SOCIAL WORKER.—The term*  
23    *‘clinical social worker’ has the meaning given the*  
24    *term in section 1861(hh)(1) of the Social Security Act*  
25    *(42 U.S.C. 1395x(hh)(1)).*

1           “(15) *CULTURAL COMPETENCY*.—The term ‘cul-  
2           tural competency’ shall be defined by the Secretary in  
3           a manner consistent with section 1707(d)(3).

4           “(16) *DIRECT CARE WORKER*.—The term ‘direct  
5           care worker’ has the meaning given that term in the  
6           2010 Standard Occupational Classifications of the  
7           Department of Labor for Home Health Aides [31-  
8           1011], Psychiatric Aides [31-1013], Nursing Assist-  
9           ants [31-1014], and Personal Care Aides [39-9021].

10           “(17) *FEDERALLY QUALIFIED HEALTH CEN-  
11           TER*.—The term ‘Federally qualified health center’  
12           has the meaning given that term in section 1861(aa)  
13           of the Social Security Act (42 U.S.C. 1395x(aa)).

14           “(18) *FRONTIER HEALTH PROFESSIONAL SHORT-  
15           AGE AREA*.—The term ‘frontier health professional  
16           shortage area’ means an area—

17                   “(A) with a population density less than 6  
18                   persons per square mile within the service area;  
19                   and

20                   “(B) with respect to which the distance or  
21                   time for the population to access care is exces-  
22                   sive.

23           “(19) *GRADUATE PSYCHOLOGY*.—The term ‘grad-  
24           uate psychology’ means an accredited program in  
25           professional psychology.



1           “(20) *HEALTH DISPARITY POPULATION.*—*The*  
2           *term ‘health disparity population’ has the meaning*  
3           *given such term in section 903(d)(1).*

4           “(21) *HEALTH LITERACY.*—*The term ‘health lit-*  
5           *eracy’ means the degree to which an individual has*  
6           *the capacity to obtain, communicate, process, and un-*  
7           *derstand health information and services in order to*  
8           *make appropriate health decisions.*

9           “(22) *MENTAL HEALTH SERVICE PROFES-*  
10           *SIONAL.*—*The term ‘mental health service profes-*  
11           *sional’ means an individual with a graduate or post-*  
12           *graduate degree from an accredited institution of*  
13           *higher education in psychiatry, psychology, school*  
14           *psychology, behavioral pediatrics, psychiatric nurs-*  
15           *ing, social work, school social work, substance abuse*  
16           *disorder prevention and treatment, marriage and*  
17           *family counseling, school counseling, or professional*  
18           *counseling.*

19           “(23) *ONE-STOP DELIVERY SYSTEM CENTER.*—  
20           *The term ‘one-stop delivery system’ means a one-stop*  
21           *delivery system described in section 134(c) of the*  
22           *Workforce Investment Act of 1998 (29 U.S.C.*  
23           *2864(c)).*

24           “(24) *PARAPROFESSIONAL CHILD AND ADOLES-*  
25           *CENT MENTAL HEALTH WORKER.*—*The term ‘para-*

1     *professional child and adolescent mental health work-*  
2     *er’ means an individual who is not a mental or be-*  
3     *havioral health service professional, but who works at*  
4     *the first stage of contact with children and families*  
5     *who are seeking mental or behavioral health services,*  
6     *including substance abuse prevention and treatment*  
7     *services.*

8             “(25) *RACIAL AND ETHNIC MINORITY GROUP; RA-*  
9     *CIAL AND ETHNIC MINORITY POPULATION.—The terms*  
10    *‘racial and ethnic minority group’ and ‘racial and*  
11    *ethnic minority population’ have the meaning given*  
12    *the term ‘racial and ethnic minority group’ in section*  
13    *1707.*

14            “(26) *RURAL HEALTH CLINIC.—The term ‘rural*  
15    *health clinic’ has the meaning given that term in sec-*  
16    *tion 1861(aa) of the Social Security Act (42 U.S.C.*  
17    *1395x(aa)).”.*

18    (c) *TITLE VIII OF THE PUBLIC HEALTH SERVICE*  
19 *ACT.—Section 801 of the Public Health Service Act (42*  
20 *U.S.C. 296) is amended—*

21            (1) *in paragraph (2)—*

22                    (A) *by striking “means a” and inserting*  
23                    *“means an accredited (as defined in paragraph*  
24                    *6)”;* and

1           (B) by striking the period as inserting the  
2           following: “where graduates are—

3           “(A) authorized to sit for the National  
4           Council Licensure EXamination-Registered  
5           Nurse (NCLEX–RN); or

6           “(B) licensed registered nurses who will re-  
7           ceive a graduate or equivalent degree or training  
8           to become an advanced education nurse as de-  
9           fined by section 811(b).”; and

10          (2) by adding at the end the following:

11          “(16) ACCELERATED NURSING DEGREE PRO-  
12          GRAM.—The term ‘accelerated nursing degree pro-  
13          gram’ means a program of education in professional  
14          nursing offered by an accredited school of nursing in  
15          which an individual holding a bachelors degree in an-  
16          other discipline receives a BSN or MSN degree in an  
17          accelerated time frame as determined by the accred-  
18          ited school of nursing.

19          “(17) BRIDGE OR DEGREE COMPLETION PRO-  
20          GRAM.—The term ‘bridge or degree completion pro-  
21          gram’ means a program of education in professional  
22          nursing offered by an accredited school of nursing, as  
23          defined in paragraph (2), that leads to a bacca-  
24          laureate degree in nursing. Such programs may in-  
25          clude, Registered Nurse (RN) to Bachelor’s of Science

1 of Nursing (BSN) programs, RN to MSN (Master of  
2 Science of Nursing) programs, or BSN to Doctoral  
3 programs.”.

4 ***Subtitle B—Innovations in the***  
5 ***Health Care Workforce***

6 ***SEC. 5101. NATIONAL HEALTH CARE WORKFORCE COMMIS-***  
7 ***SION.***

8 (a) *PURPOSE.*—*It is the purpose of this section to es-*  
9 *tablish a National Health Care Workforce Commission*  
10 *that—*

11 (1) *serves as a national resource for Congress,*  
12 *the President, States, and localities;*

13 (2) *communicates and coordinates with the De-*  
14 *partments of Health and Human Services, Labor,*  
15 *Veterans Affairs, Homeland Security, and Education*  
16 *on related activities administered by one or more of*  
17 *such Departments;*

18 (3) *develops and commissions evaluations of edu-*  
19 *cation and training activities to determine whether*  
20 *the demand for health care workers is being met;*

21 (4) *identifies barriers to improved coordination*  
22 *at the Federal, State, and local levels and recommend*  
23 *ways to address such barriers; and*

1           (5) encourages innovations to address population  
2 needs, constant changes in technology, and other envi-  
3 ronmental factors.

4           (b) *ESTABLISHMENT.*—There is hereby established the  
5 National Health Care Workforce Commission (in this sec-  
6 tion referred to as the “Commission”).

7           (c) *MEMBERSHIP.*—

8           (1) *NUMBER AND APPOINTMENT.*—The Commis-  
9 sion shall be composed of 15 members to be appointed  
10 by the Comptroller General, without regard to section  
11 5 of the Federal Advisory Committee Act (5 U.S.C.  
12 App.).

13           (2) *QUALIFICATIONS.*—

14           (A) *IN GENERAL.*—The membership of the  
15 Commission shall include individuals—

16           (i) with national recognition for their  
17 expertise in health care labor market anal-  
18 ysis, including health care workforce anal-  
19 ysis; health care finance and economics;  
20 health care facility management; health care  
21 plans and integrated delivery systems;  
22 health care workforce education and train-  
23 ing; health care philanthropy; providers of  
24 health care services; and other related fields;  
25 and

1           (ii) who will provide a combination of  
2 professional perspectives, broad geographic  
3 representation, and a balance between  
4 urban, suburban, rural, and frontier rep-  
5 resentatives.

6           (B) INCLUSION.—

7           (i) IN GENERAL.—The membership of  
8 the Commission shall include no less than  
9 one representative of—

10                   (I) the health care workforce and  
11 health professionals;

12                   (II) employers;

13                   (III) third-party payers;

14                   (IV) individuals skilled in the  
15 conduct and interpretation of health  
16 care services and health economics re-  
17 search;

18                   (V) representatives of consumers;

19                   (VI) labor unions;

20                   (VII) State or local workforce in-  
21 vestment boards; and

22                   (VIII) educational institutions  
23 (which may include elementary and  
24 secondary institutions, institutions of  
25 higher education, including 2 and 4

1                   *year institutions, or registered appren-*  
2                   *ticeship programs).*

3                   *(ii) ADDITIONAL MEMBERS.—The re-*  
4                   *maining membership may include addi-*  
5                   *tional representatives from clause (i) and*  
6                   *other individuals as determined appropriate*  
7                   *by the Comptroller General of the United*  
8                   *States.*

9                   *(C) MAJORITY NON-PROVIDERS.—Individ-*  
10                  *uals who are directly involved in health profes-*  
11                  *sions education or practice shall not constitute a*  
12                  *majority of the membership of the Commission.*

13                  *(D) ETHICAL DISCLOSURE.—The Comp-*  
14                  *troller General shall establish a system for public*  
15                  *disclosure by members of the Commission of fi-*  
16                  *nancial and other potential conflicts of interest*  
17                  *relating to such members. Members of the Com-*  
18                  *mission shall be treated as employees of Congress*  
19                  *for purposes of applying title I of the Ethics in*  
20                  *Government Act of 1978. Members of the Com-*  
21                  *mission shall not be treated as special govern-*  
22                  *ment employees under title 18, United States*  
23                  *Code.*

24                  *(3) TERMS.—*

1           (A) *IN GENERAL.*—*The terms of members of*  
2           *the Commission shall be for 3 years except that*  
3           *the Comptroller General shall designate staggered*  
4           *terms for the members first appointed.*

5           (B) *VACANCIES.*—*Any member appointed to*  
6           *fill a vacancy occurring before the expiration of*  
7           *the term for which the member's predecessor was*  
8           *appointed shall be appointed only for the re-*  
9           *mainder of that term. A member may serve after*  
10          *the expiration of that member's term until a suc-*  
11          *cessor has taken office. A vacancy in the Com-*  
12          *mission shall be filled in the manner in which*  
13          *the original appointment was made.*

14          (C) *INITIAL APPOINTMENTS.*—*The Comp-*  
15          *troller General shall make initial appointments*  
16          *of members to the Commission not later than*  
17          *September 30, 2010.*

18          (4) *COMPENSATION.*—*While serving on the busi-*  
19          *ness of the Commission (including travel time), a*  
20          *member of the Commission shall be entitled to com-*  
21          *penetration at the per diem equivalent of the rate pro-*  
22          *vided for level IV of the Executive Schedule under sec-*  
23          *tion 5315 of title 5, United States Code, and while so*  
24          *serving away from home and the member's regular*  
25          *place of business, a member may be allowed travel ex-*



1 *penses, as authorized by the Chairman of the Com-*  
2 *mission. Physicians serving as personnel of the Com-*  
3 *mission may be provided a physician comparability*  
4 *allowance by the Commission in the same manner as*  
5 *Government physicians may be provided such an al-*  
6 *lowance by an agency under section 5948 of title 5,*  
7 *United States Code, and for such purpose subsection*  
8 *(i) of such section shall apply to the Commission in*  
9 *the same manner as it applies to the Tennessee Valley*  
10 *Authority. For purposes of pay (other than pay of*  
11 *members of the Commission) and employment bene-*  
12 *fits, rights, and privileges, all personnel of the Com-*  
13 *mission shall be treated as if they were employees of*  
14 *the United States Senate. Personnel of the Commis-*  
15 *sion shall not be treated as employees of the Govern-*  
16 *ment Accountability Office for any purpose.*

17 (5) *CHAIRMAN, VICE CHAIRMAN.—The Comp-*  
18 *troller General shall designate a member of the Com-*  
19 *mission, at the time of appointment of the member,*  
20 *as Chairman and a member as Vice Chairman for*  
21 *that term of appointment, except that in the case of*  
22 *vacancy of the chairmanship or vice chairmanship,*  
23 *the Comptroller General may designate another mem-*  
24 *ber for the remainder of that member's term.*

1           (6) *MEETINGS.*—*The Commission shall meet at*  
2 *the call of the chairman, but no less frequently than*  
3 *on a quarterly basis.*

4           (d) *DUTIES.*—

5           (1) *RECOGNITION, DISSEMINATION, AND COMMU-*  
6 *UNICATION.*—*The Commission shall—*

7           (A) *recognize efforts of Federal, State, and*  
8 *local partnerships to develop and offer health*  
9 *care career pathways of proven effectiveness;*

10           (B) *disseminate information on promising*  
11 *retention practices for health care professionals;*  
12 *and*

13           (C) *communicate information on important*  
14 *policies and practices that affect the recruitment,*  
15 *education and training, and retention of the*  
16 *health care workforce.*

17           (2) *REVIEW OF HEALTH CARE WORKFORCE AND*  
18 *ANNUAL REPORTS.*—*In order to develop a fiscally sus-*  
19 *tainable integrated workforce that supports a high-*  
20 *quality, readily accessible health care delivery system*  
21 *that meets the needs of patients and populations, the*  
22 *Commission, in consultation with relevant Federal,*  
23 *State, and local agencies, shall—*

1           (A) review current and projected health care  
2 workforce supply and demand, including the top-  
3 ics described in paragraph (3);

4           (B) make recommendations to Congress and  
5 the Administration concerning national health  
6 care workforce priorities, goals, and policies;

7           (C) by not later than October 1 of each year  
8 (beginning with 2011), submit a report to Con-  
9 gress and the Administration containing the re-  
10 sults of such reviews and recommendations con-  
11 cerning related policies; and

12           (D) by not later than April 1 of each year  
13 (beginning with 2011), submit a report to Con-  
14 gress and the Administration containing a re-  
15 view of, and recommendations on, at a min-  
16 imum one high priority area as described in  
17 paragraph (4).

18           (3) *SPECIFIC TOPICS TO BE REVIEWED.*—The  
19 topics described in this paragraph include—

20           (A) current health care workforce supply  
21 and distribution, including demographics, skill  
22 sets, and demands, with projected demands dur-  
23 ing the subsequent 10 and 25 year periods;

24           (B) health care workforce education and  
25 training capacity, including the number of stu-

1        *dents who have completed education and train-*  
2        *ing, including registered apprenticeships; the*  
3        *number of qualified faculty; the education and*  
4        *training infrastructure; and the education and*  
5        *training demands, with projected demands dur-*  
6        *ing the subsequent 10 and 25 year periods;*

7            *(C) the education loan and grant programs*  
8        *in titles VII and VIII of the Public Health Serv-*  
9        *ice Act (42 U.S.C. 292 et seq. and 296 et seq.),*  
10        *with recommendations on whether such programs*  
11        *should become part of the Higher Education Act*  
12        *of 1965 (20 U.S.C. 1001 et seq);*

13            *(D) the implications of new and existing*  
14        *Federal policies which affect the health care*  
15        *workforce, including Medicare and Medicaid*  
16        *graduate medical education policies, titles VII*  
17        *and VIII of the Public Health Service Act (42*  
18        *U.S.C. 292 et seq. and 296 et seq.), the National*  
19        *Health Service Corps (with recommendations for*  
20        *aligning such programs with national health*  
21        *workforce priorities and goals), and other health*  
22        *care workforce programs, including those sup-*  
23        *ported through the Workforce Investment Act of*  
24        *1998 (29 U.S.C. 2801 et seq.), the Carl D. Per-*  
25        *kins Career and Technical Education Act of*

1           2006 (20 U.S.C. 2301 et seq.), the Higher Edu-  
2           cation Act of 1965 (20 U.S.C. 1001 et seq.), and  
3           any other Federal health care workforce pro-  
4           grams;

5           (E) the health care workforce needs of spe-  
6           cial populations, such as minorities, rural popu-  
7           lations, medically underserved populations, gen-  
8           der specific needs, individuals with disabilities,  
9           and geriatric and pediatric populations with  
10          recommendations for new and existing Federal  
11          policies to meet the needs of these special popu-  
12          lations; and

13          (F) recommendations creating or revising  
14          national loan repayment programs and scholar-  
15          ship programs to require low-income, minority  
16          medical students to serve in their home commu-  
17          nities, if designated as medical underserved com-  
18          munity.

19          (4) HIGH PRIORITY AREAS.—

20          (A) IN GENERAL.—The initial high priority  
21          topics described in this paragraph include each  
22          of the following:

23                  (i) Integrated health care workforce  
24                  planning that identifies health care profes-  
25                  sional skills needed and maximizes the skill

1           *sets of health care professionals across dis-*  
2           *ciplines.*

3                     *(ii) An analysis of the nature, scopes of*  
4                     *practice, and demands for health care work-*  
5                     *ers in the enhanced information technology*  
6                     *and management workplace.*

7                     *(iii) An analysis of how to align Medi-*  
8                     *care and Medicaid graduate medical edu-*  
9                     *cation policies with national workforce*  
10                    *goals.*

11                    *(iv) The education and training capac-*  
12                    *ity, projected demands, and integration*  
13                    *with the health care delivery system of each*  
14                    *of the following:*

15                             *(I) Nursing workforce capacity at*  
16                             *all levels.*

17                             *(II) Oral health care workforce ca-*  
18                             *capacity at all levels.*

19                             *(III) Mental and behavioral*  
20                             *health care workforce capacity at all*  
21                             *levels.*

22                             *(IV) Allied health and public*  
23                             *health care workforce capacity at all*  
24                             *levels.*

1                   (V) *Emergency medical service*  
2                   *workforce capacity, including the re-*  
3                   *tention and recruitment of the volun-*  
4                   *teer workforce, at all levels.*

5                   (VI) *The geographic distribution*  
6                   *of health care providers as compared to*  
7                   *the identified health care workforce*  
8                   *needs of States and regions.*

9                   (B) *FUTURE DETERMINATIONS.—The Com-*  
10                  *mission may require that additional topics be*  
11                  *included under subparagraph (A). The appro-*  
12                  *priate committees of Congress may recommend to*  
13                  *the Commission the inclusion of other topics for*  
14                  *health care workforce development areas that re-*  
15                  *quire special attention.*

16                  (5) *GRANT PROGRAM.—The Commission shall—*

17                         (A) *review implementation progress reports*  
18                         *on, and report to Congress about, the State*  
19                         *Health Care Workforce Development Grant pro-*  
20                         *gram established in section 5102;*

21                         (B) *in collaboration with the Department of*  
22                         *Labor and in coordination with the Department*  
23                         *of Education and other relevant Federal agen-*  
24                         *cies, make recommendations to the fiscal and ad-*

1            *ministrative agent under section 5102(b) for*  
2            *grant recipients under section 5102;*

3            *(C) assess the implementation of the grants*  
4            *under such section; and*

5            *(D) collect performance and report informa-*  
6            *tion, including identified models and best prac-*  
7            *tices, on grants from the fiscal and administra-*  
8            *tive agent under such section and distribute this*  
9            *information to Congress, relevant Federal agen-*  
10           *cies, and to the public.*

11           *(6) STUDY.—The Commission shall study effec-*  
12           *tive mechanisms for financing education and training*  
13           *for careers in health care, including public health and*  
14           *allied health.*

15           *(7) RECOMMENDATIONS.—The Commission shall*  
16           *submit recommendations to Congress, the Department*  
17           *of Labor, and the Department of Health and Human*  
18           *Services about improving safety, health, and worker*  
19           *protections in the workplace for the health care work-*  
20           *force.*

21           *(8) ASSESSMENT.—The Commission shall assess*  
22           *and receive reports from the National Center for*  
23           *Health Care Workforce Analysis established under sec-*  
24           *tion 761(b) of the Public Service Health Act (as*  
25           *amended by section 5103).*



1       (e) *CONSULTATION WITH FEDERAL, STATE, AND*  
2 *LOCAL AGENCIES, CONGRESS, AND OTHER ORGANIZA-*  
3 *TIONS.—*

4           (1) *IN GENERAL.—The Commission shall consult*  
5 *with Federal agencies (including the Departments of*  
6 *Health and Human Services, Labor, Education, Com-*  
7 *merce, Agriculture, Defense, and Veterans Affairs and*  
8 *the Environmental Protection Agency), Congress, the*  
9 *Medicare Payment Advisory Commission, the Med-*  
10 *icaid and CHIP Payment and Access Commission,*  
11 *and, to the extent practicable, with State and local*  
12 *agencies, Indian tribes, voluntary health care organi-*  
13 *zations, professional societies, and other relevant pub-*  
14 *lic-private health care partnerships.*

15           (2) *OBTAINING OFFICIAL DATA.—The Commis-*  
16 *sion, consistent with established privacy rules, may*  
17 *secure directly from any department or agency of the*  
18 *Executive Branch information necessary to enable the*  
19 *Commission to carry out this section.*

20           (3) *DETAIL OF FEDERAL GOVERNMENT EMPLOY-*  
21 *EES.—An employee of the Federal Government may*  
22 *be detailed to the Commission without reimbursement.*  
23 *The detail of such an employee shall be without inter-*  
24 *ruption or loss of civil service status.*

1       (f) *DIRECTOR AND STAFF; EXPERTS AND CONSULT-*  
2 *ANTS.*—*Subject to such review as the Comptroller General*  
3 *of the United States determines to be necessary to ensure*  
4 *the efficient administration of the Commission, the Com-*  
5 *mission may—*

6           (1) *employ and fix the compensation of an execu-*  
7 *utive director that shall not exceed the rate of basic*  
8 *pay payable for level V of the Executive Schedule and*  
9 *such other personnel as may be necessary to carry out*  
10 *its duties (without regard to the provisions of title 5,*  
11 *United States Code, governing appointments in the*  
12 *competitive service);*

13           (2) *seek such assistance and support as may be*  
14 *required in the performance of its duties from appro-*  
15 *priate Federal departments and agencies;*

16           (3) *enter into contracts or make other arrange-*  
17 *ments, as may be necessary for the conduct of the*  
18 *work of the Commission (without regard to section*  
19 *3709 of the Revised Statutes (41 U.S.C. 5));*

20           (4) *make advance, progress, and other payments*  
21 *which relate to the work of the Commission;*

22           (5) *provide transportation and subsistence for*  
23 *persons serving without compensation; and*

24           (6) *prescribe such rules and regulations as the*  
25 *Commission determines to be necessary with respect*

1 *to the internal organization and operation of the*  
2 *Commission.*

3 *(g) POWERS.—*

4 *(1) DATA COLLECTION.—In order to carry out*  
5 *its functions under this section, the Commission*  
6 *shall—*

7 *(A) utilize existing information, both pub-*  
8 *lished and unpublished, where possible, collected*  
9 *and assessed either by its own staff or under*  
10 *other arrangements made in accordance with*  
11 *this section, including coordination with the Bu-*  
12 *reau of Labor Statistics;*

13 *(B) carry out, or award grants or contracts*  
14 *for the carrying out of, original research and de-*  
15 *velopment, where existing information is inad-*  
16 *equately, and*

17 *(C) adopt procedures allowing interested*  
18 *parties to submit information for the Commis-*  
19 *sion's use in making reports and recommenda-*  
20 *tions.*

21 *(2) ACCESS OF THE GOVERNMENT ACCOUNT-*  
22 *ABILITY OFFICE TO INFORMATION.—The Comptroller*  
23 *General of the United States shall have unrestricted*  
24 *access to all deliberations, records, and data of the*  
25 *Commission, immediately upon request.*

1           (3) *PERIODIC AUDIT.*—*The Commission shall be*  
2 *subject to periodic audit by an independent public ac-*  
3 *countant under contract to the Commission.*

4           (h) *AUTHORIZATION OF APPROPRIATIONS.*—

5           (1) *REQUEST FOR APPROPRIATIONS.*—*The Com-*  
6 *mission shall submit requests for appropriations in*  
7 *the same manner as the Comptroller General of the*  
8 *United States submits requests for appropriations.*  
9 *Amounts so appropriated for the Commission shall be*  
10 *separate from amounts appropriated for the Comp-*  
11 *troller General.*

12           (2) *AUTHORIZATION.*—*There are authorized to be*  
13 *appropriated such sums as may be necessary to carry*  
14 *out this section.*

15           (3) *GIFTS AND SERVICES.*—*The Commission*  
16 *may not accept gifts, bequeaths, or donations of prop-*  
17 *erty, but may accept and use donations of services for*  
18 *purposes of carrying out this section.*

19           (i) *DEFINITIONS.*—*In this section:*

20           (1) *HEALTH CARE WORKFORCE.*—*The term*  
21 *“health care workforce” includes all health care pro-*  
22 *viders with direct patient care and support respon-*  
23 *sibilities, such as physicians, nurses, nurse practi-*  
24 *tioners, primary care providers, preventive medicine*  
25 *physicians, optometrists, ophthalmologists, physician*

1 *assistants, pharmacists, dentists, dental hygienists,*  
2 *and other oral healthcare professionals, allied health*  
3 *professionals, doctors of chiropractic, community*  
4 *health workers, health care paraprofessionals, direct*  
5 *care workers, psychologists and other behavioral and*  
6 *mental health professionals (including substance*  
7 *abuse prevention and treatment providers), social*  
8 *workers, physical and occupational therapists, cer-*  
9 *tified nurse midwives, podiatrists, the EMS workforce*  
10 *(including professional and volunteer ambulance per-*  
11 *sonnel and firefighters who perform emergency med-*  
12 *ical services), licensed complementary and alternative*  
13 *medicine providers, integrative health practitioners,*  
14 *public health professionals, and any other health pro-*  
15 *fessional that the Comptroller General of the United*  
16 *States determines appropriate.*

17 (2) *HEALTH PROFESSIONALS.*—*The term “health*  
18 *professionals” includes—*

19 (A) *dentists, dental hygienists, primary*  
20 *care providers, specialty physicians, nurses,*  
21 *nurse practitioners, physician assistants, psy-*  
22 *chologists and other behavioral and mental*  
23 *health professionals (including substance abuse*  
24 *prevention and treatment providers), social*  
25 *workers, physical and occupational therapists,*

1        *public health professionals, clinical pharmacists,*  
2        *allied health professionals, doctors of chiro-*  
3        *practic, community health workers, school*  
4        *nurses, certified nurse midwives, podiatrists, li-*  
5        *icensed complementary and alternative medicine*  
6        *providers, the EMS workforce (including profes-*  
7        *sional and volunteer ambulance personnel and*  
8        *firefighters who perform emergency medical serv-*  
9        *ices), and integrative health practitioners;*

10            *(B) national representatives of health pro-*  
11            *fessionals;*

12            *(C) representatives of schools of medicine,*  
13            *osteopathy, nursing, dentistry, optometry, phar-*  
14            *macy, chiropractic, allied health, educational*  
15            *programs for public health professionals, behav-*  
16            *ioral and mental health professionals (as so de-*  
17            *finied), social workers, pharmacists, physical and*  
18            *occupational therapists, oral health care indus-*  
19            *try dentistry and dental hygiene, and physician*  
20            *assistants;*

21            *(D) representatives of public and private*  
22            *teaching hospitals, and ambulatory health facili-*  
23            *ties, including Federal medical facilities; and*

1                   (E) any other health professional the Comp-  
2                   troller General of the United States determines  
3                   appropriate.

4 **SEC. 5102. STATE HEALTH CARE WORKFORCE DEVELOP-**  
5                   **MENT GRANTS.**

6           (a) *ESTABLISHMENT.*—There is established a competi-  
7           tive health care workforce development grant program (re-  
8           ferred to in this section as the “program”) for the purpose  
9           of enabling State partnerships to complete comprehensive  
10          planning and to carry out activities leading to coherent and  
11          comprehensive health care workforce development strategies  
12          at the State and local levels.

13          (b) *FISCAL AND ADMINISTRATIVE AGENT.*—The  
14          Health Resources and Services Administration of the De-  
15          partment of Health and Human Services (referred to in this  
16          section as the “Administration”) shall be the fiscal and ad-  
17          ministrative agent for the grants awarded under this sec-  
18          tion. The Administration is authorized to carry out the pro-  
19          gram, in consultation with the National Health Care Work-  
20          force Commission (referred to in this section as the “Com-  
21          mission”), which shall review reports on the development,  
22          implementation, and evaluation activities of the grant pro-  
23          gram, including—

24                   (1) administering the grants;

1           (2) *providing technical assistance to grantees;*  
2     *and*

3           (3) *reporting performance information to the*  
4     *Commission.*

5     (c) *PLANNING GRANTS.*—

6           (1) *AMOUNT AND DURATION.*—*A planning grant*  
7     *shall be awarded under this subsection for a period of*  
8     *not more than one year and the maximum award*  
9     *may not be more than \$150,000.*

10          (2) *ELIGIBILITY.*—*To be eligible to receive a*  
11     *planning grant, an entity shall be an eligible partner-*  
12     *ship. An eligible partnership shall be a State work-*  
13     *force investment board, if it includes or modifies the*  
14     *members to include at least one representative from*  
15     *each of the following: health care employer, labor or-*  
16     *ganization, a public 2-year institution of higher edu-*  
17     *cation, a public 4-year institution of higher edu-*  
18     *cation, the recognized State federation of labor, the*  
19     *State public secondary education agency, the State*  
20     *P-16 or P-20 Council if such a council exists, and*  
21     *a philanthropic organization that is actively engaged*  
22     *in providing learning, mentoring, and work opportu-*  
23     *nities to recruit, educate, and train individuals for,*  
24     *and retain individuals in, careers in health care and*  
25     *related industries.*



1           (3) *FISCAL AND ADMINISTRATIVE AGENT.*—*The*  
2           *Governor of the State receiving a planning grant has*  
3           *the authority to appoint a fiscal and an administra-*  
4           *tive agency for the partnership.*

5           (4) *APPLICATION.*—*Each State partnership de-*  
6           *siring a planning grant shall submit an application*  
7           *to the Administrator of the Administration at such*  
8           *time and in such manner, and accompanied by such*  
9           *information as the Administrator may reasonable re-*  
10          *quire. Each application submitted for a planning*  
11          *grant shall describe the members of the State partner-*  
12          *ship, the activities for which assistance is sought, the*  
13          *proposed performance benchmarks to be used to meas-*  
14          *ure progress under the planning grant, a budget for*  
15          *use of the funds to complete the required activities de-*  
16          *scribed in paragraph (5), and such additional assur-*  
17          *ance and information as the Administrator deter-*  
18          *mines to be essential to ensure compliance with the*  
19          *grant program requirements.*

20          (5) *REQUIRED ACTIVITIES.*—*A State partnership*  
21          *receiving a planning grant shall carry out the fol-*  
22          *lowing:*

23                  (A) *Analyze State labor market information*  
24                  *in order to create health care career pathways*

1           *for students and adults, including dislocated*  
2           *workers.*

3           *(B) Identify current and projected high de-*  
4           *mand State or regional health care sectors for*  
5           *purposes of planning career pathways.*

6           *(C) Identify existing Federal, State, and*  
7           *private resources to recruit, educate or train,*  
8           *and retain a skilled health care workforce and*  
9           *strengthen partnerships.*

10          *(D) Describe the academic and health care*  
11          *industry skill standards for high school gradua-*  
12          *tion, for entry into postsecondary education, and*  
13          *for various credentials and licensure.*

14          *(E) Describe State secondary and postsec-*  
15          *ondary education and training policies, models,*  
16          *or practices for the health care sector, including*  
17          *career information and guidance counseling.*

18          *(F) Identify Federal or State policies or*  
19          *rules to developing a coherent and comprehensive*  
20          *health care workforce development strategy and*  
21          *barriers and a plan to resolve these barriers.*

22          *(G) Participate in the Administration's*  
23          *evaluation and reporting activities.*

24          *(6) PERFORMANCE AND EVALUATION.—Before the*  
25          *State partnership receives a planning grant, such*

1 *partnership and the Administrator of the Administra-*  
2 *tion shall jointly determine the performance bench-*  
3 *marks that will be established for the purposes of the*  
4 *planning grant.*

5 (7) *MATCH.*—*Each State partnership receiving a*  
6 *planning grant shall provide an amount, in cash or*  
7 *in kind, that is not less than 15 percent of the amount*  
8 *of the grant, to carry out the activities supported by*  
9 *the grant. The matching requirement may be provided*  
10 *from funds available under other Federal, State, local*  
11 *or private sources to carry out the activities.*

12 (8) *REPORT.*—

13 (A) *REPORT TO ADMINISTRATION.*—*Not*  
14 *later than 1 year after a State partnership re-*  
15 *ceives a planning grant, the partnership shall*  
16 *submit a report to the Administration on the*  
17 *State's performance of the activities under the*  
18 *grant, including the use of funds, including*  
19 *matching funds, to carry out required activities,*  
20 *and a description of the progress of the State*  
21 *workforce investment board in meeting the per-*  
22 *formance benchmarks.*

23 (B) *REPORT TO CONGRESS.*—*The Adminis-*  
24 *tration shall submit a report to Congress ana-*  
25 *lyzing the planning activities, performance, and*

1           *fund utilization of each State grant recipient,*  
2           *including an identification of promising prac-*  
3           *tices and a profile of the activities of each State*  
4           *grant recipient.*

5       (d) *IMPLEMENTATION GRANTS.*—

6           (1) *IN GENERAL.*—*The Administration shall—*

7                   (A) *competitively award implementation*  
8                   *grants to State partnerships to enable such part-*  
9                   *nerships to implement activities that will result*  
10                   *in a coherent and comprehensive plan for health*  
11                   *workforce development that will address current*  
12                   *and projected workforce demands within the*  
13                   *State; and*

14                   (B) *inform the Commission and Congress*  
15                   *about the awards made.*

16           (2) *DURATION.*—*An implementation grant shall*  
17           *be awarded for a period of no more than 2 years, ex-*  
18           *cept in those cases where the Administration deter-*  
19           *mines that the grantee is high performing and the ac-*  
20           *tivities supported by the grant warrant up to 1 addi-*  
21           *tional year of funding.*

22           (3) *ELIGIBILITY.*—*To be eligible for an imple-*  
23           *mentation grant, a State partnership shall have—*

1           (A) received a planning grant under sub-  
2           section (c) and completed all requirements of  
3           such grant; or

4           (B) completed a satisfactory application,  
5           including a plan to coordinate with required  
6           partners and complete the required activities  
7           during the 2 year period of the implementation  
8           grant.

9           (4) *FISCAL AND ADMINISTRATIVE AGENT.*—A  
10          State partnership receiving an implementation grant  
11          shall appoint a fiscal and an administration agent  
12          for the implementation of such grant.

13          (5) *APPLICATION.*—Each eligible State partner-  
14          ship desiring an implementation grant shall submit  
15          an application to the Administration at such time, in  
16          such manner, and accompanied by such information  
17          as the Administration may reasonably require. Each  
18          application submitted shall include—

19               (A) a description of the members of the  
20               State partnership;

21               (B) a description of how the State partner-  
22               ship completed the required activities under the  
23               planning grant, if applicable;

24               (C) a description of the activities for which  
25               implementation grant funds are sought, includ-

1            *ing grants to regions by the State partnership to*  
2            *advance coherent and comprehensive regional*  
3            *health care workforce planning activities;*

4            *(D) a description of how the State partner-*  
5            *ship will coordinate with required partners and*  
6            *complete the required partnership activities dur-*  
7            *ing the duration of an implementation grant;*

8            *(E) a budget proposal of the cost of the ac-*  
9            *tivities supported by the implementation grant*  
10           *and a timeline for the provision of matching*  
11           *funds required;*

12           *(F) proposed performance benchmarks to be*  
13           *used to assess and evaluate the progress of the*  
14           *partnership activities;*

15           *(G) a description of how the State partner-*  
16           *ship will collect data to report progress in grant*  
17           *activities; and*

18           *(H) such additional assurances as the Ad-*  
19           *ministration determines to be essential to ensure*  
20           *compliance with grant requirements.*

21           *(6) REQUIRED ACTIVITIES.—*

22           *(A) IN GENERAL.—A State partnership that*  
23           *receives an implementation grant may reserve*  
24           *not less than 60 percent of the grant funds to*  
25           *make grants to be competitively awarded by the*

1           *State partnership, consistent with State procure-*  
2           *ment rules, to encourage regional partnerships to*  
3           *address health care workforce development needs*  
4           *and to promote innovative health care workforce*  
5           *career pathway activities, including career coun-*  
6           *seling, learning, and employment.*

7           *(B) ELIGIBLE PARTNERSHIP DUTIES.—An*  
8           *eligible State partnership receiving an imple-*  
9           *mentation grant shall—*

10                   *(i) identify and convene regional lead-*  
11                   *ership to discuss opportunities to engage in*  
12                   *statewide health care workforce development*  
13                   *planning, including the potential use of*  
14                   *competitive grants to improve the develop-*  
15                   *ment, distribution, and diversity of the re-*  
16                   *gional health care workforce; the alignment*  
17                   *of curricula for health care careers; and the*  
18                   *access to quality career information and*  
19                   *guidance and education and training op-*  
20                   *portunities;*

21                   *(ii) in consultation with key stake-*  
22                   *holders and regional leaders, take appro-*  
23                   *priate steps to reduce Federal, State, or*  
24                   *local barriers to a comprehensive and coher-*  
25                   *ent strategy, including changes in State or*

1            *local policies to foster coherent and com-*  
2            *prehensive health care workforce develop-*  
3            *ment activities, including health care career*  
4            *pathways at the regional and State levels,*  
5            *career planning information, retraining for*  
6            *dislocated workers, and as appropriate, re-*  
7            *quests for Federal program or administra-*  
8            *tive waivers;*

9            *(iii) develop, disseminate, and review*  
10           *with key stakeholders a preliminary state-*  
11           *wide strategy that addresses short- and*  
12           *long-term health care workforce development*  
13           *supply versus demand;*

14           *(iv) convene State partnership mem-*  
15           *bers on a regular basis, and at least on a*  
16           *semiannual basis;*

17           *(v) assist leaders at the regional level*  
18           *to form partnerships, including technical*  
19           *assistance and capacity building activities;*

20           *(vi) collect and assess data on and re-*  
21           *port on the performance benchmarks selected*  
22           *by the State partnership and the Adminis-*  
23           *tration for implementation activities car-*  
24           *ried out by regional and State partnerships;*  
25           *and*



1                   (vii) participate in the Administra-  
2                   tion's evaluation and reporting activities.

3                   (7) *PERFORMANCE AND EVALUATION.*—Before the  
4                   State partnership receives an implementation grant,  
5                   it and the Administrator shall jointly determine the  
6                   performance benchmarks that shall be established for  
7                   the purposes of the implementation grant.

8                   (8) *MATCH.*—Each State partnership receiving  
9                   an implementation grant shall provide an amount, in  
10                  cash or in kind that is not less than 25 percent of the  
11                  amount of the grant, to carry out the activities sup-  
12                  ported by the grant. The matching funds may be pro-  
13                  vided from funds available from other Federal, State,  
14                  local, or private sources to carry out such activities.

15                  (9) *REPORTS.*—

16                  (A) *REPORT TO ADMINISTRATION.*—For  
17                  each year of the implementation grant, the State  
18                  partnership receiving the implementation grant  
19                  shall submit a report to the Administration on  
20                  the performance of the State of the grant activi-  
21                  ties, including a description of the use of the  
22                  funds, including matched funds, to complete ac-  
23                  tivities, and a description of the performance of  
24                  the State partnership in meeting the perform-  
25                  ance benchmarks.

1           (B) *REPORT TO CONGRESS.*—*The Adminis-*  
2           *tration shall submit a report to Congress ana-*  
3           *lyzing implementation activities, performance,*  
4           *and fund utilization of the State grantees, in-*  
5           *cluding an identification of promising practices*  
6           *and a profile of the activities of each State*  
7           *grantee.*

8           (e) *AUTHORIZATION FOR APPROPRIATIONS.*—

9           (1) *PLANNING GRANTS.*—*There are authorized to*  
10          *be appropriated to award planning grants under sub-*  
11          *section (c) \$8,000,000 for fiscal year 2010, and such*  
12          *sums as may be necessary for each subsequent fiscal*  
13          *year.*

14          (2) *IMPLEMENTATION GRANTS.*—*There are au-*  
15          *thorized to be appropriated to award implementation*  
16          *grants under subsection (d), \$150,000,000 for fiscal*  
17          *year 2010, and such sums as may be necessary for*  
18          *each subsequent fiscal year.*

19 **SEC. 5103. HEALTH CARE WORKFORCE ASSESSMENT.**

20          (a) *IN GENERAL.*—*Section 761 of the Public Health*  
21          *Service Act (42 U.S.C. 294m) is amended—*

22                  (1) *by redesignating subsection (c) as subsection*  
23                  *(e);*

24                  (2) *by striking subsection (b) and inserting the*  
25                  *following:*

1       “(b) *NATIONAL CENTER FOR HEALTH CARE WORK-*  
2 *FORCE ANALYSIS.*—

3               “(1) *ESTABLISHMENT.*—*The Secretary shall es-*  
4 *tablish the National Center for Health Workforce*  
5 *Analysis (referred to in this section as the ‘National*  
6 *Center’).*

7               “(2) *PURPOSES.*—*The National Center, in co-*  
8 *ordination to the extent practicable with the National*  
9 *Health Care Workforce Commission (established in*  
10 *section 5101 of the Patient Protection and Affordable*  
11 *Care Act), and relevant regional and State centers*  
12 *and agencies, shall—*

13                       “(A) *provide for the development of infor-*  
14 *mation describing and analyzing the health care*  
15 *workforce and workforce related issues;*

16                       “(B) *carry out the activities under section*  
17 *792(a);*

18                       “(C) *annually evaluate programs under this*  
19 *title;*

20                       “(D) *develop and publish performance*  
21 *measures and benchmarks for programs under*  
22 *this title; and*

23                       “(E) *establish, maintain, and publicize a*  
24 *national Internet registry of each grant awarded*  
25 *under this title and a database to collect data*

1           *from longitudinal evaluations (as described in*  
2           *subsection (d)(2)) on performance measures (as*  
3           *developed under sections 749(d)(3), 757(d)(3),*  
4           *and 762(a)(3)).*

5           “(3) *COLLABORATION AND DATA SHARING.—*

6                   “(A) *IN GENERAL.—The National Center*  
7           *shall collaborate with Federal agencies and rel-*  
8           *evant professional and educational organizations*  
9           *or societies for the purpose of linking data re-*  
10           *garding grants awarded under this title.*

11                   “(B) *CONTRACTS FOR HEALTH WORKFORCE*  
12           *ANALYSIS.—For the purpose of carrying out the*  
13           *activities described in subparagraph (A), the Na-*  
14           *tional Center may enter into contracts with rel-*  
15           *evant professional and educational organizations*  
16           *or societies.*

17           “(c) *STATE AND REGIONAL CENTERS FOR HEALTH*  
18           *WORKFORCE ANALYSIS.—*

19                   “(1) *IN GENERAL.—The Secretary shall award*  
20           *grants to, or enter into contracts with, eligible entities*  
21           *for purposes of—*

22                           “(A) *collecting, analyzing, and reporting*  
23           *data regarding programs under this title to the*  
24           *National Center and to the public; and*

1           “(B) *providing technical assistance to local*  
2           *and regional entities on the collection, analysis,*  
3           *and reporting of data.*

4           “(2) *ELIGIBLE ENTITIES.—To be eligible for a*  
5           *grant or contract under this subsection, an entity*  
6           *shall—*

7                   “(A) *be a State, a State workforce invest-*  
8                   *ment board, a public health or health professions*  
9                   *school, an academic health center, or an appro-*  
10                  *priate public or private nonprofit entity; and*

11                  “(B) *submit to the Secretary an application*  
12                  *at such time, in such manner, and containing*  
13                  *such information as the Secretary may require.*

14           “(d) *INCREASE IN GRANTS FOR LONGITUDINAL EVAL-*  
15           *UATIONS.—*

16                   “(1) *IN GENERAL.—The Secretary shall increase*  
17                   *the amount awarded to an eligible entity under this*  
18                   *title for a longitudinal evaluation of individuals who*  
19                   *have received education, training, or financial assist-*  
20                   *ance from programs under this title.*

21                   “(2) *CAPABILITY.—A longitudinal evaluation*  
22                   *shall be capable of—*

23                           “(A) *studying practice patterns; and*

1           “(B) *collecting and reporting data on per-*  
2           *formance measures developed under sections*  
3           *749(d)(3), 757(d)(3), and 762(a)(3).*

4           “(3) *GUIDELINES.—A longitudinal evaluation*  
5           *shall comply with guidelines issued under sections*  
6           *749(d)(4), 757(d)(4), and 762(a)(4).*

7           “(4) *ELIGIBLE ENTITIES.—To be eligible to ob-*  
8           *tain an increase under this section, an entity shall be*  
9           *a recipient of a grant or contract under this title.”;*  
10          *and*

11          *(3) in subsection (e), as so redesignated—*

12                 *(A) by striking paragraph (1) and inserting*  
13                 *the following:*

14                 “(1) *IN GENERAL.—*

15                         “(A) *NATIONAL CENTER.—To carry out*  
16                         *subsection (b), there are authorized to be appro-*  
17                         *propriated \$7,500,000 for each of fiscal years 2010*  
18                         *through 2014.*

19                         “(B) *STATE AND REGIONAL CENTERS.—To*  
20                         *carry out subsection (c), there are authorized to*  
21                         *be appropriated \$4,500,000 for each of fiscal*  
22                         *years 2010 through 2014.*

23                         “(C) *GRANTS FOR LONGITUDINAL EVALUA-*  
24                         *TIONS.—To carry out subsection (d), there are*  
25                         *authorized to be appropriated such sums as may*

1           *be necessary for fiscal years 2010 through*  
2           *2014.”; and*

3           *(4) in paragraph (2), by striking “subsection*  
4           *(a)” and inserting “paragraph (1)”.*

5           **(b) TRANSFERS.**—*Not later than 180 days after the*  
6           *date of enactment of this Act, the responsibilities and re-*  
7           *sources of the National Center for Health Workforce Anal-*  
8           *ysis, as in effect on the date before the date of enactment*  
9           *of this Act, shall be transferred to the National Center for*  
10           *Health Care Workforce Analysis established under section*  
11           *761 of the Public Health Service Act, as amended by sub-*  
12           *section (a).*

13           **(c) USE OF LONGITUDINAL EVALUATIONS.**—*Section*  
14           *791(a)(1) of the Public Health Service Act (42 U.S.C.*  
15           *295j(a)(1)) is amended—*

16           *(1) in subparagraph (A), by striking “or” at the*  
17           *end;*

18           *(2) in subparagraph (B), by striking the period*  
19           *and inserting “; or”; and*

20           *(3) by adding at the end the following:*

21                   *“(C) utilizes a longitudinal evaluation (as*  
22                   *described in section 761(d)(2)) and reports data*  
23                   *from such system to the national workforce data-*  
24                   *base (as established under section*  
25                   *761(b)(2)(E)).”.*

1       (d) *PERFORMANCE MEASURES; GUIDELINES FOR LONGITUDINAL EVALUATIONS.*—

2  
3           (1) *ADVISORY COMMITTEE ON TRAINING IN PRIMARY CARE MEDICINE AND DENTISTRY.*—Section  
4  
5       748(d) of the *Public Health Service Act* is amended—

6           (A) in paragraph (1), by striking “and” at  
7       the end;

8           (B) in paragraph (2), by striking the period  
9       and inserting a semicolon; and

10          (C) by adding at the end the following:

11           “(3) develop, publish, and implement performance  
12       measures for programs under this part;

13           “(4) develop and publish guidelines for longitudinal  
14       evaluations (as described in section 761(d)(2))  
15       for programs under this part; and

16           “(5) recommend appropriation levels for programs  
17       under this part.”.

18          (2) *ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES.*—Section 756(d)  
19  
20       of the *Public Health Service Act* is amended—

21           (A) in paragraph (1), by striking “and” at  
22       the end;

23           (B) in paragraph (2), by striking the period  
24       and inserting a semicolon; and

25          (C) by adding at the end the following:



1           “(3) develop, publish, and implement perform-  
2           ance measures for programs under this part;

3           “(4) develop and publish guidelines for longitu-  
4           dinal evaluations (as described in section 761(d)(2))  
5           for programs under this part; and

6           “(5) recommend appropriation levels for pro-  
7           grams under this part.”.

8           (3) *ADVISORY COUNCIL ON GRADUATE MEDICAL*  
9           *EDUCATION*.—Section 762(a) of the Public Health  
10          Service Act (42 U.S.C. 2940(a)) is amended—

11           (A) in paragraph (1), by striking “and” at  
12          the end;

13           (B) in paragraph (2), by striking the period  
14          and inserting a semicolon; and

15           (C) by adding at the end the following:

16           “(3) develop, publish, and implement perform-  
17           ance measures for programs under this title, except  
18           for programs under part C or D;

19           “(4) develop and publish guidelines for longitu-  
20           dinal evaluations (as described in section 761(d)(2))  
21           for programs under this title, except for programs  
22           under part C or D; and

23           “(5) recommend appropriation levels for pro-  
24           grams under this title, except for programs under  
25           part C or D.”.

1    ***Subtitle C—Increasing the Supply***  
2        ***of the Health Care Workforce***

3    ***SEC. 5201. FEDERALLY SUPPORTED STUDENT LOAN FUNDS.***

4        *(a) MEDICAL SCHOOLS AND PRIMARY HEALTH*  
5    *CARE.—Section 723 of the Public Health Service Act (42*  
6    *U.S.C. 292s) is amended—*

7            *(1) in subsection (a)—*

8                *(A) in paragraph (1), by striking subpara-*  
9                *graph (B) and inserting the following:*

10                    *“(B) to practice in such care for 10 years*  
11                    *(including residency training in primary health*  
12                    *care) or through the date on which the loan is*  
13                    *repaid in full, whichever occurs first.”; and*

14                *(B) by striking paragraph (3) and inserting*  
15                *the following:*

16                    *“(3) NONCOMPLIANCE BY STUDENT.—Each*  
17                    *agreement entered into with a student pursuant to*  
18                    *paragraph (1) shall provide that, if the student fails*  
19                    *to comply with such agreement, the loan involved will*  
20                    *begin to accrue interest at a rate of 2 percent per*  
21                    *year greater than the rate at which the student would*  
22                    *pay if compliant in such year.”; and*

23                *(2) by adding at the end the following:*

24                    *“(d) SENSE OF CONGRESS.—It is the sense of Congress*  
25                    *that funds repaid under the loan program under this sec-*

1 *tion should not be transferred to the Treasury of the United*  
2 *States or otherwise used for any other purpose other than*  
3 *to carry out this section.”.*

4 (b) *STUDENT LOAN GUIDELINES.*—*The Secretary of*  
5 *Health and Human Services shall not require parental fi-*  
6 *nancial information for an independent student to deter-*  
7 *mine financial need under section 723 of the Public Health*  
8 *Service Act (42 U.S.C. 292s) and the determination of need*  
9 *for such information shall be at the discretion of applicable*  
10 *school loan officer. The Secretary shall amend guidelines*  
11 *issued by the Health Resources and Services Administra-*  
12 *tion in accordance with the preceding sentence.*

13 **SEC. 5202. NURSING STUDENT LOAN PROGRAM.**

14 (a) *LOAN AGREEMENTS.*—*Section 836(a) of the Public*  
15 *Health Service Act (42 U.S.C. 297b(a)) is amended—*

16 (1) *by striking “\$2,500” and inserting “\$3,300”;*

17 (2) *by striking “\$4,000” and inserting “\$5,200”;*

18 *and*

19 (3) *by striking “\$13,000” and all that follows*  
20 *through the period and inserting “\$17,000 in the case*  
21 *of any student during fiscal years 2010 and 2011.*

22 *After fiscal year 2011, such amounts shall be adjusted*  
23 *to provide for a cost-of-attendance increase for the*  
24 *yearly loan rate and the aggregate of the loans.”.*

1       (b) *LOAN PROVISIONS.*—Section 836(b) of the Public  
2 *Health Service Act (42 U.S.C. 297b(b)) is amended—*

3             (1) *in paragraph (1)(C), by striking “1986” and*  
4 *inserting “2000”; and*

5             (2) *in paragraph (3), by striking “the date of en-*  
6 *actment of the Nurse Training Amendments of 1979”*  
7 *and inserting “September 29, 1995”.*

8 **SEC. 5203. HEALTH CARE WORKFORCE LOAN REPAYMENT**  
9 **PROGRAMS.**

10       *Part E of title VII of the Public Health Service Act*  
11 *(42 U.S.C. 294n et seq.) is amended by adding at the end*  
12 *the following:*

13       **“Subpart 3—Recruitment and Retention Programs**

14 **“SEC. 775. INVESTMENT IN TOMORROW’S PEDIATRIC**  
15 **HEALTH CARE WORKFORCE.**

16       “(a) *ESTABLISHMENT.*—*The Secretary shall establish*  
17 *and carry out a pediatric specialty loan repayment pro-*  
18 *gram under which the eligible individual agrees to be em-*  
19 *ployed full-time for a specified period (which shall not be*  
20 *less than 2 years) in providing pediatric medical sub-*  
21 *specialty, pediatric surgical specialty, or child and adoles-*  
22 *cent mental and behavioral health care, including substance*  
23 *abuse prevention and treatment services.*

24       “(b) *PROGRAM ADMINISTRATION.*—*Through the pro-*  
25 *gram established under this section, the Secretary shall*

1 *enter into contracts with qualified health professionals*  
2 *under which—*

3           “(1) *such qualified health professionals will*  
4 *agree to provide pediatric medical subspecialty, pedi-*  
5 *atric surgical specialty, or child and adolescent men-*  
6 *tal and behavioral health care in an area with a*  
7 *shortage of the specified pediatric subspecialty that*  
8 *has a sufficient pediatric population to support such*  
9 *pediatric subspecialty, as determined by the Sec-*  
10 *retary; and*

11           “(2) *the Secretary agrees to make payments on*  
12 *the principal and interest of undergraduate, grad-*  
13 *uate, or graduate medical education loans of profes-*  
14 *sionals described in paragraph (1) of not more than*  
15 *\$35,000 a year for each year of agreed upon service*  
16 *under such paragraph for a period of not more than*  
17 *3 years during the qualified health professional’s—*

18           “(A) *participation in an accredited pedi-*  
19 *atric medical subspecialty, pediatric surgical*  
20 *specialty, or child and adolescent mental health*  
21 *subspecialty residency or fellowship; or*

22           “(B) *employment as a pediatric medical*  
23 *subspecialist, pediatric surgical specialist, or*  
24 *child and adolescent mental health professional*

1           *servicing an area or population described in such*  
2           *paragraph.*

3           “(c) *IN GENERAL.*—

4           “(1) *ELIGIBLE INDIVIDUALS.*—

5           “(A) *PEDIATRIC MEDICAL SPECIALISTS AND*  
6           *PEDIATRIC SURGICAL SPECIALISTS.*—*For pur-*  
7           *poses of contracts with respect to pediatric med-*  
8           *ical specialists and pediatric surgical specialists,*  
9           *the term ‘qualified health professional’ means a*  
10          *licensed physician who—*

11           “(i) *is entering or receiving training*  
12           *in an accredited pediatric medical sub-*  
13           *specialty or pediatric surgical specialty*  
14           *residency or fellowship; or*

15           “(ii) *has completed (but not prior to*  
16           *the end of the calendar year in which this*  
17           *section is enacted) the training described in*  
18           *subparagraph (B).*

19           “(B) *CHILD AND ADOLESCENT MENTAL AND*  
20           *BEHAVIORAL HEALTH.*—*For purposes of con-*  
21           *tracts with respect to child and adolescent men-*  
22           *tal and behavioral health care, the term ‘quali-*  
23           *fied health professional’ means a health care pro-*  
24           *fessional who—*

1           “(i) has received specialized training  
2           or clinical experience in child and adoles-  
3           cent mental health in psychiatry, psy-  
4           chology, school psychology, behavioral pedi-  
5           atrics, psychiatric nursing, social work,  
6           school social work, substance abuse disorder  
7           prevention and treatment, marriage and  
8           family therapy, school counseling, or profes-  
9           sional counseling;

10           “(ii) has a license or certification in a  
11           State to practice allopathic medicine, osteo-  
12           pathic medicine, psychology, school psy-  
13           chology, psychiatric nursing, social work,  
14           school social work, marriage and family  
15           therapy, school counseling, or professional  
16           counseling; or

17           “(iii) is a mental health service profes-  
18           sional who completed (but not before the end  
19           of the calendar year in which this section is  
20           enacted) specialized training or clinical ex-  
21           perience in child and adolescent mental  
22           health described in clause (i).

23           “(2) *ADDITIONAL ELIGIBILITY REQUIREMENTS.*—  
24           *The Secretary may not enter into a contract under*  
25           *this subsection with an eligible individual unless—*

1           “(A) *the individual agrees to work in, or for*  
2           *a provider serving, a health professional shortage*  
3           *area or medically underserved area, or to serve*  
4           *a medically underserved population;*

5           “(B) *the individual is a United States cit-*  
6           *izen or a permanent legal United States resident;*  
7           *and*

8           “(C) *if the individual is enrolled in a grad-*  
9           *uate program, the program is accredited, and the*  
10          *individual has an acceptable level of academic*  
11          *standing (as determined by the Secretary).*

12          “(d) *PRIORITY.—In entering into contracts under this*  
13          *subsection, the Secretary shall give priority to applicants*  
14          *who—*

15                 “(1) *are or will be working in a school or other*  
16                 *pre-kindergarten, elementary, or secondary education*  
17                 *setting;*

18                 “(2) *have familiarity with evidence-based meth-*  
19                 *ods and cultural and linguistic competence health*  
20                 *care services; and*

21                 “(3) *demonstrate financial need.*

22          “(e) *AUTHORIZATION OF APPROPRIATIONS.—There is*  
23          *authorized to be appropriated \$30,000,000 for each of fiscal*  
24          *years 2010 through 2014 to carry out subsection (c)(1)(A)*



1 *and \$20,000,000 for each of fiscal years 2010 through 2013*  
2 *to carry out subsection (c)(1)(B).”.*

3 **SEC. 5204. PUBLIC HEALTH WORKFORCE RECRUITMENT**  
4 **AND RETENTION PROGRAMS.**

5 *Part E of title VII of the Public Health Service Act*  
6 *(42 U.S.C. 294n et seq.), as amended by section 5203, is*  
7 *further amended by adding at the end the following:*

8 **“SEC. 776. PUBLIC HEALTH WORKFORCE LOAN REPAYMENT**  
9 **PROGRAM.**

10 *“(a) ESTABLISHMENT.—The Secretary shall establish*  
11 *the Public Health Workforce Loan Repayment Program (re-*  
12 *ferred to in this section as the ‘Program’) to assure an ade-*  
13 *quate supply of public health professionals to eliminate crit-*  
14 *ical public health workforce shortages in Federal, State,*  
15 *local, and tribal public health agencies.*

16 *“(b) ELIGIBILITY.—To be eligible to participate in the*  
17 *Program, an individual shall—*

18 *“(1)(A) be accepted for enrollment, or be en-*  
19 *rolled, as a student in an accredited academic edu-*  
20 *cational institution in a State or territory in the*  
21 *final year of a course of study or program leading to*  
22 *a public health or health professions degree or certifi-*  
23 *cate; and have accepted employment with a Federal,*  
24 *State, local, or tribal public health agency, or a re-*

1 *lated training fellowship, as recognized by the Sec-*  
2 *retary, to commence upon graduation;*

3 *“(B)(i) have graduated, during the preceding 10-*  
4 *year period, from an accredited educational institu-*  
5 *tion in a State or territory and received a public*  
6 *health or health professions degree or certificate; and*

7 *“(ii) be employed by, or have accepted employ-*  
8 *ment with, a Federal, State, local, or tribal public*  
9 *health agency or a related training fellowship, as rec-*  
10 *ognized by the Secretary;*

11 *“(2) be a United States citizen; and*

12 *“(3)(A) submit an application to the Secretary*  
13 *to participate in the Program;*

14 *“(B) execute a written contract as required in*  
15 *subsection (c); and*

16 *“(4) not have received, for the same service, a re-*  
17 *duction of loan obligations under section 455(m),*  
18 *428J, 428K, 428L, or 460 of the Higher Education*  
19 *Act of 1965.*

20 *“(c) CONTRACT.—The written contract (referred to in*  
21 *this section as the ‘written contract’) between the Secretary*  
22 *and an individual shall contain—*

23 *“(1) an agreement on the part of the Secretary*  
24 *that the Secretary will repay on behalf of the indi-*  
25 *vidual loans incurred by the individual in the pur-*

1 *suit of the relevant degree or certificate in accordance*  
2 *with the terms of the contract;*

3 *“(2) an agreement on the part of the individual*  
4 *that the individual will serve in the full-time employ-*  
5 *ment of a Federal, State, local, or tribal public health*  
6 *agency or a related fellowship program in a position*  
7 *related to the course of study or program for which*  
8 *the contract was awarded for a period of time (re-*  
9 *ferred to in this section as the ‘period of obligated*  
10 *service’) equal to the greater of—*

11 *“(A) 3 years; or*

12 *“(B) such longer period of time as deter-*  
13 *mined appropriate by the Secretary and the in-*  
14 *dividual;*

15 *“(3) an agreement, as appropriate, on the part*  
16 *of the individual to relocate to a priority service area*  
17 *(as determined by the Secretary) in exchange for an*  
18 *additional loan repayment incentive amount to be de-*  
19 *termined by the Secretary;*

20 *“(4) a provision that any financial obligation of*  
21 *the United States arising out of a contract entered*  
22 *into under this section and any obligation of the indi-*  
23 *vidual that is conditioned thereon, is contingent on*  
24 *funds being appropriated for loan repayments under*  
25 *this section;*

1           “(5) a statement of the damages to which the  
2           United States is entitled, under this section for the  
3           individual’s breach of the contract; and

4           “(6) such other statements of the rights and li-  
5           abilities of the Secretary and of the individual, not  
6           inconsistent with this section.

7           “(d) PAYMENTS.—

8           “(1) IN GENERAL.—A loan repayment provided  
9           for an individual under a written contract under the  
10          Program shall consist of payment, in accordance with  
11          paragraph (2), on behalf of the individual of the prin-  
12          cipal, interest, and related expenses on government  
13          and commercial loans received by the individual re-  
14          garding the undergraduate or graduate education of  
15          the individual (or both), which loans were made for  
16          tuition expenses incurred by the individual.

17          “(2) PAYMENTS FOR YEARS SERVED.—For each  
18          year of obligated service that an individual contracts  
19          to serve under subsection (c) the Secretary may pay  
20          up to \$35,000 on behalf of the individual for loans de-  
21          scribed in paragraph (1). With respect to participants  
22          under the Program whose total eligible loans are less  
23          than \$105,000, the Secretary shall pay an amount  
24          that does not exceed  $\frac{1}{3}$  of the eligible loan balance for  
25          each year of obligated service of the individual.

1           “(3) *TAX LIABILITY.*—*For the purpose of pro-*  
2           *viding reimbursements for tax liability resulting from*  
3           *payments under paragraph (2) on behalf of an indi-*  
4           *vidual, the Secretary shall, in addition to such pay-*  
5           *ments, make payments to the individual in an*  
6           *amount not to exceed 39 percent of the total amount*  
7           *of loan repayments made for the taxable year in-*  
8           *volved.*

9           “(e) *POSTPONING OBLIGATED SERVICE.*—*With respect*  
10          *to an individual receiving a degree or certificate from a*  
11          *health professions or other related school, the date of the ini-*  
12          *tiation of the period of obligated service may be postponed*  
13          *as approved by the Secretary.*

14          “(f) *BREACH OF CONTRACT.*—*An individual who fails*  
15          *to comply with the contract entered into under subsection*  
16          *(c) shall be subject to the same financial penalties as pro-*  
17          *vided for under section 338E for breaches of loan repayment*  
18          *contracts under section 338B.*

19          “(g) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*  
20          *authorized to be appropriated to carry out this section*  
21          *\$195,000,000 for fiscal year 2010, and such sums as may*  
22          *be necessary for each of fiscal years 2011 through 2015.”.*

1 **SEC. 5205. ALLIED HEALTH WORKFORCE RECRUITMENT**  
2 **AND RETENTION PROGRAMS.**

3 (a) *PURPOSE.*—*The purpose of this section is to assure*  
4 *an adequate supply of allied health professionals to elimi-*  
5 *nate critical allied health workforce shortages in Federal,*  
6 *State, local, and tribal public health agencies or in settings*  
7 *where patients might require health care services, including*  
8 *acute care facilities, ambulatory care facilities, personal*  
9 *residences and other settings, as recognized by the Secretary*  
10 *of Health and Human Services by authorizing an Allied*  
11 *Health Loan Forgiveness Program.*

12 (b) *ALLIED HEALTH WORKFORCE RECRUITMENT AND*  
13 *RETENTION PROGRAM.*—*Section 428K of the Higher Edu-*  
14 *cation Act of 1965 (20 U.S.C. 1078–11) is amended—*

15 (1) *in subsection (b), by adding at the end the*  
16 *following:*

17 “(18) *ALLIED HEALTH PROFESSIONALS.*—*The*  
18 *individual is employed full-time as an allied health*  
19 *professional—*

20 “(A) *in a Federal, State, local, or tribal*  
21 *public health agency; or*

22 “(B) *in a setting where patients might re-*  
23 *quire health care services, including acute care*  
24 *facilities, ambulatory care facilities, personal*  
25 *residences and other settings located in health*  
26 *professional shortage areas, medically under-*

1        *served areas, or medically underserved popu-*  
2        *lations, as recognized by the Secretary of Health*  
3        *and Human Services.”; and*

4        *(2) in subsection (g)—*

5            *(A) by redesignating paragraphs (1)*  
6        *through (9) as paragraphs (2) through (10), re-*  
7        *spectively; and*

8            *(B) by inserting before paragraph (2) (as*  
9        *redesignated by subparagraph (A)) the following:*

10        *“(1) ALLIED HEALTH PROFESSIONAL.—The term*  
11        *‘allied health professional’ means an allied health*  
12        *professional as defined in section 799B(5) of the Pub-*  
13        *lic Health Service Act (42 U.S.C. 295p(5)) who—*

14            *“(A) has graduated and received an allied*  
15        *health professions degree or certificate from an*  
16        *institution of higher education; and*

17            *“(B) is employed with a Federal, State,*  
18        *local or tribal public health agency, or in a set-*  
19        *ting where patients might require health care*  
20        *services, including acute care facilities, ambula-*  
21        *tory care facilities, personal residences and other*  
22        *settings located in health professional shortage*  
23        *areas, medically underserved areas, or medically*  
24        *underserved populations, as recognized by the*  
25        *Secretary of Health and Human Services.”.*

1 **SEC. 5206. GRANTS FOR STATE AND LOCAL PROGRAMS.**

2 (a) *IN GENERAL.*—Section 765(d) of the Public Health  
3 Service Act (42 U.S.C. 295(d)) is amended—

4 (1) in paragraph (7), by striking “; or” and in-  
5 serting a semicolon;

6 (2) by redesignating paragraph (8) as para-  
7 graph (9); and

8 (3) by inserting after paragraph (7) the fol-  
9 lowing:

10 “(8) public health workforce loan repayment pro-  
11 grams; or”.

12 (b) *TRAINING FOR MID-CAREER PUBLIC HEALTH PRO-*  
13 *FESSIONALS.*—Part E of title VII of the Public Health Serv-  
14 ice Act (42 U.S.C. 294n et seq.), as amended by section  
15 5204, is further amended by adding at the end the fol-  
16 lowing:

17 **“SEC. 777. TRAINING FOR MID-CAREER PUBLIC AND ALLIED**  
18 **HEALTH PROFESSIONALS.**

19 “(a) *IN GENERAL.*—The Secretary may make grants  
20 to, or enter into contracts with, any eligible entity to award  
21 scholarships to eligible individuals to enroll in degree or  
22 professional training programs for the purpose of enabling  
23 mid-career professionals in the public health and allied  
24 health workforce to receive additional training in the field  
25 of public health and allied health.

26 “(b) *ELIGIBILITY.*—



1           “(1) *ELIGIBLE ENTITY.*—The term ‘eligible enti-  
 2           ty’ indicates an accredited educational institution  
 3           that offers a course of study, certificate program, or  
 4           professional training program in public or allied  
 5           health or a related discipline, as determined by the  
 6           Secretary

7           “(2) *ELIGIBLE INDIVIDUALS.*—The term ‘eligible  
 8           individuals’ includes those individuals employed in  
 9           public and allied health positions at the Federal,  
 10          State, tribal, or local level who are interested in re-  
 11          taining or upgrading their education.

12          “(c) *AUTHORIZATION OF APPROPRIATIONS.*—There is  
 13          authorized to be appropriated to carry out this section,  
 14          \$60,000,000 for fiscal year 2010 and such sums as may be  
 15          necessary for each of fiscal years 2011 through 2015. Fifty  
 16          percent of appropriated funds shall be allotted to public  
 17          health mid-career professionals and 50 percent shall be al-  
 18          lotted to allied health mid-career professionals.”.

19          **SEC. 5207. FUNDING FOR NATIONAL HEALTH SERVICE**  
 20   **CORPS.**

21          Section 338H(a) of the Public Health Service Act (42  
 22          U.S.C. 254q(a)) is amended to read as follows:

23          “(a) *AUTHORIZATION OF APPROPRIATIONS.*—For the  
 24          purpose of carrying out this section, there is authorized to

1 *be appropriated, out of any funds in the Treasury not oth-*  
2 *erwise appropriated, the following:*

3           “(1) *For fiscal year 2010, \$320,461,632.*

4           “(2) *For fiscal year 2011, \$414,095,394.*

5           “(3) *For fiscal year 2012, \$535,087,442.*

6           “(4) *For fiscal year 2013, \$691,431,432.*

7           “(5) *For fiscal year 2014, \$893,456,433.*

8           “(6) *For fiscal year 2015, \$1,154,510,336.*

9           “(7) *For fiscal year 2016, and each subsequent*  
10 *fiscal year, the amount appropriated for the pre-*  
11 *ceding fiscal year adjusted by the product of—*

12                   “(A) *one plus the average percentage in-*  
13 *crease in the costs of health professions education*  
14 *during the prior fiscal year; and*

15                   “(B) *one plus the average percentage change*  
16 *in the number of individuals residing in health*  
17 *professions shortage areas designated under sec-*  
18 *tion 333 during the prior fiscal year, relative to*  
19 *the number of individuals residing in such areas*  
20 *during the previous fiscal year.”.*

21 **SEC. 5208. NURSE-MANAGED HEALTH CLINICS.**

22           (a) *PURPOSE.—The purpose of this section is to fund*  
23 *the development and operation of nurse-managed health*  
24 *clinics.*

1       (b) *GRANTS.*—Subpart 1 of part D of title III of the  
2 *Public Health Service Act* (42 U.S.C. 254b et seq.) is  
3 amended by inserting after section 330A the following:

4 **“SEC. 330A–1. GRANTS TO NURSE–MANAGED HEALTH CLIN-**  
5 **ICS.**

6       “(a) *DEFINITIONS.*—

7           “(1) *COMPREHENSIVE PRIMARY HEALTH CARE*  
8 *SERVICES.*—In this section, the term ‘comprehensive  
9 primary health care services’ means the primary  
10 health services described in section 330(b)(1).

11           “(2) *NURSE-MANAGED HEALTH CLINIC.*—The  
12 term ‘nurse-managed health clinic’ means a nurse-  
13 practice arrangement, managed by advanced practice  
14 nurses, that provides primary care or wellness serv-  
15 ices to underserved or vulnerable populations and  
16 that is associated with a school, college, university or  
17 department of nursing, federally qualified health cen-  
18 ter, or independent nonprofit health or social services  
19 agency.

20       “(b) *AUTHORITY TO AWARD GRANTS.*—The Secretary  
21 shall award grants for the cost of the operation of nurse-  
22 managed health clinics that meet the requirements of this  
23 section.

24       “(c) *APPLICATIONS.*—To be eligible to receive a grant  
25 under this section, an entity shall—

1           “(1) be an NMHC; and

2           “(2) submit to the Secretary an application at  
3 such time, in such manner, and containing—

4                   “(A) assurances that nurses are the major  
5 providers of services at the NMHC and that at  
6 least 1 advanced practice nurse holds an execu-  
7 tive management position within the organiza-  
8 tional structure of the NMHC;

9                   “(B) an assurance that the NMHC will con-  
10 tinue providing comprehensive primary health  
11 care services or wellness services without regard  
12 to income or insurance status of the patient for  
13 the duration of the grant period; and

14                   “(C) an assurance that, not later than 90  
15 days of receiving a grant under this section, the  
16 NMHC will establish a community advisory  
17 committee, for which a majority of the members  
18 shall be individuals who are served by the  
19 NMHC.

20           “(d) GRANT AMOUNT.—The amount of any grant  
21 made under this section for any fiscal year shall be deter-  
22 mined by the Secretary, taking into account—

23                   “(1) the financial need of the NMHC, consid-  
24 ering State, local, and other operational funding pro-  
25 vided to the NMHC; and

1           “(2) *other factors, as the Secretary determines*  
2           *appropriate.*”

3           “(e) *AUTHORIZATION OF APPROPRIATIONS.—For the*  
4           *purposes of carrying out this section, there are authorized*  
5           *to be appropriated \$50,000,000 for the fiscal year 2010 and*  
6           *such sums as may be necessary for each of the fiscal years*  
7           *2011 through 2014.*”.

8           **SEC. 5209. ELIMINATION OF CAP ON COMMISSIONED**  
9           **CORPS.**

10           *Section 202 of the Department of Health and Human*  
11           *Services Appropriations Act, 1993 (Public Law 102–394)*  
12           *is amended by striking “not to exceed 2,800”.*

13           **SEC. 5210. ESTABLISHING A READY RESERVE CORPS.**

14           *Section 203 of the Public Health Service Act (42*  
15           *U.S.C. 204) is amended to read as follows:*

16           **“SEC. 203. COMMISSIONED CORPS AND READY RESERVE**  
17           **CORPS.**

18           “(a) *ESTABLISHMENT.—*

19                   “(1) *IN GENERAL.—There shall be in the Service*  
20                   *a commissioned Regular Corps and a Ready Reserve*  
21                   *Corps for service in time of national emergency.*

22                   “(2) *REQUIREMENT.—All commissioned officers*  
23                   *shall be citizens of the United States and shall be ap-*  
24                   *pointed without regard to the civil-service laws and*

1     *compensated without regard to the Classification Act*  
2     *of 1923, as amended.*

3             “(3) *APPOINTMENT.*—*Commissioned officers of*  
4     *the Ready Reserve Corps shall be appointed by the*  
5     *President and commissioned officers of the Regular*  
6     *Corps shall be appointed by the President with the*  
7     *advice and consent of the Senate.*

8             “(4) *ACTIVE DUTY.*—*Commissioned officers of the*  
9     *Ready Reserve Corps shall at all times be subject to*  
10    *call to active duty by the Surgeon General, including*  
11    *active duty for the purpose of training.*

12            “(5) *WARRANT OFFICERS.*—*Warrant officers*  
13    *may be appointed to the Service for the purpose of*  
14    *providing support to the health and delivery systems*  
15    *maintained by the Service and any warrant officer*  
16    *appointed to the Service shall be considered for pur-*  
17    *poses of this Act and title 37, United States Code, to*  
18    *be a commissioned officer within the Commissioned*  
19    *Corps of the Service.*

20            “(b) *ASSIMILATING RESERVE CORP OFFICERS INTO*  
21    *THE REGULAR CORPS.*—*Effective on the date of enactment*  
22    *of the Patient Protection and Affordable Care Act, all indi-*  
23    *viduals classified as officers in the Reserve Corps under this*  
24    *section (as such section existed on the day before the date*

1 *of enactment of such Act) and serving on active duty shall*  
2 *be deemed to be commissioned officers of the Regular Corps.*

3 “(c) *PURPOSE AND USE OF READY RESEARCH.*—

4 “(1) *PURPOSE.*—*The purpose of the Ready Re-*  
5 *serve Corps is to fulfill the need to have additional*  
6 *Commissioned Corps personnel available on short no-*  
7 *tice (similar to the uniformed service’s reserve pro-*  
8 *gram) to assist regular Commissioned Corps per-*  
9 *sonnel to meet both routine public health and emer-*  
10 *gency response missions.*

11 “(2) *USES.*—*The Ready Reserve Corps shall—*

12 “(A) *participate in routine training to meet*  
13 *the general and specific needs of the Commis-*  
14 *sioned Corps;*

15 “(B) *be available and ready for involuntary*  
16 *calls to active duty during national emergencies*  
17 *and public health crises, similar to the uni-*  
18 *formed service reserve personnel;*

19 “(C) *be available for backfilling critical po-*  
20 *sitions left vacant during deployment of active*  
21 *duty Commissioned Corps members, as well as*  
22 *for deployment to respond to public health emer-*  
23 *gencies, both foreign and domestic; and*

24 “(D) *be available for service assignment in*  
25 *isolated, hardship, and medically underserved*

1           communities (as defined in section 799B) to im-  
2           prove access to health services.

3           “(d) *FUNDING.*—For the purpose of carrying out the  
4           duties and responsibilities of the Commissioned Corps  
5           under this section, there are authorized to be appropriated  
6           \$5,000,000 for each of fiscal years 2010 through 2014 for  
7           recruitment and training and \$12,500,000 for each of fiscal  
8           years 2010 through 2014 for the Ready Reserve Corps.”.

9           ***Subtitle D—Enhancing Health Care***  
10          ***Workforce Education and Training***

11          ***SEC. 5301. TRAINING IN FAMILY MEDICINE, GENERAL IN-***  
12                                   ***TERNAL MEDICINE, GENERAL PEDIATRICS,***  
13                                   ***AND PHYSICIAN ASSISTANTSHIP.***

14          *Part C of title VII (42 U.S.C. 293k et seq.) is amended*  
15          *by striking section 747 and inserting the following:*

16          ***“SEC. 747. PRIMARY CARE TRAINING AND ENHANCEMENT.***

17                 ***“(a) SUPPORT AND DEVELOPMENT OF PRIMARY CARE***  
18                 ***TRAINING PROGRAMS.—***

19                         ***“(1) IN GENERAL.—The Secretary may make***  
20                         *grants to, or enter into contracts with, an accredited*  
21                         *public or nonprofit private hospital, school of medi-*  
22                         *cine or osteopathic medicine, academically affiliated*  
23                         *physician assistant training program, or a public or*  
24                         *private nonprofit entity which the Secretary has de-*



1 *terminated is capable of carrying out such grant or*  
2 *contract—*

3 *“(A) to plan, develop, operate, or partici-*  
4 *pate in an accredited professional training pro-*  
5 *gram, including an accredited residency or in-*  
6 *ternship program in the field of family medicine,*  
7 *general internal medicine, or general pediatrics*  
8 *for medical students, interns, residents, or prac-*  
9 *ticing physicians as defined by the Secretary;*

10 *“(B) to provide need-based financial assist-*  
11 *ance in the form of traineeships and fellowships*  
12 *to medical students, interns, residents, practicing*  
13 *physicians, or other medical personnel, who are*  
14 *participants in any such program, and who*  
15 *plan to specialize or work in the practice of the*  
16 *fields defined in subparagraph (A);*

17 *“(C) to plan, develop, and operate a pro-*  
18 *gram for the training of physicians who plan to*  
19 *teach in family medicine, general internal medi-*  
20 *cine, or general pediatrics training programs;*

21 *“(D) to plan, develop, and operate a pro-*  
22 *gram for the training of physicians teaching in*  
23 *community-based settings;*

24 *“(E) to provide financial assistance in the*  
25 *form of traineeships and fellowships to physi-*

1           *cians who are participants in any such pro-*  
2           *grams and who plan to teach or conduct research*  
3           *in a family medicine, general internal medicine,*  
4           *or general pediatrics training program;*

5           *“(F) to plan, develop, and operate a physi-*  
6           *cian assistant education program, and for the*  
7           *training of individuals who will teach in pro-*  
8           *grams to provide such training;*

9           *“(G) to plan, develop, and operate a dem-*  
10          *onstration program that provides training in*  
11          *new competencies, as recommended by the Advi-*  
12          *sory Committee on Training in Primary Care*  
13          *Medicine and Dentistry and the National Health*  
14          *Care Workforce Commission established in sec-*  
15          *tion 5101 of the Patient Protection and Afford-*  
16          *able Care Act, which may include—*

17                 *“(i) providing training to primary*  
18                 *care physicians relevant to providing care*  
19                 *through patient-centered medical homes (as*  
20                 *defined by the Secretary for purposes of this*  
21                 *section);*

22                 *“(ii) developing tools and curricula*  
23                 *relevant to patient-centered medical homes;*  
24                 *and*

1                   “(iii) providing continuing education  
2                   to primary care physicians relevant to pa-  
3                   tient-centered medical homes; and

4                   “(H) to plan, develop, and operate joint de-  
5                   gree programs to provide interdisciplinary and  
6                   interprofessional graduate training in public  
7                   health and other health professions to provide  
8                   training in environmental health, infectious dis-  
9                   ease control, disease prevention and health pro-  
10                  motion, epidemiological studies and injury con-  
11                  trol.

12                  “(2) DURATION OF AWARDS.—The period during  
13                  which payments are made to an entity from an  
14                  award of a grant or contract under this subsection  
15                  shall be 5 years.

16                  “(b) CAPACITY BUILDING IN PRIMARY CARE.—

17                  “(1) IN GENERAL.—The Secretary may make  
18                  grants to or enter into contracts with accredited  
19                  schools of medicine or osteopathic medicine to estab-  
20                  lish, maintain, or improve—

21                         “(A) academic units or programs that im-  
22                         prove clinical teaching and research in fields de-  
23                         fined in subsection (a)(1)(A); or

24                         “(B) programs that integrate academic ad-  
25                         ministrative units in fields defined in subsection

1           (a)(1)(A) to enhance interdisciplinary recruit-  
2           ment, training, and faculty development.

3           “(2) *PREFERENCE IN MAKING AWARDS UNDER*  
4           *THIS SUBSECTION.—In making awards of grants and*  
5           *contracts under paragraph (1), the Secretary shall*  
6           *give preference to any qualified applicant for such an*  
7           *award that agrees to expend the award for the pur-*  
8           *pose of—*

9                     “(A) *establishing academic units or pro-*  
10                    *grams in fields defined in subsection (a)(1)(A);*  
11                    *or*

12                   “(B) *substantially expanding such units or*  
13                    *programs.*

14           “(3) *PRIORITIES IN MAKING AWARDS.—In*  
15           *awarding grants or contracts under paragraph (1),*  
16           *the Secretary shall give priority to qualified appli-*  
17           *cants that—*

18                   “(A) *proposes a collaborative project be-*  
19                    *tween academic administrative units of primary*  
20                    *care;*

21                   “(B) *proposes innovative approaches to*  
22                    *clinical teaching using models of primary care,*  
23                    *such as the patient centered medical home, team*  
24                    *management of chronic disease, and interprofes-*  
25                    *sional integrated models of health care that in-*

1        *corporate transitions in health care settings and*  
2        *integration physical and mental health provi-*  
3        *sion;*

4            *“(C) have a record of training the greatest*  
5        *percentage of providers, or that have dem-*  
6        *onstrated significant improvements in the per-*  
7        *centage of providers trained, who enter and re-*  
8        *main in primary care practice;*

9            *“(D) have a record of training individuals*  
10        *who are from underrepresented minority groups*  
11        *or from a rural or disadvantaged background;*

12            *“(E) provide training in the care of vulner-*  
13        *able populations such as children, older adults,*  
14        *homeless individuals, victims of abuse or trau-*  
15        *ma, individuals with mental health or substance-*  
16        *related disorders, individuals with HIV/AIDS,*  
17        *and individuals with disabilities;*

18            *“(F) establish formal relationships and sub-*  
19        *mit joint applications with federally qualified*  
20        *health centers, rural health clinics, area health*  
21        *education centers, or clinics located in under-*  
22        *served areas or that serve underserved popu-*  
23        *lations;*

1           “(G) *teach trainees the skills to provide*  
2           *interprofessional, integrated care through col-*  
3           *laboration among health professionals;*

4           “(H) *provide training in enhanced commu-*  
5           *nication with patients, evidence-based practice,*  
6           *chronic disease management, preventive care,*  
7           *health information technology, or other com-*  
8           *petencies as recommended by the Advisory Com-*  
9           *mittee on Training in Primary Care Medicine*  
10           *and Dentistry and the National Health Care*  
11           *Workforce Commission established in section*  
12           *5101 of the Patient Protection and Affordable*  
13           *Care Act; or*

14           “(I) *provide training in cultural com-*  
15           *petency and health literacy.*

16           “(4) *DURATION OF AWARDS.—The period during*  
17           *which payments are made to an entity from an*  
18           *award of a grant or contract under this subsection*  
19           *shall be 5 years.*

20           “(c) *AUTHORIZATION OF APPROPRIATIONS.—*

21           “(1) *IN GENERAL.—For purposes of carrying out*  
22           *this section (other than subsection (b)(1)(B)), there*  
23           *are authorized to be appropriated \$125,000,000 for*  
24           *fiscal year 2010, and such sums as may be necessary*  
25           *for each of fiscal years 2011 through 2014.*

1           “(2) *TRAINING PROGRAMS.*—Fifteen percent of  
2           the amount appropriated pursuant to paragraph (1)  
3           in each such fiscal year shall be allocated to the phy-  
4           sician assistant training programs described in sub-  
5           section (a)(1)(F), which prepare students for practice  
6           in primary care.

7           “(3) *INTEGRATING ACADEMIC ADMINISTRATIVE*  
8           *UNITS.*—For purposes of carrying out subsection  
9           (b)(1)(B), there are authorized to be appropriated  
10          \$750,000 for each of fiscal years 2010 through 2014.”.

11 **SEC. 5302. TRAINING OPPORTUNITIES FOR DIRECT CARE**  
12 **WORKERS.**

13          Part C of title VII of the Public Health Service Act  
14 (42 U.S.C. 293k et seq.) is amended by inserting after sec-  
15 tion 747, as amended by section 5301, the following:

16 **“SEC. 747A. TRAINING OPPORTUNITIES FOR DIRECT CARE**  
17 **WORKERS.**

18          “(a) *IN GENERAL.*—The Secretary shall award grants  
19 to eligible entities to enable such entities to provide new  
20 training opportunities for direct care workers who are em-  
21 ployed in long-term care settings such as nursing homes (as  
22 defined in section 1908(e)(1) of the Social Security Act (42  
23 U.S.C. 1396g(e)(1)), assisted living facilities and skilled  
24 nursing facilities, intermediate care facilities for individ-  
25 uals with mental retardation, home and community based

1 *settings, and any other setting the Secretary determines to*  
2 *be appropriate.*

3       “(b) *ELIGIBILITY.—To be eligible to receive a grant*  
4 *under this section, an entity shall—*

5               “(1) *be an institution of higher education (as de-*  
6 *defined in section 102 of the Higher Education Act of*  
7 *1965 (20 U.S.C. 1002)) that—*

8                       “(A) *is accredited by a nationally recog-*  
9 *nized accrediting agency or association listed*  
10 *under section 101(c) of the Higher Education*  
11 *Act of 1965 (20 U.S.C. 1001(c)); and*

12                       “(B) *has established a public-private edu-*  
13 *cational partnership with a nursing home or*  
14 *skilled nursing facility, agency or entity pro-*  
15 *viding home and community based services to*  
16 *individuals with disabilities, or other long-term*  
17 *care provider; and*

18               “(2) *submit to the Secretary an application at*  
19 *such time, in such manner, and containing such in-*  
20 *formation as the Secretary may require.*

21       “(c) *USE OF FUNDS.—An eligible entity shall use*  
22 *amounts awarded under a grant under this section to pro-*  
23 *vide assistance to eligible individuals to offset the cost of*  
24 *tuition and required fees for enrollment in academic pro-*  
25 *grams provided by such entity.*



1 “(d) *ELIGIBLE INDIVIDUAL.*—

2 “(1) *ELIGIBILITY.*—*To be eligible for assistance*  
3 *under this section, an individual shall be enrolled in*  
4 *courses provided by a grantee under this subsection*  
5 *and maintain satisfactory academic progress in such*  
6 *courses.*

7 “(2) *CONDITION OF ASSISTANCE.*—*As a condi-*  
8 *tion of receiving assistance under this section, an in-*  
9 *dividual shall agree that, following completion of the*  
10 *assistance period, the individual will work in the*  
11 *field of geriatrics, disability services, long term serv-*  
12 *ices and supports, or chronic care management for a*  
13 *minimum of 2 years under guidelines set by the Sec-*  
14 *retary.*

15 “(e) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*  
16 *authorized to be appropriated to carry out this section,*  
17 *\$10,000,000 for the period of fiscal years 2011 through*  
18 *2013.”.*

19 **SEC. 5303. TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC**  
20 **HEALTH DENTISTRY.**

21 *Part C of Title VII of the Public Health Service Act*  
22 *(42 U.S.C. 293k et seq.) is amended by—*

23 (1) *redesignating section 748, as amended by sec-*  
24 *tion 5103 of this Act, as section 749; and*

1           (2) *inserting after section 747A, as added by sec-*  
2           *tion 5302, the following:*

3   **“SEC. 748. TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC**  
4                           **HEALTH DENTISTRY.**

5           “(a) *SUPPORT AND DEVELOPMENT OF DENTAL TRAIN-*  
6   *ING PROGRAMS.—*

7                   “(1) *IN GENERAL.—The Secretary may make*  
8           *grants to, or enter into contracts with, a school of*  
9           *dentistry, public or nonprofit private hospital, or a*  
10          *public or private nonprofit entity which the Secretary*  
11          *has determined is capable of carrying out such grant*  
12          *or contract—*

13                           “(A) *to plan, develop, and operate, or par-*  
14           *ticipate in, an approved professional training*  
15           *program in the field of general dentistry, pedi-*  
16           *atric dentistry, or public health dentistry for*  
17           *dental students, residents, practicing dentists,*  
18           *dental hygienists, or other approved primary*  
19           *care dental trainees, that emphasizes training for*  
20           *general, pediatric, or public health dentistry;*

21                           “(B) *to provide financial assistance to den-*  
22           *tal students, residents, practicing dentists, and*  
23           *dental hygiene students who are in need thereof,*  
24           *who are participants in any such program, and*

1           *who plan to work in the practice of general, pe-*  
2           *diatric, public health dentistry, or dental hygiene;*

3           *“(C) to plan, develop, and operate a pro-*  
4           *gram for the training of oral health care pro-*  
5           *viders who plan to teach in general, pediatric,*  
6           *public health dentistry, or dental hygiene;*

7           *“(D) to provide financial assistance in the*  
8           *form of traineeships and fellowships to dentists*  
9           *who plan to teach or are teaching in general, pe-*  
10          *diatric, or public health dentistry;*

11          *“(E) to meet the costs of projects to estab-*  
12          *lish, maintain, or improve dental faculty devel-*  
13          *opment programs in primary care (which may*  
14          *be departments, divisions or other units);*

15          *“(F) to meet the costs of projects to estab-*  
16          *lish, maintain, or improve predoctoral and*  
17          *postdoctoral training in primary care programs;*

18          *“(G) to create a loan repayment program*  
19          *for faculty in dental programs; and*

20          *“(H) to provide technical assistance to pedi-*  
21          *atric training programs in developing and im-*  
22          *plementing instruction regarding the oral health*  
23          *status, dental care needs, and risk-based clinical*  
24          *disease management of all pediatric populations*  
25          *with an emphasis on underserved children.*

1           “(2) *FACULTY LOAN REPAYMENT.*—

2                   “(A) *IN GENERAL.*—A grant or contract  
3           under subsection (a)(1)(G) may be awarded to a  
4           program of general, pediatric, or public health  
5           dentistry described in such subsection to plan,  
6           develop, and operate a loan repayment program  
7           under which—

8                           “(i) individuals agree to serve full-time  
9                           as faculty members; and

10                           “(ii) the program of general, pediatric  
11                           or public health dentistry agrees to pay the  
12                           principal and interest on the outstanding  
13                           student loans of the individuals.

14                   “(B) *MANNER OF PAYMENTS.*—With respect  
15           to the payments described in subparagraph  
16           (A)(ii), upon completion by an individual of  
17           each of the first, second, third, fourth, and fifth  
18           years of service, the program shall pay an  
19           amount equal to 10, 15, 20, 25, and 30 percent,  
20           respectively, of the individual’s student loan bal-  
21           ance as calculated based on principal and inter-  
22           est owed at the initiation of the agreement.

23                   “(b) *ELIGIBLE ENTITY.*—For purposes of this sub-  
24           section, entities eligible for such grants or contracts in gen-  
25           eral, pediatric, or public health dentistry shall include enti-

1 *ties that have programs in dental or dental hygiene schools,*  
2 *or approved residency or advanced education programs in*  
3 *the practice of general, pediatric, or public health dentistry.*  
4 *Eligible entities may partner with schools of public health*  
5 *to permit the education of dental students, residents, and*  
6 *dental hygiene students for a master's year in public health*  
7 *at a school of public health.*

8       “(c) *PRIORITIES IN MAKING AWARDS.—With respect*  
9 *to training provided for under this section, the Secretary*  
10 *shall give priority in awarding grants or contracts to the*  
11 *following:*

12               “(1) *Qualified applicants that propose collabo-*  
13 *rative projects between departments of primary care*  
14 *medicine and departments of general, pediatric, or*  
15 *public health dentistry.*

16               “(2) *Qualified applicants that have a record of*  
17 *training the greatest percentage of providers, or that*  
18 *have demonstrated significant improvements in the*  
19 *percentage of providers, who enter and remain in gen-*  
20 *eral, pediatric, or public health dentistry.*

21               “(3) *Qualified applicants that have a record of*  
22 *training individuals who are from a rural or dis-*  
23 *advantaged background, or from underrepresented mi-*  
24 *norities.*

1           “(4) Qualified applicants that establish formal  
2           relationships with Federally qualified health centers,  
3           rural health centers, or accredited teaching facilities  
4           and that conduct training of students, residents, fel-  
5           lows, or faculty at the center or facility.

6           “(5) Qualified applicants that conduct teaching  
7           programs targeting vulnerable populations such as  
8           older adults, homeless individuals, victims of abuse or  
9           trauma, individuals with mental health or substance-  
10          related disorders, individuals with disabilities, and  
11          individuals with HIV/AIDS, and in the risk-based  
12          clinical disease management of all populations.

13          “(6) Qualified applicants that include edu-  
14          cational activities in cultural competency and health  
15          literacy.

16          “(7) Qualified applicants that have a high rate  
17          for placing graduates in practice settings that serve  
18          underserved areas or health disparity populations, or  
19          who achieve a significant increase in the rate of plac-  
20          ing graduates in such settings.

21          “(8) Qualified applicants that intend to establish  
22          a special populations oral health care education cen-  
23          ter or training program for the didactic and clinical  
24          education of dentists, dental health professionals, and  
25          dental hygienists who plan to teach oral health care

1     *for people with developmental disabilities, cognitive*  
2     *impairment, complex medical problems, significant*  
3     *physical limitations, and vulnerable elderly.*

4     “(d) *APPLICATION.—An eligible entity desiring a*  
5     *grant under this section shall submit to the Secretary an*  
6     *application at such time, in such manner, and containing*  
7     *such information as the Secretary may require.*

8     “(e) *DURATION OF AWARD.—The period during which*  
9     *payments are made to an entity from an award of a grant*  
10    *or contract under subsection (a) shall be 5 years. The provi-*  
11    *sion of such payments shall be subject to annual approval*  
12    *by the Secretary and subject to the availability of appro-*  
13    *priations for the fiscal year involved to make the payments.*

14    “(f) *AUTHORIZATIONS OF APPROPRIATIONS.—For the*  
15    *purpose of carrying out subsections (a) and (b), there is*  
16    *authorized to be appropriated \$30,000,000 for fiscal year*  
17    *2010 and such sums as may be necessary for each of fiscal*  
18    *years 2011 through 2015.*

19    “(g) *CARRYOVER FUNDS.—An entity that receives an*  
20    *award under this section may carry over funds from 1 fiscal*  
21    *year to another without obtaining approval from the Sec-*  
22    *retary. In no case may any funds be carried over pursuant*  
23    *to the preceding sentence for more than 3 years.”.*

1 **SEC. 5304. ALTERNATIVE DENTAL HEALTH CARE PRO-**  
2 **VIDERS DEMONSTRATION PROJECT.**

3 *Subpart X of part D of title III of the Public Health*  
4 *Service Act (42 U.S.C. 256f et seq.) is amended by adding*  
5 *at the end the following:*

6 **“SEC. 340G–1. DEMONSTRATION PROGRAM.**

7 *“(a) IN GENERAL.—*

8 *“(1) AUTHORIZATION.—The Secretary is author-*  
9 *ized to award grants to 15 eligible entities to enable*  
10 *such entities to establish a demonstration program to*  
11 *establish training programs to train, or to employ, al-*  
12 *ternative dental health care providers in order to in-*  
13 *crease access to dental health care services in rural*  
14 *and other underserved communities.*

15 *“(2) DEFINITION.—The term ‘alternative dental*  
16 *health care providers’ includes community dental*  
17 *health coordinators, advance practice dental hygien-*  
18 *ists, independent dental hygienists, supervised dental*  
19 *hygienists, primary care physicians, dental thera-*  
20 *pists, dental health aides, and any other health pro-*  
21 *fessional that the Secretary determines appropriate.*

22 *“(b) TIMEFRAME.—The demonstration projects funded*  
23 *under this section shall begin not later than 2 years after*  
24 *the date of enactment of this section, and shall conclude not*  
25 *later than 7 years after such date of enactment.*



1       “(c) *ELIGIBLE ENTITIES.*—*To be eligible to receive a*  
2 *grant under subsection (a), an entity shall—*

3               “(1) *be—*

4                       “(A) *an institution of higher education, in-*  
5 *cluding a community college;*

6                       “(B) *a public-private partnership;*

7                       “(C) *a federally qualified health center;*

8                       “(D) *an Indian Health Service facility or a*  
9 *tribe or tribal organization (as such terms are*  
10 *defined in section 4 of the Indian Self-Deter-*  
11 *mination and Education Assistance Act);*

12                      “(E) *a State or county public health clinic,*  
13 *a health facility operated by an Indian tribe or*  
14 *tribal organization, or urban Indian organiza-*  
15 *tion providing dental services; or*

16                      “(F) *a public hospital or health system;*

17               “(2) *be within a program accredited by the Com-*  
18 *mission on Dental Accreditation or within a dental*  
19 *education program in an accredited institution; and*

20                      “(3) *shall submit an application to the Secretary*  
21 *at such time, in such manner, and containing such*  
22 *information as the Secretary may require.*

23       “(d) *ADMINISTRATIVE PROVISIONS.*—

24               “(1) *AMOUNT OF GRANT.*—*Each grant under this*  
25 *section shall be in an amount that is not less than*

1       \$4,000,000 for the 5-year period during which the  
2       demonstration project being conducted.

3               “(2) *DISBURSEMENT OF FUNDS.*—

4                       “(A) *PRELIMINARY DISBURSEMENTS.*—Be-  
5                       ginning 1 year after the enactment of this sec-  
6                       tion, the Secretary may disperse to any entity  
7                       receiving a grant under this section not more  
8                       than 20 percent of the total funding awarded to  
9                       such entity under such grant, for the purpose of  
10                      enabling the entity to plan the demonstration  
11                      project to be conducted under such grant.

12                     “(B) *SUBSEQUENT DISBURSEMENTS.*—The  
13                     remaining amount of grant funds not dispersed  
14                     under subparagraph (A) shall be dispersed such  
15                     that not less than 15 percent of such remaining  
16                     amount is dispersed each subsequent year.

17               “(e) *COMPLIANCE WITH STATE REQUIREMENTS.*—  
18       Each entity receiving a grant under this section shall cer-  
19       tify that it is in compliance with all applicable State licens-  
20       ing requirements.

21               “(f) *EVALUATION.*—The Secretary shall contract with  
22       the Director of the Institute of Medicine to conduct a study  
23       of the demonstration programs conducted under this section  
24       that shall provide analysis, based upon quantitative and

1 *qualitative data, regarding access to dental health care in*  
2 *the United States.*

3 “(g) *CLARIFICATION REGARDING DENTAL HEALTH*  
4 *AIDE PROGRAM.—Nothing in this section shall prohibit a*  
5 *dental health aide training program approved by the In-*  
6 *dian Health Service from being eligible for a grant under*  
7 *this section.*

8 “(h) *AUTHORIZATION OF APPROPRIATIONS.—There is*  
9 *authorized to be appropriated such sums as may be nec-*  
10 *essary to carry out this section.”.*

11 **SEC. 5305. GERIATRIC EDUCATION AND TRAINING; CAREER**  
12 **AWARDS; COMPREHENSIVE GERIATRIC EDU-**  
13 **CATION.**

14 (a) *WORKFORCE DEVELOPMENT; CAREER AWARDS.—*  
15 *Section 753 of the Public Health Service Act (42 U.S.C.*  
16 *294c) is amended by adding at the end the following:*

17 “(d) *GERIATRIC WORKFORCE DEVELOPMENT.—*

18 “(1) *IN GENERAL.—The Secretary shall award*  
19 *grants or contracts under this subsection to entities*  
20 *that operate a geriatric education center pursuant to*  
21 *subsection (a)(1).*

22 “(2) *APPLICATION.—To be eligible for an award*  
23 *under paragraph (1), an entity described in such*  
24 *paragraph shall submit to the Secretary an applica-*

1        *tion at such time, in such manner, and containing*  
2        *such information as the Secretary may require.*

3                *“(3) USE OF FUNDS.—Amounts awarded under*  
4        *a grant or contract under paragraph (1) shall be used*  
5        *to—*

6                        *“(A) carry out the fellowship program de-*  
7        *scribed in paragraph (4); and*

8                        *“(B) carry out 1 of the 2 activities de-*  
9        *scribed in paragraph (5).*

10                *“(4) FELLOWSHIP PROGRAM.—*

11                        *“(A) IN GENERAL.—Pursuant to paragraph*  
12        *(3), a geriatric education center that receives an*  
13        *award under this subsection shall use such funds*  
14        *to offer short-term intensive courses (referred to*  
15        *in this subsection as a ‘fellowship’) that focus on*  
16        *geriatrics, chronic care management, and long-*  
17        *term care that provide supplemental training for*  
18        *faculty members in medical schools and other*  
19        *health professions schools with programs in psy-*  
20        *chology, pharmacy, nursing, social work, den-*  
21        *tistry, public health, allied health, or other health*  
22        *disciplines, as approved by the Secretary. Such*  
23        *a fellowship shall be open to current faculty, and*  
24        *appropriately credentialed volunteer faculty and*  
25        *practitioners, who do not have formal training*

1           *in geriatrics, to upgrade their knowledge and*  
2           *clinical skills for the care of older adults and*  
3           *adults with functional limitations and to en-*  
4           *hance their interdisciplinary teaching skills.*

5           “(B) *LOCATION.*—*A fellowship shall be of-*  
6           *fered either at the geriatric education center that*  
7           *is sponsoring the course, in collaboration with*  
8           *other geriatric education centers, or at medical*  
9           *schools, schools of dentistry, schools of nursing,*  
10          *schools of pharmacy, schools of social work, grad-*  
11          *uate programs in psychology, or allied health*  
12          *and other health professions schools approved by*  
13          *the Secretary with which the geriatric education*  
14          *centers are affiliated.*

15          “(C) *CME CREDIT.*—*Participation in a fel-*  
16          *lowship under this paragraph shall be accepted*  
17          *with respect to complying with continuing health*  
18          *profession education requirements. As a condi-*  
19          *tion of such acceptance, the recipient shall agree*  
20          *to subsequently provide a minimum of 18 hours*  
21          *of voluntary instructional support through a*  
22          *geriatric education center that is providing clin-*  
23          *ical training to students or trainees in long-term*  
24          *care settings.*

1           “(5) *ADDITIONAL REQUIRED ACTIVITIES DE-*  
2           *SCRIBED.—Pursuant to paragraph (3), a geriatric*  
3           *education center that receives an award under this*  
4           *subsection shall use such funds to carry out 1 of the*  
5           *following 2 activities.*

6                       “(A) *FAMILY CAREGIVER AND DIRECT CARE*  
7           *PROVIDER TRAINING.—A geriatric education cen-*  
8           *ter that receives an award under this subsection*  
9           *shall offer at least 2 courses each year, at no*  
10           *charge or nominal cost, to family caregivers and*  
11           *direct care providers that are designed to provide*  
12           *practical training for supporting frail elders and*  
13           *individuals with disabilities. The Secretary shall*  
14           *require such Centers to work with appropriate*  
15           *community partners to develop training pro-*  
16           *gram content and to publicize the availability of*  
17           *training courses in their service areas. All fam-*  
18           *ily caregiver and direct care provider training*  
19           *programs shall include instruction on the man-*  
20           *agement of psychological and behavioral aspects*  
21           *of dementia, communication techniques for work-*  
22           *ing with individuals who have dementia, and the*  
23           *appropriate, safe, and effective use of medica-*  
24           *tions for older adults.*

1           “(B) *INCORPORATION OF BEST PRAC-*  
2           *TICES.—A geriatric education center that re-*  
3           *ceives an award under this subsection shall de-*  
4           *velop and include material on depression and*  
5           *other mental disorders common among older*  
6           *adults, medication safety issues for older adults,*  
7           *and management of the psychological and behav-*  
8           *ioral aspects of dementia and communication*  
9           *techniques with individuals who have dementia*  
10          *in all training courses, where appropriate.*

11          “(6) *TARGETS.—A geriatric education center*  
12          *that receives an award under this subsection shall*  
13          *meet targets approved by the Secretary for providing*  
14          *geriatric training to a certain number of faculty or*  
15          *practitioners during the term of the award, as well as*  
16          *other parameters established by the Secretary.*

17          “(7) *AMOUNT OF AWARD.—An award under this*  
18          *subsection shall be in an amount of \$150,000. Not*  
19          *more than 24 geriatric education centers may receive*  
20          *an award under this subsection.*

21          “(8) *MAINTENANCE OF EFFORT.—A geriatric*  
22          *education center that receives an award under this*  
23          *subsection shall provide assurances to the Secretary*  
24          *that funds provided to the geriatric education center*  
25          *under this subsection will be used only to supplement,*

1 *not to supplant, the amount of Federal, State, and*  
2 *local funds otherwise expended by the geriatric edu-*  
3 *cation center.*

4 “(9) *AUTHORIZATION OF APPROPRIATIONS.—In*  
5 *addition to any other funding available to carry out*  
6 *this section, there is authorized to be appropriated to*  
7 *carry out this subsection, \$10,800,000 for the period*  
8 *of fiscal year 2011 through 2014.*

9 “(e) *GERIATRIC CAREER INCENTIVE AWARDS.—*

10 “(1) *IN GENERAL.—The Secretary shall award*  
11 *grants or contracts under this section to individuals*  
12 *described in paragraph (2) to foster greater interest*  
13 *among a variety of health professionals in entering*  
14 *the field of geriatrics, long-term care, and chronic*  
15 *care management.*

16 “(2) *ELIGIBLE INDIVIDUALS.—To be eligible to*  
17 *received an award under paragraph (1), an indi-*  
18 *vidual shall—*

19 “(A) *be an advanced practice nurse, a clin-*  
20 *ical social worker, a pharmacist, or student of*  
21 *psychology who is pursuing a doctorate or other*  
22 *advanced degree in geriatrics or related fields in*  
23 *an accredited health professions school; and*



1           “(B) submit to the Secretary an application  
2           at such time, in such manner, and containing  
3           such information as the Secretary may require.

4           “(3) *CONDITION OF AWARD.*—As a condition of  
5           receiving an award under this subsection, an indi-  
6           vidual shall agree that, following completion of the  
7           award period, the individual will teach or practice in  
8           the field of geriatrics, long-term care, or chronic care  
9           management for a minimum of 5 years under guide-  
10          lines set by the Secretary.

11          “(4) *AUTHORIZATION OF APPROPRIATIONS.*—  
12          There is authorized to be appropriated to carry out  
13          this subsection, \$10,000,000 for the period of fiscal  
14          years 2011 through 2013.”.

15          “(b) *EXPANSION OF ELIGIBILITY FOR GERIATRIC ACA-*  
16          *DEMIC CAREER AWARDS; PAYMENT TO INSTITUTION.*—Sec-  
17          tion 753(c) of the Public Health Service Act 294(c) is  
18          amended—

19                 (1) by redesignating paragraphs (4) and (5) as  
20                 paragraphs (5) and (6), respectively;

21                 (2) by striking paragraph (2) through paragraph  
22                 (3) and inserting the following:

23                 “(2) *ELIGIBLE INDIVIDUALS.*—To be eligible to  
24                 receive an Award under paragraph (1), an individual  
25                 shall—

1           “(A) be board certified or board eligible in  
2           internal medicine, family practice, psychiatry,  
3           or licensed dentistry, or have completed any re-  
4           quired training in a discipline and employed in  
5           an accredited health professions school that is  
6           approved by the Secretary;

7           “(B) have completed an approved fellowship  
8           program in geriatrics or have completed spe-  
9           cialty training in geriatrics as required by the  
10          discipline and any addition geriatrics training  
11          as required by the Secretary; and

12          “(C) have a junior (non-tenured) faculty  
13          appointment at an accredited (as determined by  
14          the Secretary) school of medicine, osteopathic  
15          medicine, nursing, social work, psychology, den-  
16          tistry, pharmacy, or other allied health dis-  
17          ciplines in an accredited health professions  
18          school that is approved by the Secretary.

19          “(3) LIMITATIONS.—No Award under paragraph  
20          (1) may be made to an eligible individual unless the  
21          individual—

22          “(A) has submitted to the Secretary an ap-  
23          plication, at such time, in such manner, and  
24          containing such information as the Secretary

1           *may require, and the Secretary has approved*  
2           *such application;*

3           *“(B) provides, in such form and manner as*  
4           *the Secretary may require, assurances that the*  
5           *individual will meet the service requirement de-*  
6           *scribed in paragraph (6); and*

7           *“(C) provides, in such form and manner as*  
8           *the Secretary may require, assurances that the*  
9           *individual has a full-time faculty appointment*  
10          *in a health professions institution and docu-*  
11          *mented commitment from such institution to*  
12          *spend 75 percent of the total time of such indi-*  
13          *vidual on teaching and developing skills in*  
14          *interdisciplinary education in geriatrics.*

15          *“(4) MAINTENANCE OF EFFORT.—An eligible in-*  
16          *dividual that receives an Award under paragraph (1)*  
17          *shall provide assurances to the Secretary that funds*  
18          *provided to the eligible individual under this sub-*  
19          *section will be used only to supplement, not to sup-*  
20          *plant, the amount of Federal, State, and local funds*  
21          *otherwise expended by the eligible individual.”; and*

22                 *(3) in paragraph (5), as so designated—*

23                         *(A) in subparagraph (A)—*

24                                 *(i) by inserting “for individuals who*  
25                                 *are physicians” after “this section”; and*

1                   (ii) by inserting after the period at the  
2                   end the following: “The Secretary shall de-  
3                   termine the amount of an Award under this  
4                   section for individuals who are not physi-  
5                   cians.”; and

6                   (B) by adding at the end the following:

7                   “(C) PAYMENT TO INSTITUTION.—The Sec-  
8                   retary shall make payments to institutions which  
9                   include schools of medicine, osteopathic medicine,  
10                  nursing, social work, psychology, dentistry, and  
11                  pharmacy, or other allied health discipline in an  
12                  accredited health professions school that is ap-  
13                  proved by the Secretary.”.

14                  (c) COMPREHENSIVE GERIATRIC EDUCATION.—Sec-  
15                  tion 855 of the Public Health Service Act (42 U.S.C. 298)  
16                  is amended—

17                   (1) in subsection (b)—

18                   (A) in paragraph (3), by striking “or” at  
19                   the end;

20                   (B) in paragraph (4), by striking the period  
21                   and inserting “; or”; and

22                   (C) by adding at the end the following:

23                   “(5) establish traineeships for individuals who  
24                   are preparing for advanced education nursing degrees  
25                   in geriatric nursing, long-term care, gero-psychiatric

1       *nursing or other nursing areas that specialize in the*  
2       *care of the elderly population.”; and*

3               *(2) in subsection (e), by striking “2003 through*  
4       *2007” and inserting “2010 through 2014”.*

5       **SEC. 5306. MENTAL AND BEHAVIORAL HEALTH EDUCATION**  
6               **AND TRAINING GRANTS.**

7       *(a) IN GENERAL.—Part D of title VII (42 U.S.C. 294*  
8       *et seq.) is amended by—*

9               *(1) striking section 757;*

10              *(2) redesignating section 756 (as amended by*  
11       *section 5103) as section 757; and*

12              *(3) inserting after section 755 the following:*

13       **“SEC. 756. MENTAL AND BEHAVIORAL HEALTH EDUCATION**  
14               **AND TRAINING GRANTS.**

15       **“(a) GRANTS AUTHORIZED.—The Secretary may**  
16       *award grants to eligible institutions of higher education to*  
17       *support the recruitment of students for, and education and*  
18       *clinical experience of the students in—*

19              **“(1) baccalaureate, master’s, and doctoral degree**  
20       *programs of social work, as well as the development*  
21       *of faculty in social work;*

22              **“(2) accredited master’s, doctoral, internship,**  
23       *and post-doctoral residency programs of psychology*  
24       *for the development and implementation of inter-*  
25       *disciplinary training of psychology graduate students*

1 *for providing behavioral and mental health services,*  
2 *including substance abuse prevention and treatment*  
3 *services;*

4       “(3) *accredited institutions of higher education*  
5 *or accredited professional training programs that are*  
6 *establishing or expanding internships or other field*  
7 *placement programs in child and adolescent mental*  
8 *health in psychiatry, psychology, school psychology,*  
9 *behavioral pediatrics, psychiatric nursing, social*  
10 *work, school social work, substance abuse prevention*  
11 *and treatment, marriage and family therapy, school*  
12 *counseling, or professional counseling; and*

13       “(4) *State-licensed mental health nonprofit and*  
14 *for-profit organizations to enable such organizations*  
15 *to pay for programs for preservice or in-service train-*  
16 *ing of paraprofessional child and adolescent mental*  
17 *health workers.*

18       “(b) *ELIGIBILITY REQUIREMENTS.—To be eligible for*  
19 *a grant under this section, an institution shall dem-*  
20 *onstrate—*

21       “(1) *participation in the institutions’ programs*  
22 *of individuals and groups from different racial, eth-*  
23 *nic, cultural, geographic, religious, linguistic, and*  
24 *class backgrounds, and different genders and sexual*  
25 *orientations;*

1           “(2) *knowledge and understanding of the con-*  
2           *cerns of the individuals and groups described in sub-*  
3           *section (a);*

4           “(3) *any internship or other field placement pro-*  
5           *gram assisted under the grant will prioritize cultural*  
6           *and linguistic competency;*

7           “(4) *the institution will provide to the Secretary*  
8           *such data, assurances, and information as the Sec-*  
9           *retary may require; and*

10          “(5) *with respect to any violation of the agree-*  
11          *ment between the Secretary and the institution, the*  
12          *institution will pay such liquidated damages as pre-*  
13          *scribed by the Secretary by regulation.*

14          “(c) *INSTITUTIONAL REQUIREMENT.—For grants au-*  
15          *thorized under subsection (a)(1), at least 4 of the grant re-*  
16          *cipients shall be historically black colleges or universities*  
17          *or other minority-serving institutions.*

18          “(d) *PRIORITY.—*

19                 “(1) *In selecting the grant recipients in social*  
20                 *work under subsection (a)(1), the Secretary shall give*  
21                 *priority to applicants that—*

22                         “(A) *are accredited by the Council on So-*  
23                         *cial Work Education;*

24                         “(B) *have a graduation rate of not less than*  
25                         *80 percent for social work students; and*

1           “(C) exhibit an ability to recruit social  
2           workers from and place social workers in areas  
3           with a high need and high demand population.

4           “(2) In selecting the grant recipients in graduate  
5           psychology under subsection (a)(2), the Secretary  
6           shall give priority to institutions in which training  
7           focuses on the needs of vulnerable groups such as older  
8           adults and children, individuals with mental health  
9           or substance-related disorders, victims of abuse or  
10          trauma and of combat stress disorders such as  
11          posttraumatic stress disorder and traumatic brain in-  
12          juries, homeless individuals, chronically ill persons,  
13          and their families.

14          “(3) In selecting the grant recipients in training  
15          programs in child and adolescent mental health under  
16          subsections (a)(3) and (a)(4), the Secretary shall give  
17          priority to applicants that—

18                 “(A) have demonstrated the ability to collect  
19                 data on the number of students trained in child  
20                 and adolescent mental health and the popu-  
21                 lations served by such students after graduation  
22                 or completion of preservice or in-service train-  
23                 ing;

24                 “(B) have demonstrated familiarity with  
25                 evidence-based methods in child and adolescent



1           *mental health services, including substance abuse*  
2           *prevention and treatment services;*

3           “(C) *have programs designed to increase the*  
4           *number of professionals and paraprofessionals*  
5           *serving high-priority populations and to appli-*  
6           *cants who come from high-priority communities*  
7           *and plan to serve medically underserved popu-*  
8           *lations, in health professional shortage areas, or*  
9           *in medically underserved areas;*

10           “(D) *offer curriculum taught collaboratively*  
11           *with a family on the consumer and family lived*  
12           *experience or the importance of family-profes-*  
13           *sional or family-paraprofessional partnerships;*  
14           *and*

15           “(E) *provide services through a community*  
16           *mental health program described in section*  
17           *1913(b)(1).*

18           “(e) *AUTHORIZATION OF APPROPRIATION.—For the*  
19           *fiscal years 2010 through 2013, there is authorized to be*  
20           *appropriated to carry out this section—*

21           “(1) *\$8,000,000 for training in social work in*  
22           *subsection (a)(1);*

23           “(2) *\$12,000,000 for training in graduate psy-*  
24           *chology in subsection (a)(2), of which not less than*

1     \$10,000,000 shall be allocated for doctoral,  
2     postdoctoral, and internship level training;

3             “(3) \$10,000,000 for training in professional  
4     child and adolescent mental health in subsection  
5     (a)(3); and

6             “(4) \$5,000,000 for training in paraprofessional  
7     child and adolescent work in subsection (a)(4).”.

8     (b) *CONFORMING AMENDMENTS.*—Section 757(b)(2) of  
9     the Public Health Service Act, as redesignated by subsection  
10    (a), is amended by striking “sections 751(a)(1)(A),  
11    751(a)(1)(B), 753(b), 754(3)(A), and 755(b)” and inserting  
12    “sections 751(b)(1)(A), 753(b), and 755(b)”.

13    **SEC. 5307. CULTURAL COMPETENCY, PREVENTION, AND**  
14                    **PUBLIC HEALTH AND INDIVIDUALS WITH DIS-**  
15                    **ABILITIES TRAINING.**

16     (a) *TITLE VII.*—Section 741 of the Public Health  
17     Service Act (42 U.S.C. 293e) is amended—

18             (1) in subsection (a)—

19                    (A) by striking the subsection heading and  
20                    inserting “*CULTURAL COMPETENCY, PREVEN-*  
21                    *TION, AND PUBLIC HEALTH AND INDIVIDUALS*  
22                    *WITH DISABILITY GRANTS*”; and

23                    (B) in paragraph (1), by striking “for the  
24                    purpose of” and all that follows through the pe-  
25                    riod at the end and inserting “for the develop-

1           *ment, evaluation, and dissemination of research,*  
2           *demonstration projects, and model curricula for*  
3           *cultural competency, prevention, public health*  
4           *proficiency, reducing health disparities, and ap-*  
5           *titude for working with individuals with disabil-*  
6           *ities training for use in health professions schools*  
7           *and continuing education programs, and for*  
8           *other purposes determined as appropriate by the*  
9           *Secretary.”; and*

10           *(2) by striking subsection (b) and inserting the*  
11           *following:*

12           *“(b) COLLABORATION.—In carrying out subsection (a),*  
13           *the Secretary shall collaborate with health professional soci-*  
14           *eties, licensing and accreditation entities, health professions*  
15           *schools, and experts in minority health and cultural com-*  
16           *petency, prevention, and public health and disability*  
17           *groups, community-based organizations, and other organi-*  
18           *zations as determined appropriate by the Secretary. The*  
19           *Secretary shall coordinate with curricula and research and*  
20           *demonstration projects developed under section 807.*

21           *“(c) DISSEMINATION.—*

22           *“(1) IN GENERAL.—Model curricula developed*  
23           *under this section shall be disseminated through the*  
24           *Internet Clearinghouse under section 270 and such*

1     *other means as determined appropriate by the Sec-*  
2     *retary.*

3             “(2) *EVALUATION.*—*The Secretary shall evaluate*  
4     *the adoption and the implementation of cultural com-*  
5     *petency, prevention, and public health, and working*  
6     *with individuals with a disability training curricula,*  
7     *and the facilitate inclusion of these competency meas-*  
8     *ures in quality measurement systems as appropriate.*

9             “(d) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*  
10    *authorized to be appropriated to carry out this section such*  
11    *sums as may be necessary for each of fiscal years 2010*  
12    *through 2015.”.*

13            (b) *TITLE VIII.*—*Section 807 of the Public Health*  
14    *Service Act (42 U.S.C. 296e-1) is amended—*

15                    (1) *in subsection (a)—*

16                            (A) *by striking the subsection heading and*  
17                            *inserting “CULTURAL COMPETENCY, PREVEN-*  
18                            *TION, AND PUBLIC HEALTH AND INDIVIDUALS*  
19                            *WITH DISABILITY GRANTS”;* *and*

20                            (B) *by striking “for the purpose of” and all*  
21                            *that follows through “health care.” and inserting*  
22                            *“for the development, evaluation, and dissemina-*  
23                            *tion of research, demonstration projects, and*  
24                            *model curricula for cultural competency, preven-*  
25                            *tion, public health proficiency, reducing health*

1            *disparities, and aptitude for working with indi-*  
2            *viduals with disabilities training for use in*  
3            *health professions schools and continuing edu-*  
4            *cation programs, and for other purposes deter-*  
5            *mined as appropriate by the Secretary.”; and*

6            *(2) by redesignating subsection (b) as subsection*  
7            *(d);*

8            *(3) by inserting after subsection (a) the fol-*  
9            *lowing:*

10          *“(b) COLLABORATION.—In carrying out subsection (a),*  
11          *the Secretary shall collaborate with the entities described*  
12          *in section 741(b). The Secretary shall coordinate with cur-*  
13          *ricula and research and demonstration projects developed*  
14          *under such section 741.*

15          *“(c) DISSEMINATION.—Model curricula developed*  
16          *under this section shall be disseminated and evaluated in*  
17          *the same manner as model curricula developed under sec-*  
18          *tion 741, as described in subsection (c) of such section.”;*  
19          *and*

20            *(4) in subsection (d), as so redesignated—*

21            *(A) by striking “subsection (a)” and insert-*  
22            *ing “this section”; and*

23            *(B) by striking “2001 through 2004” and*  
24            *inserting “2010 through 2015”.*

1 **SEC. 5308. ADVANCED NURSING EDUCATION GRANTS.**

2 *Section 811 of the Public Health Service Act (42*  
3 *U.S.C. 296j) is amended—*

4 *(1) in subsection (c)—*

5 *(A) in the subsection heading, by striking*

6 *“AND NURSE MIDWIFERY PROGRAMS”; and*

7 *(B) by striking “and nurse midwifery”;*

8 *(2) in subsection (f)—*

9 *(A) by striking paragraph (2); and*

10 *(B) by redesignating paragraph (3) as*  
11 *paragraph (2); and*

12 *(3) by redesignating subsections (d), (e), and (f)*  
13 *as subsections (e), (f), and (g), respectively; and*

14 *(4) by inserting after subsection (c), the fol-*  
15 *lowing:*

16 *“(d) AUTHORIZED NURSE-MIDWIFERY PROGRAMS.—*

17 *Midwifery programs that are eligible for support under this*  
18 *section are educational programs that—*

19 *“(1) have as their objective the education of mid-*  
20 *wives; and*

21 *“(2) are accredited by the American College of*  
22 *Nurse-Midwives Accreditation Commission for Mid-*  
23 *wifery Education.”.*

1 **SEC. 5309. NURSE EDUCATION, PRACTICE, AND RETENTION**  
2 **GRANTS.**

3 (a) *IN GENERAL.*—Section 831 of the Public Health  
4 Service Act (42 U.S.C. 296p) is amended—

5 (1) in the section heading, by striking “**RETEN-**  
6 **TION**” and inserting “**QUALITY**”;

7 (2) in subsection (a)—

8 (A) in paragraph (1), by adding “or” after  
9 the semicolon;

10 (B) by striking paragraph (2); and

11 (C) by redesignating paragraph (3) as  
12 paragraph (2);

13 (3) in subsection (b)(3), by striking “managed  
14 care, quality improvement” and inserting “coordi-  
15 nated care”;

16 (4) in subsection (g), by inserting “, as defined  
17 in section 801(2),” after “school of nursing”; and

18 (5) in subsection (h), by striking “2003 through  
19 2007” and inserting “2010 through 2014”.

20 (b) *NURSE RETENTION GRANTS.*—Title VIII of the  
21 Public Health Service Act is amended by inserting after  
22 section 831 (42 U.S.C. 296b) the following:

23 **“SEC. 831A. NURSE RETENTION GRANTS.**

24 “(a) *RETENTION PRIORITY AREAS.*—The Secretary  
25 may award grants to, and enter into contracts with, eligible  
26 entities to enhance the nursing workforce by initiating and

1 *maintaining nurse retention programs pursuant to sub-*  
2 *section (b) or (c).*

3       “(b) *GRANTS FOR CAREER LADDER PROGRAM.—The*  
4 *Secretary may award grants to, and enter into contracts*  
5 *with, eligible entities for programs—*

6               “(1) *to promote career advancement for individ-*  
7 *uals including licensed practical nurses, licensed vo-*  
8 *catiional nurses, certified nurse assistants, home*  
9 *health aides, diploma degree or associate degree*  
10 *nurses, to become baccalaureate prepared registered*  
11 *nurses or advanced education nurses in order to meet*  
12 *the needs of the registered nurse workforce;*

13               “(2) *developing and implementing internships*  
14 *and residency programs in collaboration with an ac-*  
15 *credited school of nursing, as defined by section*  
16 *801(2), to encourage mentoring and the development*  
17 *of specialties; or*

18               “(3) *to assist individuals in obtaining education*  
19 *and training required to enter the nursing profession*  
20 *and advance within such profession.*

21       “(c) *ENHANCING PATIENT CARE DELIVERY SYS-*  
22 *TEMS.—*

23               “(1) *GRANTS.—The Secretary may award grants*  
24 *to eligible entities to improve the retention of nurses*  
25 *and enhance patient care that is directly related to*



1     *nursing activities by enhancing collaboration and*  
2     *communication among nurses and other health care*  
3     *professionals, and by promoting nurse involvement in*  
4     *the organizational and clinical decision-making proc-*  
5     *esses of a health care facility.*

6             “(2) *PRIORITY.*—*In making awards of grants*  
7     *under this subsection, the Secretary shall give pref-*  
8     *erence to applicants that have not previously received*  
9     *an award under this subsection (or section 831(c) as*  
10    *such section existed on the day before the date of en-*  
11    *actment of this section).*

12            “(3) *CONTINUATION OF AN AWARD.*—*The Sec-*  
13    *retary shall make continuation of any award under*  
14    *this subsection beyond the second year of such award*  
15    *contingent on the recipient of such award having*  
16    *demonstrated to the Secretary measurable and sub-*  
17    *stantive improvement in nurse retention or patient*  
18    *care.*

19            “(d) *OTHER PRIORITY AREAS.*—*The Secretary may*  
20    *award grants to, or enter into contracts with, eligible enti-*  
21    *ties to address other areas that are of high priority to nurse*  
22    *retention, as determined by the Secretary.*

23            “(e) *REPORT.*—*The Secretary shall submit to the Con-*  
24    *gress before the end of each fiscal year a report on the grants*  
25    *awarded and the contracts entered into under this section.*

1 *Each such report shall identify the overall number of such*  
2 *grants and contracts and provide an explanation of why*  
3 *each such grant or contract will meet the priority need of*  
4 *the nursing workforce.*

5       “(f) *ELIGIBLE ENTITY.*—*For purposes of this section,*  
6 *the term ‘eligible entity’ includes an accredited school of*  
7 *nursing, as defined by section 801(2), a health care facility,*  
8 *or a partnership of such a school and facility.*

9       “(g) *AUTHORIZATION OF APPROPRIATIONS.*—*There*  
10 *are authorized to be appropriated to carry out this section*  
11 *such sums as may be necessary for each of fiscal years 2010*  
12 *through 2012.”.*

13 **SEC. 5310. LOAN REPAYMENT AND SCHOLARSHIP PRO-**  
14 **GRAM.**

15       (a) *LOAN REPAYMENTS AND SCHOLARSHIPS.*—*Section*  
16 *846(a)(3) of the Public Health Service Act (42 U.S.C.*  
17 *297n(a)(3)) is amended by inserting before the semicolon*  
18 *the following: “, or in a accredited school of nursing, as*  
19 *defined by section 801(2), as nurse faculty”.*

20       (b) *TECHNICAL AND CONFORMING AMENDMENTS.*—  
21 *Title VIII (42 U.S.C. 296 et seq.) is amended—*

22               (1) *by redesignating section 810 (relating to pro-*  
23 *hibition against discrimination by schools on the*  
24 *basis of sex) as section 809 and moving such section*  
25 *so that it follows section 808;*

1           (2) in sections 835, 836, 838, 840, and 842, by  
2 striking the term “this subpart” each place it appears  
3 and inserting “this part”;

4           (3) in section 836(h), by striking the last sen-  
5 tence;

6           (4) in section 836, by redesignating subsection  
7 (l) as subsection (k);

8           (5) in section 839, by striking “839” and all  
9 that follows through “(a)” and inserting “839. (a)”;

10          (6) in section 835(b), by striking “841” each  
11 place it appears and inserting “871”;

12          (7) by redesignating section 841 as section 871,  
13 moving part F to the end of the title, and redesign-  
14 ating such part as part I;

15          (8) in part G—

16           (A) by redesignating section 845 as section  
17 851; and

18           (B) by redesignating part G as part F;

19          (9) in part H—

20           (A) by redesignating sections 851 and 852  
21 as sections 861 and 862, respectively; and

22           (B) by redesignating part H as part G; and

23          (10) in part I—

24           (A) by redesignating section 855, as amend-  
25 ed by section 5305, as section 865; and

1                   (B) by redesignating part I as part H.

2 **SEC. 5311. NURSE FACULTY LOAN PROGRAM.**

3           (a) *IN GENERAL.*—Section 846A of the Public Health  
4 *Service Act (42 U.S.C. 297n–1) is amended—*

5                   (1) *in subsection (a)—*

6                           (A) *in the subsection heading, by striking*  
7                           *“ESTABLISHMENT” and inserting “SCHOOL OF*  
8                           *NURSING STUDENT LOAN FUND”;* and

9                           (B) *by inserting “accredited” after “agree-*  
10                           *ment with any”;*

11                   (2) *in subsection (c)—*

12                           (A) *in paragraph (2), by striking “\$30,000”*  
13                           *and all that follows through the semicolon and*  
14                           *inserting “\$35,500, during fiscal years 2010 and*  
15                           *2011 fiscal years (after fiscal year 2011, such*  
16                           *amounts shall be adjusted to provide for a cost-*  
17                           *of-attendance increase for the yearly loan rate*  
18                           *and the aggregate loan;”;* and

19                           (B) *in paragraph (3)(A), by inserting “an*  
20                           *accredited” after “faculty member in”;*

21                   (3) *in subsection (e), by striking “a school” and*  
22                   *inserting “an accredited school”;* and

23                   (4) *in subsection (f), by striking “2003 through*  
24                   *2007” and inserting “2010 through 2014”.*

1       **(b) ELIGIBLE INDIVIDUAL STUDENT LOAN REPAY-**  
2 **MENT.**—*Title VIII of the Public Health Service Act is*  
3 *amended by inserting after section 846A (42 U.S.C. 297n-*  
4 *1) the following:*

5 **“SEC. 847. ELIGIBLE INDIVIDUAL STUDENT LOAN REPAY-**  
6 **MENT.**

7       **“(a) IN GENERAL.**—*The Secretary, acting through the*  
8 *Administrator of the Health Resources and Services Admin-*  
9 *istration, may enter into an agreement with eligible indi-*  
10 *viduals for the repayment of education loans, in accordance*  
11 *with this section, to increase the number of qualified nurs-*  
12 *ing faculty.*

13       **“(b) AGREEMENTS.**—*Each agreement entered into*  
14 *under this subsection shall require that the eligible indi-*  
15 *vidual shall serve as a full-time member of the faculty of*  
16 *an accredited school of nursing, for a total period, in the*  
17 *aggregate, of at least 4 years during the 6-year period be-*  
18 *ginning on the later of—*

19               **“(1)** *the date on which the individual receives a*  
20 *master’s or doctorate nursing degree from an accred-*  
21 *ited school of nursing; or*

22               **“(2)** *the date on which the individual enters into*  
23 *an agreement under this subsection.*

24       **“(c) AGREEMENT PROVISIONS.**—*Agreements entered*  
25 *into pursuant to subsection (b) shall be entered into on such*

1 *terms and conditions as the Secretary may determine, ex-*  
2 *cept that—*

3           “(1) *not more than 10 months after the date on*  
4 *which the 6-year period described under subsection (b)*  
5 *begins, but in no case before the individual starts as*  
6 *a full-time member of the faculty of an accredited*  
7 *school of nursing the Secretary shall begin making*  
8 *payments, for and on behalf of that individual, on the*  
9 *outstanding principal of, and interest on, any loan of*  
10 *that individual obtained to pay for such degree;*

11           “(2) *for an individual who has completed a mas-*  
12 *ter’s in nursing or equivalent degree in nursing—*

13                   “(A) *payments may not exceed \$10,000 per*  
14 *calendar year; and*

15                   “(B) *total payments may not exceed*  
16 *\$40,000 during the 2010 and 2011 fiscal years*  
17 *(after fiscal year 2011, such amounts shall be ad-*  
18 *justed to provide for a cost-of-attendance increase*  
19 *for the yearly loan rate and the aggregate loan);*  
20 *and*

21           “(3) *for an individual who has completed a doc-*  
22 *torate or equivalent degree in nursing—*

23                   “(A) *payments may not exceed \$20,000 per*  
24 *calendar year; and*

1           “(B) total payments may not exceed  
2           \$80,000 during the 2010 and 2011 fiscal years  
3           (adjusted for subsequent fiscal years as provided  
4           for in the same manner as in paragraph (2)(B)).

5           “(d) *BREACH OF AGREEMENT.*—

6           “(1) *IN GENERAL.*—*In the case of any agreement*  
7           *made under subsection (b), the individual is liable to*  
8           *the Federal Government for the total amount paid by*  
9           *the Secretary under such agreement, and for interest*  
10           *on such amount at the maximum legal prevailing*  
11           *rate, if the individual fails to meet the agreement*  
12           *terms required under such subsection.*

13           “(2) *WAIVER OR SUSPENSION OF LIABILITY.*—*In*  
14           *the case of an individual making an agreement for*  
15           *purposes of paragraph (1), the Secretary shall provide*  
16           *for the waiver or suspension of liability under such*  
17           *paragraph if compliance by the individual with the*  
18           *agreement involved is impossible or would involve ex-*  
19           *treme hardship to the individual or if enforcement of*  
20           *the agreement with respect to the individual would be*  
21           *unconscionable.*

22           “(3) *DATE CERTAIN FOR RECOVERY.*—*Subject to*  
23           *paragraph (2), any amount that the Federal Govern-*  
24           *ment is entitled to recover under paragraph (1) shall*  
25           *be paid to the United States not later than the expi-*

1        *ration of the 3-year period beginning on the date the*  
2        *United States becomes so entitled.*

3            “(4) *AVAILABILITY.*—*Amounts recovered under*  
4        *paragraph (1) shall be available to the Secretary for*  
5        *making loan repayments under this section and shall*  
6        *remain available for such purpose until expended.*

7            “(e) *ELIGIBLE INDIVIDUAL DEFINED.*—*For purposes*  
8        *of this section, the term ‘eligible individual’ means an indi-*  
9        *vidual who—*

10            “(1) *is a United States citizen, national, or law-*  
11        *ful permanent resident;*

12            “(2) *holds an unencumbered license as a reg-*  
13        *istered nurse; and*

14            “(3) *has either already completed a master’s or*  
15        *doctorate nursing program at an accredited school of*  
16        *nursing or is currently enrolled on a full-time or*  
17        *part-time basis in such a program.*

18            “(f) *PRIORITY.*—*For the purposes of this section and*  
19        *section 846A, funding priority will be awarded to School*  
20        *of Nursing Student Loans that support doctoral nursing*  
21        *students or Individual Student Loan Repayment that sup-*  
22        *port doctoral nursing students.*

23            “(g) *AUTHORIZATION OF APPROPRIATIONS.*—*There*  
24        *are authorized to be appropriated to carry out this section*



1 *such sums as may be necessary for each of fiscal years 2010*  
2 *through 2014.”.*

3 **SEC. 5312. AUTHORIZATION OF APPROPRIATIONS FOR**  
4 **PARTS B THROUGH D OF TITLE VIII.**

5 *Section 871 of the Public Health Service Act, as redес-*  
6 *ignated and moved by section 5310, is amended to read as*  
7 *follows:*

8 **“SEC. 871. AUTHORIZATION OF APPROPRIATIONS.**

9 *“For the purpose of carrying out parts B, C, and D*  
10 *(subject to section 851(g)), there are authorized to be appro-*  
11 *priated \$338,000,000 for fiscal year 2010, and such sums*  
12 *as may be necessary for each of the fiscal years 2011*  
13 *through 2016.”.*

14 **SEC. 5313. GRANTS TO PROMOTE THE COMMUNITY HEALTH**  
15 **WORKFORCE.**

16 *(a) IN GENERAL.—Part P of title III of the Public*  
17 *Health Service Act (42 U.S.C. 280g et seq.) is amended by*  
18 *adding at the end the following:*

19 **“SEC. 399V. GRANTS TO PROMOTE POSITIVE HEALTH BE-**  
20 **HAVIORS AND OUTCOMES.**

21 *“(a) GRANTS AUTHORIZED.—The Director of the Cen-*  
22 *ters for Disease Control and Prevention, in collaboration*  
23 *with the Secretary, shall award grants to eligible entities*  
24 *to promote positive health behaviors and outcomes for popu-*

1 *lations in medically underserved communities through the*  
2 *use of community health workers.*

3 “(b) *USE OF FUNDS.—Grants awarded under sub-*  
4 *section (a) shall be used to support community health work-*  
5 *ers—*

6 “(1) *to educate, guide, and provide outreach in*  
7 *a community setting regarding health problems prev-*  
8 *alent in medically underserved communities, particu-*  
9 *larly racial and ethnic minority populations;*

10 “(2) *to educate and provide guidance regarding*  
11 *effective strategies to promote positive health behav-*  
12 *iors and discourage risky health behaviors;*

13 “(3) *to educate and provide outreach regarding*  
14 *enrollment in health insurance including the Chil-*  
15 *dren’s Health Insurance Program under title XXI of*  
16 *the Social Security Act, Medicare under title XVIII*  
17 *of such Act and Medicaid under title XIX of such Act;*

18 “(4) *to identify, educate, refer, and enroll under-*  
19 *served populations to appropriate healthcare agencies*  
20 *and community-based programs and organizations in*  
21 *order to increase access to quality healthcare services*  
22 *and to eliminate duplicative care; or*

23 “(5) *to educate, guide, and provide home visita-*  
24 *tion services regarding maternal health and prenatal*  
25 *care.*

1       “(c) *APPLICATION.*—*Each eligible entity that desires*  
2 *to receive a grant under subsection (a) shall submit an ap-*  
3 *plication to the Secretary, at such time, in such manner,*  
4 *and accompanied by such information as the Secretary*  
5 *may require.*

6       “(d) *PRIORITY.*—*In awarding grants under subsection*  
7 *(a), the Secretary shall give priority to applicants that—*

8               “(1) *propose to target geographic areas—*

9                       “(A) *with a high percentage of residents*  
10 *who are eligible for health insurance but are un-*  
11 *insured or underinsured;*

12                       “(B) *with a high percentage of residents*  
13 *who suffer from chronic diseases; or*

14                       “(C) *with a high infant mortality rate;*

15               “(2) *have experience in providing health or*  
16 *health-related social services to individuals who are*  
17 *underserved with respect to such services; and*

18               “(3) *have documented community activity and*  
19 *experience with community health workers.*

20       “(e) *COLLABORATION WITH ACADEMIC INSTITUTIONS*  
21 *AND THE ONE-STOP DELIVERY SYSTEM.*—*The Secretary*  
22 *shall encourage community health worker programs receiv-*  
23 *ing funds under this section to collaborate with academic*  
24 *institutions and one-stop delivery systems under section*  
25 *134(c) of the Workforce Investment Act of 1998. Nothing*

1 *in this section shall be construed to require such collabora-*  
2 *tion.*

3       “(f) *EVIDENCE-BASED INTERVENTIONS.—The Sec-*  
4 *retary shall encourage community health worker programs*  
5 *receiving funding under this section to implement a process*  
6 *or an outcome-based payment system that rewards commu-*  
7 *nity health workers for connecting underserved populations*  
8 *with the most appropriate services at the most appropriate*  
9 *time. Nothing in this section shall be construed to require*  
10 *such a payment.*

11       “(g) *QUALITY ASSURANCE AND COST EFFECTIVE-*  
12 *NESS.—The Secretary shall establish guidelines for assuring*  
13 *the quality of the training and supervision of community*  
14 *health workers under the programs funded under this sec-*  
15 *tion and for assuring the cost-effectiveness of such programs.*

16       “(h) *MONITORING.—The Secretary shall monitor com-*  
17 *munity health worker programs identified in approved ap-*  
18 *plications under this section and shall determine whether*  
19 *such programs are in compliance with the guidelines estab-*  
20 *lished under subsection (g).*

21       “(i) *TECHNICAL ASSISTANCE.—The Secretary may*  
22 *provide technical assistance to community health worker*  
23 *programs identified in approved applications under this*  
24 *section with respect to planning, developing, and operating*  
25 *programs under the grant.*

1       “(j) *AUTHORIZATION OF APPROPRIATIONS.*—*There are*  
2 *authorized to be appropriated, such sums as may be nec-*  
3 *essary to carry out this section for each of fiscal years 2010*  
4 *through 2014.*

5       “(k) *DEFINITIONS.*—*In this section:*

6           “(1) *COMMUNITY HEALTH WORKER.*—*The term*  
7 *‘community health worker’, as defined by the Depart-*  
8 *ment of Labor as Standard Occupational Classifica-*  
9 *tion [21–1094] means an individual who promotes*  
10 *health or nutrition within the community in which*  
11 *the individual resides—*

12                   “(A) *by serving as a liaison between com-*  
13 *munities and healthcare agencies;*

14                   “(B) *by providing guidance and social as-*  
15 *sistance to community residents;*

16                   “(C) *by enhancing community residents’*  
17 *ability to effectively communicate with*  
18 *healthcare providers;*

19                   “(D) *by providing culturally and linguis-*  
20 *tically appropriate health or nutrition edu-*  
21 *cation;*

22                   “(E) *by advocating for individual and com-*  
23 *munity health;*

24                   “(F) *by providing referral and follow-up*  
25 *services or otherwise coordinating care; and*

1           “(G) by proactively identifying and enroll-  
2           ing eligible individuals in Federal, State, local,  
3           private or nonprofit health and human services  
4           programs.

5           “(2) *COMMUNITY SETTING.*—The term ‘commu-  
6           nity setting’ means a home or a community organiza-  
7           tion located in the neighborhood in which a partici-  
8           pant in the program under this section resides.

9           “(3) *ELIGIBLE ENTITY.*—The term ‘eligible enti-  
10          ty’ means a public or nonprofit private entity (in-  
11          cluding a State or public subdivision of a State, a  
12          public health department, a free health clinic, a hos-  
13          pital, or a Federally-qualified health center (as de-  
14          fined in section 1861(aa) of the Social Security Act)),  
15          or a consortium of any such entities.

16          “(4) *MEDICALLY UNDERSERVED COMMUNITY.*—  
17          The term ‘medically underserved community’ means a  
18          community identified by a State—

19                 “(A) that has a substantial number of indi-  
20                 viduals who are members of a medically under-  
21                 served population, as defined by section  
22                 330(b)(3); and

23                 “(B) a significant portion of which is a  
24                 health professional shortage area as designated  
25                 under section 332.”.

1 **SEC. 5314. FELLOWSHIP TRAINING IN PUBLIC HEALTH.**

2 *Part E of title VII of the Public Health Service Act*  
3 *(42 U.S.C. 294n et seq.), as amended by section 5206, is*  
4 *further amended by adding at the end the following:*

5 **“SEC. 778. FELLOWSHIP TRAINING IN APPLIED PUBLIC**  
6 **HEALTH EPIDEMIOLOGY, PUBLIC HEALTH**  
7 **LABORATORY SCIENCE, PUBLIC HEALTH**  
8 **INFORMATICS, AND EXPANSION OF THE EPI-**  
9 **DEMIC INTELLIGENCE SERVICE.**

10 *“(a) IN GENERAL.—The Secretary may carry out ac-*  
11 *tivities to address documented workforce shortages in State*  
12 *and local health departments in the critical areas of applied*  
13 *public health epidemiology and public health laboratory*  
14 *science and informatics and may expand the Epidemic In-*  
15 *telligence Service.*

16 *“(b) SPECIFIC USES.—In carrying out subsection (a),*  
17 *the Secretary shall provide for the expansion of existing fel-*  
18 *lowship programs operated through the Centers for Disease*  
19 *Control and Prevention in a manner that is designed to*  
20 *alleviate shortages of the type described in subsection (a).*

21 *“(c) OTHER PROGRAMS.—The Secretary may provide*  
22 *for the expansion of other applied epidemiology training*  
23 *programs that meet objectives similar to the objectives of*  
24 *the programs described in subsection (b).*

25 *“(d) WORK OBLIGATION.—Participation in fellowship*  
26 *training programs under this section shall be deemed to be*

1 *service for purposes of satisfying work obligations stipulated*  
2 *in contracts under section 338I(j).*

3       “(e) *GENERAL SUPPORT.—Amounts may be used from*  
4 *grants awarded under this section to expand the Public*  
5 *Health Informatics Fellowship Program at the Centers for*  
6 *Disease Control and Prevention to better support all public*  
7 *health systems at all levels of government.*

8       “(f) *AUTHORIZATION OF APPROPRIATIONS.—There are*  
9 *authorized to be appropriated to carry out this section*  
10 *\$39,500,000 for each of fiscal years 2010 through 2013, of*  
11 *which—*

12               “(1) *\$5,000,000 shall be made available in each*  
13 *such fiscal year for epidemiology fellowship training*  
14 *program activities under subsections (b) and (c);*

15               “(2) *\$5,000,000 shall be made available in each*  
16 *such fiscal year for laboratory fellowship training*  
17 *programs under subsection (b);*

18               “(3) *\$5,000,000 shall be made available in each*  
19 *such fiscal year for the Public Health Informatics*  
20 *Fellowship Program under subsection (e); and*

21               “(4) *\$24,500,000 shall be made available for ex-*  
22 *anding the Epidemic Intelligence Service under sub-*  
23 *section (a).”.*



1 **SEC. 5315. UNITED STATES PUBLIC HEALTH SCIENCES**  
2 **TRACK.**

3 *Title II of the Public Health Service Act (42 U.S.C.*  
4 *202 et seq.) is amended by adding at the end the following:*

5 **“PART D—UNITED STATES PUBLIC HEALTH**  
6 **SCIENCES TRACK**

7 **“SEC. 271. ESTABLISHMENT.**

8 *“(a) UNITED STATES PUBLIC HEALTH SERVICES*  
9 *TRACK.—*

10 *“(1) IN GENERAL.—There is hereby authorized to*  
11 *be established a United States Public Health Sciences*  
12 *Track (referred to in this part as the ‘Track’), at sites*  
13 *to be selected by the Secretary, with authority to*  
14 *grant appropriate advanced degrees in a manner that*  
15 *uniquely emphasizes team-based service, public health,*  
16 *epidemiology, and emergency preparedness and re-*  
17 *sponse. It shall be so organized as to graduate not less*  
18 *than—*

19 *“(A) 150 medical students annually, 10 of*  
20 *whom shall be awarded studentships to the Uni-*  
21 *formed Services University of Health Sciences;*

22 *“(B) 100 dental students annually;*

23 *“(C) 250 nursing students annually;*

24 *“(D) 100 public health students annually;*

25 *“(E) 100 behavioral and mental health pro-*  
26 *fessional students annually;*

1                   “(F) 100 physician assistant or nurse prac-  
2                   titioner students annually; and

3                   “(G) 50 pharmacy students annually.

4                   “(2) LOCATIONS.—The Track shall be located at  
5                   existing and accredited, affiliated health professions  
6                   education training programs at academic health cen-  
7                   ters located in regions of the United States deter-  
8                   mined appropriate by the Surgeon General, in con-  
9                   sultation with the National Health Care Workforce  
10                  Commission established in section 5101 of the Patient  
11                  Protection and Affordable Care Act.

12                  “(b) NUMBER OF GRADUATES.—Except as provided in  
13                  subsection (a), the number of persons to be graduated from  
14                  the Track shall be prescribed by the Secretary. In so pre-  
15                  scribing the number of persons to be graduated from the  
16                  Track, the Secretary shall institute actions necessary to en-  
17                  sure the maximum number of first-year enrollments in the  
18                  Track consistent with the academic capacity of the affili-  
19                  ated sites and the needs of the United States for medical,  
20                  dental, and nursing personnel.

21                  “(c) DEVELOPMENT.—The development of the Track  
22                  may be by such phases as the Secretary may prescribe sub-  
23                  ject to the requirements of subsection (a).

24                  “(d) INTEGRATED LONGITUDINAL PLAN.—The Sur-  
25                  geon General shall develop an integrated longitudinal plan

1 *for health professions continuing education throughout the*  
2 *continuum of health-related education, training, and prac-*  
3 *tice. Training under such plan shall emphasize patient-cen-*  
4 *tered, interdisciplinary, and care coordination skills. Expe-*  
5 *rience with deployment of emergency response teams shall*  
6 *be included during the clinical experiences.*

7       “(e) *FACULTY DEVELOPMENT.*—*The Surgeon General*  
8 *shall develop faculty development programs and curricula*  
9 *in decentralized venues of health care, to balance urban, ter-*  
10 *tiary, and inpatient venues.*

11 **“SEC. 272. ADMINISTRATION.**

12       “(a) *IN GENERAL.*—*The business of the Track shall be*  
13 *conducted by the Surgeon General with funds appropriated*  
14 *for and provided by the Department of Health and Human*  
15 *Services. The National Health Care Workforce Commission*  
16 *shall assist the Surgeon General in an advisory capacity.*

17       “(b) *FACULTY.*—

18               “(1) *IN GENERAL.*—*The Surgeon General, after*  
19 *considering the recommendations of the National*  
20 *Health Care Workforce Commission, shall obtain the*  
21 *services of such professors, instructors, and adminis-*  
22 *trative and other employees as may be necessary to*  
23 *operate the Track, but utilize when possible, existing*  
24 *affiliated health professions training institutions.*  
25 *Members of the faculty and staff shall be employed*

1     *under salary schedules and granted retirement and*  
2     *other related benefits prescribed by the Secretary so as*  
3     *to place the employees of the Track faculty on a com-*  
4     *parable basis with the employees of fully accredited*  
5     *schools of the health professions within the United*  
6     *States.*

7             “(2) *TITLES.*—*The Surgeon General may confer*  
8     *academic titles, as appropriate, upon the members of*  
9     *the faculty.*

10            “(3) *NONAPPLICATION OF PROVISIONS.*—*The lim-*  
11     *itations in section 5373 of title 5, United States Code,*  
12     *shall not apply to the authority of the Surgeon Gen-*  
13     *eral under paragraph (1) to prescribe salary schedules*  
14     *and other related benefits.*

15            “(c) *AGREEMENTS.*—*The Surgeon General may nego-*  
16     *tiate agreements with agencies of the Federal Government*  
17     *to utilize on a reimbursable basis appropriate existing Fed-*  
18     *eral medical resources located in the United States (or loca-*  
19     *tions selected in accordance with section 271(a)(2)). Under*  
20     *such agreements the facilities concerned will retain their*  
21     *identities and basic missions. The Surgeon General may ne-*  
22     *gotiate affiliation agreements with accredited universities*  
23     *and health professions training institutions in the United*  
24     *States. Such agreements may include provisions for pay-*  
25     *ments for educational services provided students partici-*

1 *pating in Department of Health and Human Services edu-*  
2 *cational programs.*

3 “(d) *PROGRAMS.—The Surgeon General may establish*  
4 *the following educational programs for Track students:*

5 “(1) *Postdoctoral, postgraduate, and techno-*  
6 *logical programs.*

7 “(2) *A cooperative program for medical, dental,*  
8 *physician assistant, pharmacy, behavioral and men-*  
9 *tal health, public health, and nursing students.*

10 “(3) *Other programs that the Surgeon General*  
11 *determines necessary in order to operate the Track in*  
12 *a cost-effective manner.*

13 “(e) *CONTINUING MEDICAL EDUCATION.—The Sur-*  
14 *geon General shall establish programs in continuing med-*  
15 *ical education for members of the health professions to the*  
16 *end that high standards of health care may be maintained*  
17 *within the United States.*

18 “(f) *AUTHORITY OF THE SURGEON GENERAL.—*

19 “(1) *IN GENERAL.—The Surgeon General is au-*  
20 *thorized—*

21 “(A) *to enter into contracts with, accept*  
22 *grants from, and make grants to any nonprofit*  
23 *entity for the purpose of carrying out cooperative*  
24 *enterprises in medical, dental, physician assist-*  
25 *ant, pharmacy, behavioral and mental health,*

1           *public health, and nursing research, consulta-*  
2           *tion, and education;*

3           “(B) *to enter into contracts with entities*  
4           *under which the Surgeon General may furnish*  
5           *the services of such professional, technical, or*  
6           *clerical personnel as may be necessary to fulfill*  
7           *cooperative enterprises undertaken by the Track;*

8           “(C) *to accept, hold, administer, invest, and*  
9           *spend any gift, devise, or bequest of personal*  
10          *property made to the Track, including any gift,*  
11          *devise, or bequest for the support of an academic*  
12          *chair, teaching, research, or demonstration*  
13          *project;*

14          “(D) *to enter into agreements with entities*  
15          *that may be utilized by the Track for the purpose*  
16          *of enhancing the activities of the Track in edu-*  
17          *cation, research, and technological applications*  
18          *of knowledge; and*

19          “(E) *to accept the voluntary services of*  
20          *guest scholars and other persons.*

21          “(2) *LIMITATION.—The Surgeon General may*  
22          *not enter into any contract with an entity if the con-*  
23          *tract would obligate the Track to make outlays in ad-*  
24          *vance of the enactment of budget authority for such*  
25          *outlays.*

1           “(3) *SCIENTISTS*.—*Scientists or other medical,*  
2           *dental, or nursing personnel utilized by the Track*  
3           *under an agreement described in paragraph (1) may*  
4           *be appointed to any position within the Track and*  
5           *may be permitted to perform such duties within the*  
6           *Track as the Surgeon General may approve.*

7           “(4) *VOLUNTEER SERVICES*.—*A person who pro-*  
8           *vides voluntary services under the authority of sub-*  
9           *paragraph (E) of paragraph (1) shall be considered*  
10          *to be an employee of the Federal Government for the*  
11          *purposes of chapter 81 of title 5, relating to com-*  
12          *penetration for work-related injuries, and to be an em-*  
13          *ployee of the Federal Government for the purposes of*  
14          *chapter 171 of title 28, relating to tort claims. Such*  
15          *a person who is not otherwise employed by the Fed-*  
16          *eral Government shall not be considered to be a Fed-*  
17          *eral employee for any other purpose by reason of the*  
18          *provision of such services.*

19 **“SEC. 273. STUDENTS; SELECTION; OBLIGATION.**

20           “(a) *STUDENT SELECTION*.—

21           “(1) *IN GENERAL*.—*Medical, dental, physician*  
22          *assistant, pharmacy, behavioral and mental health,*  
23          *public health, and nursing students at the Track shall*  
24          *be selected under procedures prescribed by the Sur-*  
25          *geon General. In so prescribing, the Surgeon General*

1 *shall consider the recommendations of the National*  
2 *Health Care Workforce Commission.*

3 “(2) *PRIORITY.*—*In developing admissions pro-*  
4 *cedures under paragraph (1), the Surgeon General*  
5 *shall ensure that such procedures give priority to ap-*  
6 *plicant medical, dental, physician assistant, phar-*  
7 *macy, behavioral and mental health, public health,*  
8 *and nursing students from rural communities and*  
9 *underrepresented minorities.*

10 “(b) *CONTRACT AND SERVICE OBLIGATION.*—

11 “(1) *CONTRACT.*—*Upon being admitted to the*  
12 *Track, a medical, dental, physician assistant, phar-*  
13 *macy, behavioral and mental health, public health, or*  
14 *nursing student shall enter into a written contract*  
15 *with the Surgeon General that shall contain—*

16 “(A) *an agreement under which—*

17 “(i) *subject to subparagraph (B), the*  
18 *Surgeon General agrees to provide the stu-*  
19 *dent with tuition (or tuition remission) and*  
20 *a student stipend (described in paragraph*  
21 *(2)) in each school year for a period of*  
22 *years (not to exceed 4 school years) deter-*  
23 *mined by the student, during which period*  
24 *the student is enrolled in the Track at an*  
25 *affiliated or other participating health pro-*



1           *fessions institution pursuant to an agree-*  
2           *ment between the Track and such institu-*  
3           *tion; and*

4           “(ii) *subject to subparagraph (B), the*  
5           *student agrees—*

6                   “(I) *to accept the provision of*  
7                   *such tuition and student stipend to the*  
8                   *student;*

9                   “(II) *to maintain enrollment at*  
10                  *the Track until the student completes*  
11                  *the course of study involved;*

12                  “(III) *while enrolled in such*  
13                  *course of study, to maintain an accept-*  
14                  *able level of academic standing (as de-*  
15                  *termined by the Surgeon General);*

16                  “(IV) *if pursuing a degree from a*  
17                  *school of medicine or osteopathic medi-*  
18                  *cine, dental, public health, or nursing*  
19                  *school or a physician assistant, phar-*  
20                  *macy, or behavioral and mental health*  
21                  *professional program, to complete a*  
22                  *residency or internship in a specialty*  
23                  *that the Surgeon General determines is*  
24                  *appropriate; and*

1                   “(V) to serve for a period of time  
2                   (referred to in this part as the ‘period  
3                   of obligated service’) within the Com-  
4                   missioned Corps of the Public Health  
5                   Service equal to 2 years for each school  
6                   year during which such individual was  
7                   enrolled at the College, reduced as pro-  
8                   vided for in paragraph (3);

9                   “(B) a provision that any financial obliga-  
10                  tion of the United States arising out of a con-  
11                  tract entered into under this part and any obli-  
12                  gation of the student which is conditioned there-  
13                  on, is contingent upon funds being appropriated  
14                  to carry out this part;

15                  “(C) a statement of the damages to which  
16                  the United States is entitled for the student’s  
17                  breach of the contract; and

18                  “(D) such other statements of the rights and  
19                  liabilities of the Secretary and of the individual,  
20                  not inconsistent with the provisions of this part.

21                  “(2) TUITION AND STUDENT STIPEND.—

22                  “(A) TUITION REMISSION RATES.—The Sur-  
23                  geon General, based on the recommendations of  
24                  the National Health Care Workforce Commis-  
25                  sion, shall establish Federal tuition remission

1           *rates to be used by the Track to provide reim-*  
2           *bursement to affiliated and other participating*  
3           *health professions institutions for the cost of edu-*  
4           *cational services provided by such institutions to*  
5           *Track students. The agreement entered into by*  
6           *such participating institutions under paragraph*  
7           *(1)(A)(i) shall contain an agreement to accept as*  
8           *payment in full the established remission rate*  
9           *under this subparagraph.*

10           “(B) *STIPEND.—The Surgeon General,*  
11           *based on the recommendations of the National*  
12           *Health Care Workforce Commission, shall estab-*  
13           *lish and update Federal stipend rates for pay-*  
14           *ment to students under this part.*

15           “(3) *REDUCTIONS IN THE PERIOD OF OBLIGATED*  
16           *SERVICE.—The period of obligated service under*  
17           *paragraph (1)(A)(i)(V) shall be reduced—*

18           “(A) *in the case of a student who elects to*  
19           *participate in a high-needs speciality residency*  
20           *(as determined by the National Health Care*  
21           *Workforce Commission), by 3 months for each*  
22           *year of such participation (not to exceed a total*  
23           *of 12 months); and*

24           “(B) *in the case of a student who, upon*  
25           *completion of their residency, elects to practice*

1           in a Federal medical facility (as defined in sec-  
2           tion 781(e)) that is located in a health profes-  
3           sional shortage area (as defined in section 332),  
4           by 3 months for year of full-time practice in  
5           such a facility (not to exceed a total of 12  
6           months).

7           “(c) *SECOND 2 YEARS OF SERVICE.*—During the third  
8           and fourth years in which a medical, dental, physician as-  
9           sistant, pharmacy, behavioral and mental health, public  
10          health, or nursing student is enrolled in the Track, training  
11          should be designed to prioritize clinical rotations in Federal  
12          medical facilities in health professional shortage areas, and  
13          emphasize a balance of hospital and community-based expe-  
14          riences, and training within interdisciplinary teams.

15          “(d) *DENTIST, PHYSICIAN ASSISTANT, PHARMACIST,*  
16          *BEHAVIORAL AND MENTAL HEALTH PROFESSIONAL, PUB-*  
17          *LIC HEALTH PROFESSIONAL, AND NURSE TRAINING.*—The  
18          Surgeon General shall establish provisions applicable with  
19          respect to dental, physician assistant, pharmacy, behavioral  
20          and mental health, public health, and nursing students that  
21          are comparable to those for medical students under this sec-  
22          tion, including service obligations, tuition support, and sti-  
23          pend support. The Surgeon General shall give priority to  
24          health professions training institutions that train medical,  
25          dental, physician assistant, pharmacy, behavioral and

1 *mental health, public health, and nursing students for some*  
2 *significant period of time together, but at a minimum have*  
3 *a discrete and shared core curriculum.*

4       “(e) *ELITE FEDERAL DISASTER TEAMS.—The Sur-*  
5 *geon General, in consultation with the Secretary, the Direc-*  
6 *tor of the Centers for Disease Control and Prevention, and*  
7 *other appropriate military and Federal government agen-*  
8 *cies, shall develop criteria for the appointment of highly*  
9 *qualified Track faculty, medical, dental, physician assist-*  
10 *ant, pharmacy, behavioral and mental health, public health,*  
11 *and nursing students, and graduates to elite Federal dis-*  
12 *aster preparedness teams to train and to respond to public*  
13 *health emergencies, natural disasters, bioterrorism events,*  
14 *and other emergencies.*

15       “(f) *STUDENT DROPPED FROM TRACK IN AFFILIATE*  
16 *SCHOOL.—A medical, dental, physician assistant, phar-*  
17 *macy, behavioral and mental health, public health, or nurs-*  
18 *ing student who, under regulations prescribed by the Sur-*  
19 *geon General, is dropped from the Track in an affiliated*  
20 *school for deficiency in conduct or studies, or for other rea-*  
21 *sons, shall be liable to the United States for all tuition and*  
22 *stipend support provided to the student.*

23 **“SEC. 274. FUNDING.**

24       “Beginning with fiscal year 2010, the Secretary shall  
25 transfer from the Public Health and Social Services Emer-

1 *gency Fund such sums as may be necessary to carry out*  
 2 *this part.”.*

3 ***Subtitle E—Supporting the Existing***  
 4 ***Health Care Workforce***

5 ***SEC. 5401. CENTERS OF EXCELLENCE.***

6 *Section 736 of the Public Health Service Act (42*  
 7 *U.S.C. 293) is amended by striking subsection (h) and in-*  
 8 *serting the following:*

9 *“(h) FORMULA FOR ALLOCATIONS.—*

10 *“(1) ALLOCATIONS.—Based on the amount ap-*  
 11 *propriated under subsection (i) for a fiscal year, the*  
 12 *following subparagraphs shall apply as appropriate:*

13 *“(A) IN GENERAL.—If the amounts appro-*  
 14 *priated under subsection (i) for a fiscal year are*  
 15 *\$24,000,000 or less—*

16 *“(i) the Secretary shall make available*  
 17 *\$12,000,000 for grants under subsection (a)*  
 18 *to health professions schools that meet the*  
 19 *conditions described in subsection (c)(2)(A);*  
 20 *and*

21 *“(ii) and available after grants are*  
 22 *made with funds under clause (i), the Sec-*  
 23 *retary shall make available—*

24 *“(I) 60 percent of such amount*  
 25 *for grants under subsection (a) to*

1           *health professions schools that meet the*  
2           *conditions described in paragraph (3)*  
3           *or (4) of subsection (c) (including*  
4           *meeting the conditions under sub-*  
5           *section (e)); and*

6                   “(II) 40 percent of such amount  
7           *for grants under subsection (a) to*  
8           *health professions schools that meet the*  
9           *conditions described in subsection*  
10           *(c)(5).*

11                   “(B) *FUNDING IN EXCESS OF \$24,000,000.—*  
12           *If amounts appropriated under subsection (i) for*  
13           *a fiscal year exceed \$24,000,000 but are less than*  
14           *\$30,000,000—*

15                   “(i) 80 percent of such excess amounts  
16           *shall be made available for grants under*  
17           *subsection (a) to health professions schools*  
18           *that meet the requirements described in*  
19           *paragraph (3) or (4) of subsection (c) (in-*  
20           *cluding meeting conditions pursuant to sub-*  
21           *section (e)); and*

22                   “(ii) 20 percent of such excess amount  
23           *shall be made available for grants under*  
24           *subsection (a) to health professions schools*

1           that meet the conditions described in sub-  
2           section (c)(5).

3           “(C) *FUNDING IN EXCESS OF \$30,000,000.—*  
4           *If amounts appropriated under subsection (i) for*  
5           *a fiscal year exceed \$30,000,000 but are less than*  
6           *\$40,000,000, the Secretary shall make avail-*  
7           *able—*

8                   “(i) *not less than \$12,000,000 for*  
9                   *grants under subsection (a) to health profes-*  
10                  *sions schools that meet the conditions de-*  
11                  *scribed in subsection (c)(2)(A);*

12                  “(ii) *not less than \$12,000,000 for*  
13                  *grants under subsection (a) to health profes-*  
14                  *sions schools that meet the conditions de-*  
15                  *scribed in paragraph (3) or (4) of sub-*  
16                  *section (c) (including meeting conditions*  
17                  *pursuant to subsection (e));*

18                  “(iii) *not less than \$6,000,000 for*  
19                  *grants under subsection (a) to health profes-*  
20                  *sions schools that meet the conditions de-*  
21                  *scribed in subsection (c)(5); and*

22                  “(iv) *after grants are made with funds*  
23                  *under clauses (i) through (iii), any remain-*  
24                  *ing excess amount for grants under sub-*  
25                  *section (a) to health professions schools that*



1           *meet the conditions described in paragraph*  
2           *(2)(A), (3), (4), or (5) of subsection (c).*

3           “(D) *FUNDING IN EXCESS OF \$40,000,000.—*  
4           *If amounts appropriated under subsection (i) for*  
5           *a fiscal year are \$40,000,000 or more, the Sec-*  
6           *retary shall make available—*

7                   “(i) *not less than \$16,000,000 for*  
8                   *grants under subsection (a) to health profes-*  
9                   *sions schools that meet the conditions de-*  
10                  *scribed in subsection (c)(2)(A);*

11                  “(ii) *not less than \$16,000,000 for*  
12                  *grants under subsection (a) to health profes-*  
13                  *sions schools that meet the conditions de-*  
14                  *scribed in paragraph (3) or (4) of sub-*  
15                  *section (c) (including meeting conditions*  
16                  *pursuant to subsection (e));*

17                  “(iii) *not less than \$8,000,000 for*  
18                  *grants under subsection (a) to health profes-*  
19                  *sions schools that meet the conditions de-*  
20                  *scribed in subsection (c)(5); and*

21                  “(iv) *after grants are made with funds*  
22                  *under clauses (i) through (iii), any remain-*  
23                  *ing funds for grants under subsection (a) to*  
24                  *health professions schools that meet the con-*

1                    *ditions described in paragraph (2)(A), (3),*  
2                    *(4), or (5) of subsection (c).*

3                    “(2) *NO LIMITATION.*—*Nothing in this subsection*  
4                    *shall be construed as limiting the centers of excellence*  
5                    *referred to in this section to the designated amount,*  
6                    *or to preclude such entities from competing for grants*  
7                    *under this section.*

8                    “(3) *MAINTENANCE OF EFFORT.*—

9                    “(A) *IN GENERAL.*—*With respect to activi-*  
10                    *ties for which a grant made under this part are*  
11                    *authorized to be expended, the Secretary may not*  
12                    *make such a grant to a center of excellence for*  
13                    *any fiscal year unless the center agrees to main-*  
14                    *tain expenditures of non-Federal amounts for*  
15                    *such activities at a level that is not less than the*  
16                    *level of such expenditures maintained by the cen-*  
17                    *ter for the fiscal year preceding the fiscal year*  
18                    *for which the school receives such a grant.*

19                    “(B) *USE OF FEDERAL FUNDS.*—*With re-*  
20                    *spect to any Federal amounts received by a cen-*  
21                    *ter of excellence and available for carrying out*  
22                    *activities for which a grant under this part is*  
23                    *authorized to be expended, the center shall, before*  
24                    *expending the grant, expend the Federal amounts*

1           *obtained from sources other than the grant, un-*  
2           *less given prior approval from the Secretary.*

3           “(i) *AUTHORIZATION OF APPROPRIATIONS.—There are*  
4 *authorized to be appropriated to carry out this section—*

5           “(1) *\$50,000,000 for each of the fiscal years 2010*  
6 *through 2015; and*

7           “(2) *and such sums as are necessary for each*  
8 *subsequent fiscal year.”.*

9   **SEC. 5402. HEALTH CARE PROFESSIONALS TRAINING FOR**  
10           **DIVERSITY.**

11           (a) *LOAN REPAYMENTS AND FELLOWSHIPS REGARD-*  
12 *ING FACULTY POSITIONS.—Section 738(a)(1) of the Public*  
13 *Health Service Act (42 U.S.C. 293b(a)(1)) is amended by*  
14 *striking “\$20,000 of the principal and interest of the edu-*  
15 *cational loans of such individuals.” and inserting “\$30,000*  
16 *of the principal and interest of the educational loans of such*  
17 *individuals.”.*

18           (b) *SCHOLARSHIPS FOR DISADVANTAGED STU-*  
19 *DENTS.—Section 740(a) of such Act (42 U.S.C. 293d(a))*  
20 *is amended by striking “\$37,000,000” and all that follows*  
21 *through “2002” and inserting “\$51,000,000 for fiscal year*  
22 *2010, and such sums as may be necessary for each of the*  
23 *fiscal years 2011 through 2014”.*

24           (c) *REAUTHORIZATION FOR LOAN REPAYMENTS AND*  
25 *FELLOWSHIPS REGARDING FACULTY POSITIONS.—Section*

1 740(b) of such Act (42 U.S.C. 293d(b)) is amended by strik-  
2 ing “appropriated” and all that follows through the period  
3 at the end and inserting “appropriated, \$5,000,000 for each  
4 of the fiscal years 2010 through 2014.”.

5 (d) **REAUTHORIZATION FOR EDUCATIONAL ASSIST-**  
6 **ANCE IN THE HEALTH PROFESSIONS REGARDING INDIVID-**  
7 **UALS FROM A DISADVANTAGED BACKGROUND.**—Section  
8 740(c) of such Act (42 U.S.C. 293d(c)) is amended by strik-  
9 ing the first sentence and inserting the following: “For the  
10 purpose of grants and contracts under section 739(a)(1),  
11 there is authorized to be appropriated \$60,000,000 for fiscal  
12 year 2010 and such sums as may be necessary for each of  
13 the fiscal years 2011 through 2014.”

14 **SEC. 5403. INTERDISCIPLINARY, COMMUNITY-BASED LINK-**  
15 **AGES.**

16 (a) **AREA HEALTH EDUCATION CENTERS.**—Section  
17 751 of the Public Health Service Act (42 U.S.C. 294a) is  
18 amended to read as follows:

19 **“SEC. 751. AREA HEALTH EDUCATION CENTERS.**

20 **“(a) ESTABLISHMENT OF AWARDS.**—The Secretary  
21 shall make the following 2 types of awards in accordance  
22 with this section:

23 **“(1) INFRASTRUCTURE DEVELOPMENT AWARD.**—  
24 The Secretary shall make awards to eligible entities  
25 to enable such entities to initiate health care work-

1 *force educational programs or to continue to carry*  
2 *out comparable programs that are operating at the*  
3 *time the award is made by planning, developing, op-*  
4 *erating, and evaluating an area health education cen-*  
5 *ter program.*

6 “(2) *POINT OF SERVICE MAINTENANCE AND EN-*  
7 *HANCEMENT AWARD.*—*The Secretary shall make*  
8 *awards to eligible entities to maintain and improve*  
9 *the effectiveness and capabilities of an existing area*  
10 *health education center program, and make other*  
11 *modifications to the program that are appropriate*  
12 *due to changes in demographics, needs of the popu-*  
13 *lations served, or other similar issues affecting the*  
14 *area health education center program. For the pur-*  
15 *poses of this section, the term ‘Program’ refers to the*  
16 *area health education center program.*

17 “(b) *ELIGIBLE ENTITIES; APPLICATION.*—

18 “(1) *ELIGIBLE ENTITIES.*—

19 “(A) *INFRASTRUCTURE DEVELOPMENT.*—  
20 *For purposes of subsection (a)(1), the term ‘eligi-*  
21 *ble entity’ means a school of medicine or osteo-*  
22 *pathic medicine, an incorporated consortium of*  
23 *such schools, or the parent institutions of such a*  
24 *school. With respect to a State in which no area*  
25 *health education center program is in operation,*

1           *the Secretary may award a grant or contract*  
2           *under subsection (a)(1) to a school of nursing.*

3                   “(B) *POINT OF SERVICE MAINTENANCE AND*  
4                   *ENHANCEMENT.—For purposes of subsection*  
5                   *(a)(2), the term ‘eligible entity’ means an entity*  
6                   *that has received funds under this section, is op-*  
7                   *erating an area health education center program,*  
8                   *including an area health education center or*  
9                   *centers, and has a center or centers that are no*  
10                   *longer eligible to receive financial assistance*  
11                   *under subsection (a)(1).*

12                   “(2) *APPLICATION.—An eligible entity desiring*  
13                   *to receive an award under this section shall submit*  
14                   *to the Secretary an application at such time, in such*  
15                   *manner, and containing such information as the Sec-*  
16                   *retary may require.*

17                   “(c) *USE OF FUNDS.—*

18                   “(1) *REQUIRED ACTIVITIES.—An eligible entity*  
19                   *shall use amounts awarded under a grant under sub-*  
20                   *section (a)(1) or (a)(2) to carry out the following ac-*  
21                   *tivities:*

22                           “(A) *Develop and implement strategies, in*  
23                           *coordination with the applicable one-stop deliv-*  
24                           *ery system under section 134(c) of the Workforce*  
25                           *Investment Act of 1998, to recruit individuals*

1       *from underrepresented minority populations or*  
2       *from disadvantaged or rural backgrounds into*  
3       *health professions, and support such individuals*  
4       *in attaining such careers.*

5               *“(B) Develop and implement strategies to*  
6       *foster and provide community-based training*  
7       *and education to individuals seeking careers in*  
8       *health professions within underserved areas for*  
9       *the purpose of developing and maintaining a di-*  
10       *verse health care workforce that is prepared to*  
11       *deliver high-quality care, with an emphasis on*  
12       *primary care, in underserved areas or for health*  
13       *disparity populations, in collaboration with*  
14       *other Federal and State health care workforce de-*  
15       *velopment programs, the State workforce agency,*  
16       *and local workforce investment boards, and in*  
17       *health care safety net sites.*

18               *“(C) Prepare individuals to more effectively*  
19       *provide health services to underserved areas and*  
20       *health disparity populations through field place-*  
21       *ments or preceptorships in conjunction with*  
22       *community-based organizations, accredited pri-*  
23       *mary care residency training programs, Feder-*  
24       *ally qualified health centers, rural health clinics,*

1           *public health departments, or other appropriate*  
2           *facilities.*

3           “(D) *Conduct and participate in inter-*  
4           *disciplinary training that involves physicians,*  
5           *physician assistants, nurse practitioners, nurse*  
6           *midwives, dentists, psychologists, pharmacists,*  
7           *optometrists, community health workers, public*  
8           *and allied health professionals, or other health*  
9           *professionals, as practicable.*

10           “(E) *Deliver or facilitate continuing edu-*  
11           *cation and information dissemination programs*  
12           *for health care professionals, with an emphasis*  
13           *on individuals providing care in underserved*  
14           *areas and for health disparity populations.*

15           “(F) *Propose and implement effective pro-*  
16           *gram and outcomes measurement and evaluation*  
17           *strategies.*

18           “(G) *Establish a youth public health pro-*  
19           *gram to expose and recruit high school students*  
20           *into health careers, with a focus on careers in*  
21           *public health.*

22           “(2) *INNOVATIVE OPPORTUNITIES.—An eligible*  
23           *entity may use amounts awarded under a grant*  
24           *under subsection (a)(1) or subsection (a)(2) to carry*  
25           *out any of the following activities:*



1           “(A) *Develop and implement innovative*  
2           *curricula in collaboration with community-based*  
3           *accredited primary care residency training pro-*  
4           *grams, Federally qualified health centers, rural*  
5           *health clinics, behavioral and mental health fa-*  
6           *ilities, public health departments, or other ap-*  
7           *propriate facilities, with the goal of increasing*  
8           *the number of primary care physicians and*  
9           *other primary care providers prepared to serve*  
10           *in underserved areas and health disparity popu-*  
11           *lations.*

12           “(B)       *Coordinate       community-based*  
13           *participatory research with academic health cen-*  
14           *ters, and facilitate rapid flow and dissemination*  
15           *of evidence-based health care information, re-*  
16           *search results, and best practices to improve*  
17           *quality, efficiency, and effectiveness of health*  
18           *care and health care systems within community*  
19           *settings.*

20           “(C) *Develop and implement other strate-*  
21           *gies to address identified workforce needs and in-*  
22           *crease and enhance the health care workforce in*  
23           *the area served by the area health education cen-*  
24           *ter program.*

25           “(d) *REQUIREMENTS.—*

1           “(1) *AREA HEALTH EDUCATION CENTER PRO-*  
2 *GRAM.—In carrying out this section, the Secretary*  
3 *shall ensure the following:*

4           “(A) *An entity that receives an award*  
5 *under this section shall conduct at least 10 per-*  
6 *cent of clinical education required for medical*  
7 *students in community settings that are removed*  
8 *from the primary teaching facility of the con-*  
9 *tracting institution for grantees that operate a*  
10 *school of medicine or osteopathic medicine. In*  
11 *States in which an entity that receives an award*  
12 *under this section is a nursing school or its par-*  
13 *ent institution, the Secretary shall alternatively*  
14 *ensure that—*

15           “(i) *the nursing school conducts at*  
16 *least 10 percent of clinical education re-*  
17 *quired for nursing students in community*  
18 *settings that are remote from the primary*  
19 *teaching facility of the school; and*

20           “(ii) *the entity receiving the award*  
21 *maintains a written agreement with a*  
22 *school of medicine or osteopathic medicine*  
23 *to place students from that school in train-*  
24 *ing sites in the area health education center*  
25 *program area.*

1           “(B) *An entity receiving funds under sub-*  
2           *section (a)(2) does not distribute such funding to*  
3           *a center that is eligible to receive funding under*  
4           *subsection (a)(1).*

5           “(2) *AREA HEALTH EDUCATION CENTER.—The*  
6           *Secretary shall ensure that each area health education*  
7           *center program includes at least 1 area health edu-*  
8           *cation center, and that each such center—*

9           *“(A) is a public or private organization*  
10           *whose structure, governance, and operation is*  
11           *independent from the awardee and the parent*  
12           *institution of the awardee;*

13           *“(B) is not a school of medicine or osteo-*  
14           *pathic medicine, the parent institution of such a*  
15           *school, or a branch campus or other subunit of*  
16           *a school of medicine or osteopathic medicine or*  
17           *its parent institution, or a consortium of such*  
18           *entities;*

19           *“(C) designates an underserved area or pop-*  
20           *ulation to be served by the center which is in a*  
21           *location removed from the main location of the*  
22           *teaching facilities of the schools participating in*  
23           *the program with such center and does not du-*  
24           *PLICATE, in whole or in part, the geographic area*  
25           *or population served by any other center;*

1           “(D) fosters networking and collaboration  
2           among communities and between academic  
3           health centers and community-based centers;

4           “(E) serves communities with a dem-  
5           onstrated need of health professionals in partner-  
6           ship with academic medical centers;

7           “(F) addresses the health care workforce  
8           needs of the communities served in coordination  
9           with the public workforce investment system; and

10           “(G) has a community-based governing or  
11           advisory board that reflects the diversity of the  
12           communities involved.

13           “(e) *MATCHING FUNDS.*—With respect to the costs of  
14           operating a program through a grant under this section,  
15           to be eligible for financial assistance under this section, an  
16           entity shall make available (directly or through contribu-  
17           tions from State, county or municipal governments, or the  
18           private sector) recurring non-Federal contributions in cash  
19           or in kind, toward such costs in an amount that is equal  
20           to not less than 50 percent of such costs. At least 25 percent  
21           of the total required non-Federal contributions shall be in  
22           cash. An entity may apply to the Secretary for a waiver  
23           of not more than 75 percent of the matching fund amount  
24           required by the entity for each of the first 3 years the entity  
25           is funded through a grant under subsection (a)(1).

1       “(f) *LIMITATION.*—Not less than 75 percent of the total  
2 amount provided to an area health education center pro-  
3 gram under subsection (a)(1) or (a)(2) shall be allocated  
4 to the area health education centers participating in the  
5 program under this section. To provide needed flexibility  
6 to newly funded area health education center programs, the  
7 Secretary may waive the requirement in the sentence for  
8 the first 2 years of a new area health education center pro-  
9 gram funded under subsection (a)(1).

10       “(g) *AWARD.*—An award to an entity under this sec-  
11 tion shall be not less than \$250,000 annually per area  
12 health education center included in the program involved.  
13 If amounts appropriated to carry out this section are not  
14 sufficient to comply with the preceding sentence, the Sec-  
15 retary may reduce the per center amount provided for in  
16 such sentence as necessary, provided the distribution estab-  
17 lished in subsection (j)(2) is maintained.

18       “(h) *PROJECT TERMS.*—

19               “(1) *IN GENERAL.*—Except as provided in para-  
20 graph (2), the period during which payments may be  
21 made under an award under subsection (a)(1) may  
22 not exceed—

23                       “(A) in the case of a program, 12 years; or

24                       “(B) in the case of a center within a pro-  
25 gram, 6 years.

1           “(2) *EXCEPTION.*—*The periods described in*  
2           *paragraph (1) shall not apply to programs receiving*  
3           *point of service maintenance and enhancement*  
4           *awards under subsection (a)(2) to maintain existing*  
5           *centers and activities.*

6           “(i) *INAPPLICABILITY OF PROVISION.*—*Notwith-*  
7           *standing any other provision of this title, section 791(a)*  
8           *shall not apply to an area health education center funded*  
9           *under this section.*

10          “(j) *AUTHORIZATION OF APPROPRIATIONS.*—

11           “(1) *IN GENERAL.*—*There is authorized to be ap-*  
12           *propriated to carry out this section \$125,000,000 for*  
13           *each of the fiscal years 2010 through 2014.*

14           “(2) *REQUIREMENTS.*—*Of the amounts appro-*  
15           *priated for a fiscal year under paragraph (1)—*

16           “(A) *not more than 35 percent shall be used*  
17           *for awards under subsection (a)(1);*

18           “(B) *not less than 60 percent shall be used*  
19           *for awards under subsection (a)(2);*

20           “(C) *not more than 1 percent shall be used*  
21           *for grants and contracts to implement outcomes*  
22           *evaluation for the area health education centers;*  
23           *and*

24           “(D) *not more than 4 percent shall be used*  
25           *for grants and contracts to provide technical as-*

1           *sistance to entities receiving awards under this*  
 2           *section.*

3           “(3) *CARRYOVER FUNDS.*—*An entity that re-*  
 4           *ceives an award under this section may carry over*  
 5           *funds from 1 fiscal year to another without obtaining*  
 6           *approval from the Secretary. In no case may any*  
 7           *funds be carried over pursuant to the preceding sen-*  
 8           *tence for more than 3 years.*

9           “(k) *SENSE OF CONGRESS.*—*It is the sense of the Con-*  
 10          *gress that every State have an area health education center*  
 11          *program in effect under this section.”.*

12          ***(b) CONTINUING EDUCATIONAL SUPPORT FOR HEALTH***  
 13          ***PROFESSIONALS SERVING IN UNDERSERVED COMMU-***  
 14          ***NITIES.***—*Part D of title VII of the Public Health Service*  
 15          *Act (42 U.S.C. 294 et seq.) is amended by striking section*  
 16          *752 and inserting the following:*

17          **“SEC. 752. CONTINUING EDUCATIONAL SUPPORT FOR**  
 18                           ***HEALTH PROFESSIONALS SERVING IN UN-***  
 19                           ***UNDERSERVED COMMUNITIES.***

20          “(a) *IN GENERAL.*—*The Secretary shall make grants*  
 21          *to, and enter into contracts with, eligible entities to improve*  
 22          *health care, increase retention, increase representation of*  
 23          *minority faculty members, enhance the practice environ-*  
 24          *ment, and provide information dissemination and edu-*  
 25          *cational support to reduce professional isolation through the*

1 *timely dissemination of research findings using relevant re-*  
2 *sources.*

3 “(b) *ELIGIBLE ENTITIES.*—*For purposes of this sec-*  
4 *tion, the term ‘eligible entity’ means an entity described*  
5 *in section 799(b).*

6 “(c) *APPLICATION.*—*An eligible entity desiring to re-*  
7 *ceive an award under this section shall submit to the Sec-*  
8 *retary an application at such time, in such manner, and*  
9 *containing such information as the Secretary may require.*

10 “(d) *USE OF FUNDS.*—*An eligible entity shall use*  
11 *amounts awarded under a grant or contract under this sec-*  
12 *tion to provide innovative supportive activities to enhance*  
13 *education through distance learning, continuing edu-*  
14 *cational activities, collaborative conferences, and electronic*  
15 *and telelearning activities, with priority for primary care.*

16 “(e) *AUTHORIZATION.*—*There is authorized to be ap-*  
17 *propriated to carry out this section \$5,000,000 for each of*  
18 *the fiscal years 2010 through 2014, and such sums as may*  
19 *be necessary for each subsequent fiscal year.”*

20 **SEC. 5404. WORKFORCE DIVERSITY GRANTS.**

21 *Section 821 of the Public Health Service Act (42*  
22 *U.S.C. 296m) is amended—*

23 *(1) in subsection (a)—*

24 *(A) by striking “The Secretary may” and*  
25 *inserting the following:*



1           “(1) *AUTHORITY.*—*The Secretary may*”;

2                     *(B) by striking “pre-entry preparation, and*  
 3                     *retention activities” and inserting the following:*  
 4                     *“stipends for diploma or associate degree nurses*  
 5                     *to enter a bridge or degree completion program,*  
 6                     *student scholarships or stipends for accelerated*  
 7                     *nursing degree programs, pre-entry preparation,*  
 8                     *advanced education preparation, and retention*  
 9                     *activities”;* and

10           *(2) in subsection (b)—*

11                     *(A) by striking “First” and all that follows*  
 12                     *through “including the” and inserting “National*  
 13                     *Advisory Council on Nurse Education and Prac-*  
 14                     *tice and consult with nursing associations in-*  
 15                     *cluding the National Coalition of Ethnic Minor-*  
 16                     *ity Nurse Associations,”;* and

17                     *(B) by inserting before the period the fol-*  
 18                     *lowing: “, and other organizations determined*  
 19                     *appropriate by the Secretary”.*

20   **SEC. 5405. PRIMARY CARE EXTENSION PROGRAM.**

21           *Part P of title III of the Public Health Service Act*  
 22           *(42 U.S.C. 280g et seq.), as amended by section 5313, is*  
 23           *further amended by adding at the end the following:*

24   **“SEC. 399W. PRIMARY CARE EXTENSION PROGRAM.**

25           *“(a) ESTABLISHMENT, PURPOSE AND DEFINITION.—*

1           “(1) *IN GENERAL.*—*The Secretary, acting*  
2 *through the Director of the Agency for Healthcare Re-*  
3 *search and Quality, shall establish a Primary Care*  
4 *Extension Program.*

5           “(2) *PURPOSE.*—*The Primary Care Extension*  
6 *Program shall provide support and assistance to pri-*  
7 *mary care providers to educate providers about pre-*  
8 *ventive medicine, health promotion, chronic disease*  
9 *management, mental and behavioral health services*  
10 *(including substance abuse prevention and treatment*  
11 *services), and evidence-based and evidence-informed*  
12 *therapies and techniques, in order to enable providers*  
13 *to incorporate such matters into their practice and to*  
14 *improve community health by working with commu-*  
15 *nity-based health connectors (referred to in this sec-*  
16 *tion as ‘Health Extension Agents’).*

17           “(3) *DEFINITIONS.*—*In this section:*

18           “(A) *HEALTH EXTENSION AGENT.*—*The*  
19 *term ‘Health Extension Agent’ means any local,*  
20 *community-based health worker who facilitates*  
21 *and provides assistance to primary care prac-*  
22 *tices by implementing quality improvement or*  
23 *system redesign, incorporating the principles of*  
24 *the patient-centered medical home to provide*  
25 *high-quality, effective, efficient, and safe pri-*

1            *mary care and to provide guidance to patients*  
2            *in culturally and linguistically appropriate*  
3            *ways, and linking practices to diverse health sys-*  
4            *tem resources.*

5            “(B) *PRIMARY CARE PROVIDER.*—*The term*  
6            *‘primary care provider’ means a clinician who*  
7            *provides integrated, accessible health care serv-*  
8            *ices and who is accountable for addressing a*  
9            *large majority of personal health care needs, in-*  
10           *cluding providing preventive and health pro-*  
11           *motion services for men, women, and children of*  
12           *all ages, developing a sustained partnership with*  
13           *patients, and practicing in the context of family*  
14           *and community, as recognized by a State licens-*  
15           *ing or regulatory authority, unless otherwise*  
16           *specified in this section.*

17           “(b) *GRANTS TO ESTABLISH STATE HUBS AND LOCAL*  
18 *PRIMARY CARE EXTENSION AGENCIES.*—

19           “(1) *GRANTS.*—*The Secretary shall award com-*  
20           *petitive grants to States for the establishment of*  
21           *State- or multistate-level primary care Primary Care*  
22           *Extension Program State Hubs (referred to in this*  
23           *section as ‘Hubs’).*

24           “(2) *COMPOSITION OF HUBS.*—*A Hub established*  
25           *by a State pursuant to paragraph (1)—*

1           “(A) shall consist of, at a minimum, the  
2           State health department, the entity responsible  
3           for administering the State Medicaid program  
4           (if other than the State health department), the  
5           State-level entity administering the Medicare  
6           program, and the departments of 1 or more  
7           health professions schools in the State that train  
8           providers in primary care; and

9           “(B) may include entities such as hospital  
10          associations, primary care practice-based re-  
11          search networks, health professional societies,  
12          State primary care associations, State licensing  
13          boards, organizations with a contract with the  
14          Secretary under section 1153 of the Social Secu-  
15          rity Act, consumer groups, and other appro-  
16          priate entities.

17          “(c) STATE AND LOCAL ACTIVITIES.—

18                 “(1) HUB ACTIVITIES.—Hubs established under  
19                 a grant under subsection (b) shall—

20                         “(A) submit to the Secretary a plan to co-  
21                         ordinate functions with quality improvement or-  
22                         ganizations and area health education centers if  
23                         such entities are members of the Hub not de-  
24                         scribed in subsection (b)(2)(A);

1           “(B) contract with a county- or local-level  
2           entity that shall serve as the Primary Care Ex-  
3           tension Agency to administer the services de-  
4           scribed in paragraph (2);

5           “(C) organize and administer grant funds  
6           to county- or local-level Primary Care Extension  
7           Agencies that serve a catchment area, as deter-  
8           mined by the State; and

9           “(D) organize State-wide or multistate net-  
10          works of local-level Primary Care Extension  
11          Agencies to share and disseminate information  
12          and practices.

13          “(2) LOCAL PRIMARY CARE EXTENSION AGENCY  
14          ACTIVITIES.—

15                 “(A) REQUIRED ACTIVITIES.—Primary  
16                 Care Extension Agencies established by a Hub  
17                 under paragraph (1) shall—

18                         “(i) assist primary care providers to  
19                         implement a patient-centered medical home  
20                         to improve the accessibility, quality, and ef-  
21                         ficiency of primary care services, including  
22                         health homes;

23                         “(ii) develop and support primary  
24                         care learning communities to enhance the  
25                         dissemination of research findings for evi-

1            *dence-based practice, assess implementation*  
2            *of practice improvement, share best prac-*  
3            *tices, and involve community clinicians in*  
4            *the generation of new knowledge and identi-*  
5            *fication of important questions for research;*

6            *“(iii) participate in a national net-*  
7            *work of Primary Care Extension Hubs and*  
8            *propose how the Primary Care Extension*  
9            *Agency will share and disseminate lessons*  
10           *learned and best practices; and*

11           *“(iv) develop a plan for financial sus-*  
12           *tainability involving State, local, and pri-*  
13           *vate contributions, to provide for the reduc-*  
14           *tion in Federal funds that is expected after*  
15           *an initial 6-year period of program estab-*  
16           *lishment, infrastructure development, and*  
17           *planning.*

18           *“(B) DISCRETIONARY ACTIVITIES.—Pri-*  
19           *mary Care Extension Agencies established by a*  
20           *Hub under paragraph (1) may—*

21           *“(i) provide technical assistance, train-*  
22           *ing, and organizational support for commu-*  
23           *nity health teams established under section*  
24           *3602 of the Patient Protection and Afford-*  
25           *able Care Act;*

1           “(ii) collect data and provision of pri-  
2           mary care provider feedback from standard-  
3           ized measurements of processes and out-  
4           comes to aid in continuous performance im-  
5           provement;

6           “(iii) collaborate with local health de-  
7           partments, community health centers, tribes  
8           and tribal entities, and other community  
9           agencies to identify community health pri-  
10          orities and local health workforce needs, and  
11          participate in community-based efforts to  
12          address the social and primary deter-  
13          minants of health, strengthen the local pri-  
14          mary care workforce, and eliminate health  
15          disparities;

16          “(iv) develop measures to monitor the  
17          impact of the proposed program on the  
18          health of practice enrollees and of the wider  
19          community served; and

20          “(v) participate in other activities, as  
21          determined appropriate by the Secretary.

22          “(d) FEDERAL PROGRAM ADMINISTRATION.—

23                 “(1) GRANTS; TYPES.—Grants awarded under  
24                 subsection (b) shall be—

1           “(A) *program grants, that are awarded to*  
2           *State or multistate entities that submit fully-de-*  
3           *veloped plans for the implementation of a Hub,*  
4           *for a period of 6 years; or*

5           “(B) *planning grants, that are awarded to*  
6           *State or multistate entities with the goal of de-*  
7           *veloping a plan for a Hub, for a period of 2*  
8           *years.*

9           “(2) *APPLICATIONS.—To be eligible for a grant*  
10          *under subsection (b), a State or multistate entity*  
11          *shall submit to the Secretary an application, at such*  
12          *time, in such manner, and containing such informa-*  
13          *tion as the Secretary may require.*

14          “(3) *EVALUATION.—A State that receives a grant*  
15          *under subsection (b) shall be evaluated at the end of*  
16          *the grant period by an evaluation panel appointed by*  
17          *the Secretary.*

18          “(4) *CONTINUING SUPPORT.—After the sixth*  
19          *year in which assistance is provided to a State under*  
20          *a grant awarded under subsection (b), the State may*  
21          *receive additional support under this section if the*  
22          *State program has received satisfactory evaluations*  
23          *with respect to program performance and the merits*  
24          *of the State sustainability plan, as determined by the*  
25          *Secretary.*



1           “(5) *LIMITATION.*—A State shall not use in ex-  
2           cess of 10 percent of the amount received under a  
3           grant to carry out administrative activities under  
4           this section. Funds awarded pursuant to this section  
5           shall not be used for funding direct patient care.

6           “(e) *REQUIREMENTS ON THE SECRETARY.*—In car-  
7           rying out this section, the Secretary shall consult with the  
8           heads of other Federal agencies with demonstrated experi-  
9           ence and expertise in health care and preventive medicine,  
10          such as the Centers for Disease Control and Prevention, the  
11          Substance Abuse and Mental Health Administration, the  
12          Health Resources and Services Administration, the Na-  
13          tional Institutes of Health, the Office of the National Coor-  
14          dinator for Health Information Technology, the Indian  
15          Health Service, the Agricultural Cooperative Extension  
16          Service of the Department of Agriculture, and other entities,  
17          as the Secretary determines appropriate.

18          “(f) *AUTHORIZATION OF APPROPRIATIONS.*—To  
19          awards grants as provided in subsection (d), there are au-  
20          thorized to be appropriated \$120,000,000 for each of fiscal  
21          years 2011 and 2012, and such sums as may be necessary  
22          to carry out this section for each of fiscal years 2013  
23          through 2014.”.

1 ***Subtitle F—Strengthening Primary***  
 2 ***Care and Other Workforce Im-***  
 3 ***provements***

4 ***SEC. 5501. EXPANDING ACCESS TO PRIMARY CARE SERV-***  
 5 ***ICES AND GENERAL SURGERY SERVICES.***

6 *(a) INCENTIVE PAYMENT PROGRAM FOR PRIMARY*  
 7 *CARE SERVICES.—*

8 *(1) IN GENERAL.—Section 1833 of the Social Se-*  
 9 *curity Act (42 U.S.C. 1395l) is amended by adding*  
 10 *at the end the following new subsection:*

11 *“(x) INCENTIVE PAYMENTS FOR PRIMARY CARE SERV-*  
 12 *ICES.—*

13 *“(1) IN GENERAL.—In the case of primary care*  
 14 *services furnished on or after January 1, 2011, and*  
 15 *before January 1, 2016, by a primary care practi-*  
 16 *tioner, in addition to the amount of payment that*  
 17 *would otherwise be made for such services under this*  
 18 *part, there also shall be paid (on a monthly or quar-*  
 19 *terly basis) an amount equal to 10 percent of the pay-*  
 20 *ment amount for the service under this part.*

21 *“(2) DEFINITIONS.—In this subsection:*

22 *“(A) PRIMARY CARE PRACTITIONER.—The*  
 23 *term ‘primary care practitioner’ means an indi-*  
 24 *vidual—*

25 *“(i) who—*

1           “(I) is a physician (as described  
2           in section 1861(r)(1)) who has a pri-  
3           mary specialty designation of family  
4           medicine, internal medicine, geriatric  
5           medicine, or pediatric medicine; or

6           “(II) is a nurse practitioner, clin-  
7           ical nurse specialist, or physician as-  
8           sistant (as those terms are defined in  
9           section 1861(aa)(5)); and

10          “(ii) for whom primary care services  
11          accounted for at least 60 percent of the al-  
12          lowed charges under this part for such phy-  
13          sician or practitioner in a prior period as  
14          determined appropriate by the Secretary.

15          “(B) PRIMARY CARE SERVICES.—The term  
16          ‘primary care services’ means services identified,  
17          as of January 1, 2009, by the following HCPCS  
18          codes (and as subsequently modified by the Sec-  
19          retary):

20                 “(i) 99201 through 99215.

21                 “(ii) 99304 through 99340.

22                 “(iii) 99341 through 99350.

23          “(3) COORDINATION WITH OTHER PAYMENTS.—  
24          The amount of the additional payment for a service  
25          under this subsection and subsection (m) shall be de-

1 *terminated without regard to any additional payment*  
2 *for the service under subsection (m) and this sub-*  
3 *section, respectively.*

4 “(4) *LIMITATION ON REVIEW.*—*There shall be no*  
5 *administrative or judicial review under section 1869,*  
6 *1878, or otherwise, respecting the identification of*  
7 *primary care practitioners under this subsection.”.*

8 (2) *CONFORMING AMENDMENT.*—*Section*  
9 *1834(g)(2)(B) of the Social Security Act (42 U.S.C.*  
10 *1395m(g)(2)(B)) is amended by adding at the end the*  
11 *following sentence: “Section 1833(x) shall not be*  
12 *taken into account in determining the amounts that*  
13 *would otherwise be paid pursuant to the preceding*  
14 *sentence.”.*

15 (b) *INCENTIVE PAYMENT PROGRAM FOR MAJOR SUR-*  
16 *GICAL PROCEDURES FURNISHED IN HEALTH PROFES-*  
17 *SIONAL SHORTAGE AREAS.*—

18 (1) *IN GENERAL.*—*Section 1833 of the Social Se-*  
19 *curity Act (42 U.S.C. 1395l), as amended by sub-*  
20 *section (a)(1), is amended by adding at the end the*  
21 *following new subsection:*

22 “(y) *INCENTIVE PAYMENTS FOR MAJOR SURGICAL*  
23 *PROCEDURES FURNISHED IN HEALTH PROFESSIONAL*  
24 *SHORTAGE AREAS.*—

1           “(1) *IN GENERAL.*—*In the case of major surgical*  
2           *procedures furnished on or after January 1, 2011,*  
3           *and before January 1, 2016, by a general surgeon in*  
4           *an area that is designated (under section*  
5           *332(a)(1)(A) of the Public Health Service Act) as a*  
6           *health professional shortage area as identified by the*  
7           *Secretary prior to the beginning of the year involved,*  
8           *in addition to the amount of payment that would oth-*  
9           *erwise be made for such services under this part, there*  
10           *also shall be paid (on a monthly or quarterly basis)*  
11           *an amount equal to 10 percent of the payment*  
12           *amount for the service under this part.*

13           “(2) *DEFINITIONS.*—*In this subsection:*

14           “(A) *GENERAL SURGEON.*—*In this sub-*  
15           *section, the term ‘general surgeon’ means a phy-*  
16           *sician (as described in section 1861(r)(1)) who*  
17           *has designated CMS specialty code 02–General*  
18           *Surgery as their primary specialty code in the*  
19           *physician’s enrollment under section 1866(j).*

20           “(B) *MAJOR SURGICAL PROCEDURES.*—*The*  
21           *term ‘major surgical procedures’ means physi-*  
22           *cians’ services which are surgical procedures for*  
23           *which a 10-day or 90-day global period is used*  
24           *for payment under the fee schedule under section*  
25           *1848(b).*

1           “(3) *COORDINATION WITH OTHER PAYMENTS.*—  
2           *The amount of the additional payment for a service*  
3           *under this subsection and subsection (m) shall be de-*  
4           *termined without regard to any additional payment*  
5           *for the service under subsection (m) and this sub-*  
6           *section, respectively.*

7           “(4) *APPLICATION.*—*The provisions of para-*  
8           *graph (2) and (4) of subsection (m) shall apply to the*  
9           *determination of additional payments under this sub-*  
10           *section in the same manner as such provisions apply*  
11           *to the determination of additional payments under*  
12           *subsection (m).”.*

13           (2)       *CONFORMING        AMENDMENT.*—*Section*  
14           *1834(g)(2)(B) of the Social Security Act (42 U.S.C.*  
15           *1395m(g)(2)(B)), as amended by subsection (a)(2), is*  
16           *amended by striking “Section 1833(x)” and inserting*  
17           *“Subsections (x) and (y) of section 1833” in the last*  
18           *sentence.*

19           (c)       *BUDGET-NEUTRALITY    ADJUSTMENT.*—*Section*  
20           *1848(c)(2)(B) of the Social Security Act (42 U.S.C. 1395w-*  
21           *4(c)(2)(B)) is amended by adding at the end the following*  
22           *new clause:*

23                       “(vii) *ADJUSTMENT FOR CERTAIN PHY-*  
24                       *SICIAN INCENTIVE PAYMENTS.*—*Fifty per-*  
25                       *cent of the additional expenditures under*

1           *this part attributable to subsections (x) and*  
2           *(y) of section 1833 for a year (as estimated*  
3           *by the Secretary) shall be taken into ac-*  
4           *count in applying clause (ii)(II) for 2011*  
5           *and subsequent years. In lieu of applying*  
6           *the budget-neutrality adjustments required*  
7           *under clause (ii)(II) to relative value units*  
8           *to account for such costs for the year, the*  
9           *Secretary shall apply such budget-neu-*  
10           *trality adjustments to the conversion factor*  
11           *otherwise determined for the year. For 2011*  
12           *and subsequent years, the Secretary shall*  
13           *increase the incentive payment otherwise*  
14           *applicable under section 1833(m) by a per-*  
15           *cent estimated to be equal to the additional*  
16           *expenditures estimated under the first sen-*  
17           *tence of this clause for such year that is ap-*  
18           *plicable to physicians who primarily fur-*  
19           *nish services in areas designated (under sec-*  
20           *tion 332(a)(1)(A) of the Public Health Serv-*  
21           *ice Act) as health professional shortage*  
22           *areas.”.*

1 **SEC. 5502. MEDICARE FEDERALLY QUALIFIED HEALTH CEN-**  
2 **TER IMPROVEMENTS.**

3 (a) *EXPANSION OF MEDICARE-COVERED PREVENTIVE*  
4 *SERVICES AT FEDERALLY QUALIFIED HEALTH CEN-*  
5 *TERS.*—

6 (1) *IN GENERAL.*—*Section 1861(aa)(3)(A) of the*  
7 *Social Security Act (42 U.S.C. 1395w (aa)(3)(A)) is*  
8 *amended to read as follows:*

9 “(A) *services of the type described subpara-*  
10 *graphs (A) through (C) of paragraph (1) and*  
11 *preventive services (as defined in section*  
12 *1861(ddd)(3)); and”.*

13 (2) *EFFECTIVE DATE.*—*The amendment made by*  
14 *paragraph (1) shall apply to services furnished on or*  
15 *after January 1, 2011.*

16 (b) *PROSPECTIVE PAYMENT SYSTEM FOR FEDERALLY*  
17 *QUALIFIED HEALTH CENTERS.*—*Section 1834 of the Social*  
18 *Security Act (42 U.S.C. 1395m) is amended by adding at*  
19 *the end the following new subsection:*

20 “(n) *DEVELOPMENT AND IMPLEMENTATION OF PRO-*  
21 *SPECTIVE PAYMENT SYSTEM.*—

22 “(1) *DEVELOPMENT.*—

23 “(A) *IN GENERAL.*—*The Secretary shall de-*  
24 *velop a prospective payment system for payment*  
25 *for Federally qualified health services furnished*  
26 *by Federally qualified health centers under this*



1           *title. Such system shall include a process for ap-*  
2           *propriately describing the services furnished by*  
3           *Federally qualified health centers.*

4           “(B) *COLLECTION OF DATA AND EVALUA-*  
5           *TION.—The Secretary shall require Federally*  
6           *qualified health centers to submit to the Sec-*  
7           *retary such information as the Secretary may*  
8           *require in order to develop and implement the*  
9           *prospective payment system under this para-*  
10          *graph and paragraph (2), respectively, including*  
11          *the reporting of services using HCPCS codes.*

12          “(2) *IMPLEMENTATION.—*

13           “(A) *IN GENERAL.—Notwithstanding sec-*  
14          *tion 1833(a)(3)(B), the Secretary shall provide,*  
15          *for cost reporting periods beginning on or after*  
16          *October 1, 2014, for payments for Federally*  
17          *qualified health services furnished by Federally*  
18          *qualified health centers under this title in ac-*  
19          *cordance with the prospective payment system*  
20          *developed by the Secretary under paragraph (1).*

21          “(B) *PAYMENTS.—*

22           “(i) *INITIAL PAYMENTS.—The Sec-*  
23          *retary shall implement such prospective*  
24          *payment system so that the estimated*  
25          *amount of expenditures under this title for*

1           *Federally qualified health services in the*  
2           *first year that the prospective payment sys-*  
3           *tem is implemented is equal to 103 percent*  
4           *of the estimated amount of expenditures*  
5           *under this title that would have occurred for*  
6           *such services in such year if the system had*  
7           *not been implemented.*

8           “(ii) *PAYMENTS IN SUBSEQUENT*  
9           *YEARS.—In the year after the first year of*  
10           *implementation of such system, and in each*  
11           *subsequent year, the payment rate for Fed-*  
12           *erally qualified health services furnished in*  
13           *the year shall be equal to the payment rate*  
14           *established for such services furnished in the*  
15           *preceding year under this subparagraph in-*  
16           *creased by the percentage increase in the*  
17           *MEI (as defined in 1842(i)(3)) for the year*  
18           *involved.”.*

19 **SEC. 5503. DISTRIBUTION OF ADDITIONAL RESIDENCY PO-**  
20 **SITIONS.**

21           *(a) IN GENERAL.—Section 1886(h) of the Social Secu-*  
22           *rity Act (42 U.S.C. 1395ww(h)) is amended—*

23                   *(1) in paragraph (4)(F)(i), by striking “para-*  
24                   *graph (7)” and inserting “paragraphs (7) and (8)”;*

1           (2) in paragraph (4)(H)(i), by striking “para-  
2           graph (7)” and inserting “paragraphs (7) and (8)”;

3           (3) in paragraph (7)(E), by inserting “or para-  
4           graph (8)” before the period at the end; and

5           (4) by adding at the end the following new para-  
6           graph:

7           “(8) *DISTRIBUTION OF ADDITIONAL RESIDENCY*  
8           *POSITIONS.—*

9           “(A) *REDUCTIONS IN LIMIT BASED ON UN-*  
10           *USED POSITIONS.—*

11           “(i) *IN GENERAL.—Except as provided*  
12           *in clause (ii), if a hospital’s reference resi-*  
13           *dent level (as defined in subparagraph*  
14           *(H)(i)) is less than the otherwise applicable*  
15           *resident limit (as defined in subparagraph*  
16           *(H)(iii)), effective for portions of cost re-*  
17           *porting periods occurring on or after July*  
18           *1, 2011, the otherwise applicable resident*  
19           *limit shall be reduced by 65 percent of the*  
20           *difference between such otherwise applicable*  
21           *resident limit and such reference resident*  
22           *level.*

23           “(ii) *EXCEPTIONS.—This subpara-*  
24           *graph shall not apply to—*

1           “(I) a hospital located in a rural  
2           area (as defined in subsection  
3           (d)(2)(D)(ii)) with fewer than 250  
4           acute care inpatient beds;

5           “(II) a hospital that was part of  
6           a qualifying entity which had a vol-  
7           untary residency reduction plan ap-  
8           proved under paragraph (6)(B) or  
9           under the authority of section 402 of  
10          Public Law 90–248, if the hospital  
11          demonstrates to the Secretary that it  
12          has a specified plan in place for filling  
13          the unused positions by not later than  
14          2 years after the date of enactment of  
15          this paragraph; or

16          “(III) a hospital described in  
17          paragraph (4)(H)(v).

18          “(B) DISTRIBUTION.—

19                 “(i) IN GENERAL.—The Secretary shall  
20                 increase the otherwise applicable resident  
21                 limit for each qualifying hospital that sub-  
22                 mits an application under this subpara-  
23                 graph by such number as the Secretary may  
24                 approve for portions of cost reporting peri-  
25                 ods occurring on or after July 1, 2011. The

1           *aggregate number of increases in the other-*  
2           *wise applicable resident limit under this*  
3           *subparagraph shall be equal to the aggregate*  
4           *reduction in such limits attributable to sub-*  
5           *paragraph (A) (as estimated by the Sec-*  
6           *retary).*

7           “(ii) *REQUIREMENTS.*—*Subject to*  
8           *clause (iii), a hospital that receives an in-*  
9           *crease in the otherwise applicable resident*  
10           *limit under this subparagraph shall ensure,*  
11           *during the 5-year period beginning on the*  
12           *date of such increase, that—*

13                   “(I) *the number of full-time equiv-*  
14                   *alent primary care residents, as de-*  
15                   *fined in paragraph (5)(H) (as deter-*  
16                   *mined by the Secretary), excluding any*  
17                   *additional positions under subclause*  
18                   *(II), is not less than the average num-*  
19                   *ber of full-time equivalent primary*  
20                   *care residents (as so determined) dur-*  
21                   *ing the 3 most recent cost reporting pe-*  
22                   *riods ending prior to the date of enact-*  
23                   *ment of this paragraph; and*

24                   “(II) *not less than 75 percent of*  
25                   *the positions attributable to such in-*

1           crease are in a primary care or gen-  
2           eral surgery residency (as determined  
3           by the Secretary).

4           The Secretary may determine whether a  
5           hospital has met the requirements under  
6           this clause during such 5-year period in  
7           such manner and at such time as the Sec-  
8           retary determines appropriate, including at  
9           the end of such 5-year period.

10           “(iii) *REDISTRIBUTION OF POSITIONS*  
11           *IF HOSPITAL NO LONGER MEETS CERTAIN*  
12           *REQUIREMENTS.—In the case where the Sec-*  
13           *retary determines that a hospital described*  
14           *in clause (ii) does not meet either of the re-*  
15           *quirements under subclause (I) or (II) of*  
16           *such clause, the Secretary shall—*

17                   “(I) reduce the otherwise applica-  
18                   ble resident limit of the hospital by the  
19                   amount by which such limit was in-  
20                   creased under this paragraph; and

21                   “(II) provide for the distribution  
22                   of positions attributable to such reduc-  
23                   tion in accordance with the require-  
24                   ments of this paragraph.

1           “(C) *CONSIDERATIONS IN REDISTRIBU-*  
2           *TION.—In determining for which hospitals the*  
3           *increase in the otherwise applicable resident*  
4           *limit is provided under subparagraph (B), the*  
5           *Secretary shall take into account—*

6                     “(i) *the demonstration likelihood of the*  
7                     *hospital filling the positions made available*  
8                     *under this paragraph within the first 3 cost*  
9                     *reporting periods beginning on or after July*  
10                    *1, 2011, as determined by the Secretary;*  
11                    *and*

12                   “(ii) *whether the hospital has an ac-*  
13                    *credited rural training track (as described*  
14                    *in paragraph (4)(H)(iv)).*

15           “(D) *PRIORITY FOR CERTAIN AREAS.—In*  
16           *determining for which hospitals the increase in*  
17           *the otherwise applicable resident limit is pro-*  
18           *vided under subparagraph (B), subject to sub-*  
19           *paragraph (E), the Secretary shall distribute the*  
20           *increase to hospitals based on the following fac-*  
21           *tors:*

22                   “(i) *Whether the hospital is located in*  
23                    *a State with a resident-to-population ratio*  
24                    *in the lowest quartile (as determined by the*  
25                    *Secretary).*

1           “(ii) *Whether the hospital is located in*  
2 *a State, a territory of the United States, or*  
3 *the District of Columbia that is among the*  
4 *top 10 States, territories, or Districts in*  
5 *terms of the ratio of—*

6                   “(I) *the total population of the*  
7 *State, territory, or District living in*  
8 *an area designated (under such section*  
9 *332(a)(1)(A)) as a health professional*  
10 *shortage area (as of the date of enact-*  
11 *ment of this paragraph); to*

12                   “(II) *the total population of the*  
13 *State, territory, or District (as deter-*  
14 *mined by the Secretary based on the*  
15 *most recent available population data*  
16 *published by the Bureau of the Cen-*  
17 *sus).*

18           “(iii) *Whether the hospital is located*  
19 *in a rural area (as defined in subsection*  
20 *(d)(2)(D)(ii)).*

21           “(E) *RESERVATION OF POSITIONS FOR CER-*  
22 *TAIN HOSPITALS.—*

23                   “(i) *IN GENERAL.—Subject to clause*  
24 *(ii), the Secretary shall reserve the positions*



1           *available for distribution under this para-*  
2           *graph as follows:*

3                   “(I) 70 percent of such positions  
4                   *for distribution to hospitals described*  
5                   *in clause (i) of subparagraph (D).*

6                   “(II) 30 percent of such positions  
7                   *for distribution to hospitals described*  
8                   *in clause (ii) and (iii) of such sub-*  
9                   *paragraph.*

10                   “(ii) *EXCEPTION IF POSITIONS NOT*  
11                   *REDISTRIBUTED BY JULY 1, 2011.—In the*  
12                   *case where the Secretary does not distribute*  
13                   *positions to hospitals in accordance with*  
14                   *clause (i) by July 1, 2011, the Secretary*  
15                   *shall distribute such positions to other hos-*  
16                   *pitals in accordance with the considerations*  
17                   *described in subparagraph (C) and the pri-*  
18                   *ority described in subparagraph (D).*

19                   “(F) *LIMITATION.—A hospital may not re-*  
20                   *ceive more than 75 full-time equivalent addi-*  
21                   *tional residency positions under this paragraph.*

22                   “(G) *APPLICATION OF PER RESIDENT*  
23                   *AMOUNTS FOR PRIMARY CARE AND NONPRIMARY*  
24                   *CARE.—With respect to additional residency po-*  
25                   *sitions in a hospital attributable to the increase*

1           *provided under this paragraph, the approved*  
2           *FTE per resident amounts are deemed to be*  
3           *equal to the hospital per resident amounts for*  
4           *primary care and nonprimary care computed*  
5           *under paragraph (2)(D) for that hospital.*

6           “(H) *DEFINITIONS.*—*In this paragraph:*

7                   “(i) *REFERENCE RESIDENT LEVEL.*—

8                   *The term ‘reference resident level’ means,*  
9                   *with respect to a hospital, the highest resi-*  
10                   *dent level for any of the 3 most recent cost*  
11                   *reporting periods (ending before the date of*  
12                   *the enactment of this paragraph) of the hos-*  
13                   *pital for which a cost report has been settled*  
14                   *(or, if not, submitted (subject to audit)), as*  
15                   *determined by the Secretary.*

16                   “(ii) *RESIDENT LEVEL.*—*The term*  
17                   *‘resident level’ has the meaning given such*  
18                   *term in paragraph (7)(C)(i).*

19                   “(iii) *OTHERWISE APPLICABLE RESI-*  
20                   *DENT LIMIT.*—*The term ‘otherwise applica-*  
21                   *ble resident limit’ means, with respect to a*  
22                   *hospital, the limit otherwise applicable*  
23                   *under subparagraphs (F)(i) and (H) of*  
24                   *paragraph (4) on the resident level for the*  
25                   *hospital determined without regard to this*

1                   *paragraph but taking into account para-*  
2                   *graph (7)(A).”.*

3           **(b) IME.—**

4                   **(1) IN GENERAL.—***Section 1886(d)(5)(B)(v) of*  
5                   *the Social Security Act (42 U.S.C.*  
6                   *1395ww(d)(5)(B)(v)), in the second sentence, is*  
7                   *amended—*

8                               **(A)** *by striking “subsection (h)(7)” and in-*  
9                               *serting “subsections (h)(7) and (h)(8)”;* and

10                              **(B)** *by striking “it applies” and inserting*  
11                              *“they apply”.*

12                   **(2) CONFORMING AMENDMENT.—***Section*  
13                   *1886(d)(5)(B) of the Social Security Act (42 U.S.C.*  
14                   *1395ww(d)(5)(B)) is amended by adding at the end*  
15                   *the following clause:*

16                              **“(x)** *For discharges occurring on or after July 1,*  
17                              *2011, insofar as an additional payment amount*  
18                              *under this subparagraph is attributable to resident*  
19                              *positions distributed to a hospital under subsection*  
20                              *(h)(8)(B), the indirect teaching adjustment factor*  
21                              *shall be computed in the same manner as provided*  
22                              *under clause (ii) with respect to such resident posi-*  
23                              *tions.”.*

24                   **(c) CONFORMING AMENDMENT.—***Section 422(b)(2) of*  
25                   *the Medicare Prescription Drug, Improvement, and Mod-*

1 *ernization Act of 2003 (Public Law 108–173) is amended*  
2 *by striking “section 1886(h)(7)” and all that follows and*  
3 *inserting “paragraphs (7) and (8) of subsection (h) of sec-*  
4 *tion 1886 of the Social Security Act”.*

5 **SEC. 5504. COUNTING RESIDENT TIME IN NONPROVIDER**  
6 **SETTINGS.**

7 (a) *GME.*—*Section 1886(h)(4)(E) of the Social Secu-*  
8 *rity Act (42 U.S.C. 1395ww(h)(4)(E)) is amended—*

9 (1) *by striking “shall be counted and that all the*  
10 *time” and inserting “shall be counted and that—*

11 *“(i) effective for cost reporting periods*  
12 *beginning before July 1, 2010, all the*  
13 *time;”;*

14 (2) *in clause (i), as inserted by paragraph (1),*  
15 *by striking the period at the end and inserting “;*  
16 *and”;*

17 (3) *by inserting after clause (i), as so inserted,*  
18 *the following new clause:*

19 *“(ii) effective for cost reporting periods*  
20 *beginning on or after July 1, 2010, all the*  
21 *time so spent by a resident shall be counted*  
22 *towards the determination of full-time*  
23 *equivalency, without regard to the setting in*  
24 *which the activities are performed, if a hos-*  
25 *pital incurs the costs of the stipends and*

1           *fringe benefits of the resident during the*  
2           *time the resident spends in that setting. If*  
3           *more than one hospital incurs these costs,*  
4           *either directly or through a third party,*  
5           *such hospitals shall count a proportional*  
6           *share of the time, as determined by written*  
7           *agreement between the hospitals, that a resi-*  
8           *dent spends training in that setting.”; and*

9           (4) *by adding at the end the following flush sen-*  
10          *tence:*

11           *“Any hospital claiming under this subparagraph*  
12           *for time spent in a nonprovider setting shall*  
13           *maintain and make available to the Secretary*  
14           *records regarding the amount of such time and*  
15           *such amount in comparison with amounts of*  
16           *such time in such base year as the Secretary*  
17           *shall specify.”.*

18          (b) *IME.—Section 1886(d)(5)(B)(iv) of the Social Se-*  
19          *curity Act (42 U.S.C. 1395ww(d)(5)) is amended—*

20           (1) *by striking “(iv) Effective for discharges oc-*  
21           *curring on or after October 1, 1997” and inserting*  
22           *“(iv)(I) Effective for discharges occurring on or after*  
23           *October 1, 1997, and before July 1, 2010”; and*

24           (2) *by inserting after clause (I), as inserted by*  
25           *paragraph (1), the following new subparagraph:*

1           “(II) *Effective for discharges occurring on or*  
2           *after July 1, 2010, all the time spent by an intern*  
3           *or resident in patient care activities in a nonprovider*  
4           *setting shall be counted towards the determination of*  
5           *full-time equivalency if a hospital incurs the costs of*  
6           *the stipends and fringe benefits of the intern or resi-*  
7           *dent during the time the intern or resident spends in*  
8           *that setting. If more than one hospital incurs these*  
9           *costs, either directly or through a third party, such*  
10           *hospitals shall count a proportional share of the time,*  
11           *as determined by written agreement between the hos-*  
12           *pitals, that a resident spends training in that set-*  
13           *ting.”.*

14           (c) *APPLICATION.—The amendments made by this sec-*  
15           *tion shall not be applied in a manner that requires reopen-*  
16           *ing of any settled hospital cost reports as to which there*  
17           *is not a jurisdictionally proper appeal pending as of the*  
18           *date of the enactment of this Act on the issue of payment*  
19           *for indirect costs of medical education under section*  
20           *1886(d)(5)(B) of the Social Security Act (42 U.S.C.*  
21           *1395ww(d)(5)(B)) or for direct graduate medical education*  
22           *costs under section 1886(h) of such Act (42 U.S.C.*  
23           *1395ww(h)).*

1 **SEC. 5505. RULES FOR COUNTING RESIDENT TIME FOR DI-**  
2 **DACTIC AND SCHOLARLY ACTIVITIES AND**  
3 **OTHER ACTIVITIES.**

4 (a) *GME.*—Section 1886(h) of the Social Security Act  
5 (42 U.S.C. 1395ww(h)), as amended by section 5504, is  
6 amended—

7 (1) in paragraph (4)—

8 (A) in subparagraph (E), by striking “Such  
9 rules” and inserting “Subject to subparagraphs  
10 (J) and (K), such rules”; and

11 (B) by adding at the end the following new  
12 subparagraphs:

13 “(J) *TREATMENT OF CERTAIN NONPRO-*  
14 *VIDER AND DIDACTIC ACTIVITIES.*—Such rules  
15 shall provide that all time spent by an intern or  
16 resident in an approved medical residency train-  
17 ing program in a nonprovider setting that is  
18 primarily engaged in furnishing patient care (as  
19 defined in paragraph (5)(K)) in non-patient  
20 care activities, such as didactic conferences and  
21 seminars, but not including research not associ-  
22 ated with the treatment or diagnosis of a par-  
23 ticular patient, as such time and activities are  
24 defined by the Secretary, shall be counted toward  
25 the determination of full-time equivalency.

1           “(K) *TREATMENT OF CERTAIN OTHER AC-*  
2           *TIVITIES.—In determining the hospital’s number*  
3           *of full-time equivalent residents for purposes of*  
4           *this subsection, all the time that is spent by an*  
5           *intern or resident in an approved medical resi-*  
6           *dency training program on vacation, sick leave,*  
7           *or other approved leave, as such time is defined*  
8           *by the Secretary, and that does not prolong the*  
9           *total time the resident is participating in the*  
10           *approved program beyond the normal duration*  
11           *of the program shall be counted toward the deter-*  
12           *mination of full-time equivalency.”; and*

13           (2) *in paragraph (5), by adding at the end the*  
14           *following new subparagraph:*

15           “(K) *NONPROVIDER SETTING THAT IS PRI-*  
16           *MARILY ENGAGED IN FURNISHING PATIENT*  
17           *CARE.—The term ‘nonprovider setting that is*  
18           *primarily engaged in furnishing patient care’*  
19           *means a nonprovider setting in which the pri-*  
20           *mary activity is the care and treatment of pa-*  
21           *tients, as defined by the Secretary.”.*

22           (b) *IME DETERMINATIONS.—Section 1886(d)(5)(B) of*  
23           *such Act (42 U.S.C. 1395ww(d)(5)(B)) is amended by add-*  
24           *ing at the end the following new clause:*



1           “(x)(I) *The provisions of subparagraph*  
2           *(K) of subsection (h)(4) shall apply under*  
3           *this subparagraph in the same manner as*  
4           *they apply under such subsection.*

5           “(II) *In determining the hospital’s*  
6           *number of full-time equivalent residents for*  
7           *purposes of this subparagraph, all the time*  
8           *spent by an intern or resident in an ap-*  
9           *proved medical residency training program*  
10           *in non-patient care activities, such as di-*  
11           *didactic conferences and seminars, as such*  
12           *time and activities are defined by the Sec-*  
13           *retary, that occurs in the hospital shall be*  
14           *counted toward the determination of full-*  
15           *time equivalency if the hospital—*

16                   “(aa) *is recognized as a subsection*  
17                   *(d) hospital;*

18                   “(bb) *is recognized as a subsection*  
19                   *(d) Puerto Rico hospital;*

20                   “(cc) *is reimbursed under a reim-*  
21                   *bursement system authorized under sec-*  
22                   *tion 1814(b)(3); or*

23                   “(dd) *is a provider-based hospital*  
24                   *outpatient department.*

1           “(III) *In determining the hospital’s*  
2           *number of full-time equivalent residents for*  
3           *purposes of this subparagraph, all the time*  
4           *spent by an intern or resident in an ap-*  
5           *proved medical residency training program*  
6           *in research activities that are not associated*  
7           *with the treatment or diagnosis of a par-*  
8           *ticular patient, as such time and activities*  
9           *are defined by the Secretary, shall not be*  
10           *counted toward the determination of full-*  
11           *time equivalency.”.*

12       (c) *EFFECTIVE DATES.—*

13           (1) *IN GENERAL.—Except as otherwise provided,*  
14           *the Secretary of Health and Human Services shall*  
15           *implement the amendments made by this section in a*  
16           *manner so as to apply to cost reporting periods begin-*  
17           *ning on or after January 1, 1983.*

18           (2) *GME.—Section 1886(h)(4)(J) of the Social*  
19           *Security Act, as added by subsection (a)(1)(B), shall*  
20           *apply to cost reporting periods beginning on or after*  
21           *July 1, 2009.*

22           (3) *IME.—Section 1886(d)(5)(B)(x)(III) of the*  
23           *Social Security Act, as added by subsection (b), shall*  
24           *apply to cost reporting periods beginning on or after*  
25           *October 1, 2001. Such section, as so added, shall not*

1       *give rise to any inference as to how the law in effect*  
2       *prior to such date should be interpreted.*

3   **SEC. 5506. PRESERVATION OF RESIDENT CAP POSITIONS**  
4       **FROM CLOSED HOSPITALS.**

5       *(a) GME.—Section 1886(h)(4)(H) of the Social Secu-*  
6       *rity Act (42 U.S.C. Section 1395ww(h)(4)(H)) is amended*  
7       *by adding at the end the following new clause:*

8                       *“(vi) REDISTRIBUTION OF RESIDENCY*  
9                       *SLOTS AFTER A HOSPITAL CLOSES.—*

10                      *“(I) IN GENERAL.—Subject to the*  
11                      *succeeding provisions of this clause, the*  
12                      *Secretary shall, by regulation, establish*  
13                      *a process under which, in the case*  
14                      *where a hospital (other than a hospital*  
15                      *described in clause (v)) with an ap-*  
16                      *proved medical residency program*  
17                      *closes on or after a date that is 2 years*  
18                      *before the date of enactment of this*  
19                      *clause, the Secretary shall increase the*  
20                      *otherwise applicable resident limit*  
21                      *under this paragraph for other hos-*  
22                      *pitals in accordance with this clause.*

23                      *“(II) PRIORITY FOR HOSPITALS IN*  
24                      *CERTAIN AREAS.—Subject to the suc-*  
25                      *ceeding provisions of this clause, in de-*

1 *termining for which hospitals the in-*  
2 *crease in the otherwise applicable resi-*  
3 *dent limit is provided under such proc-*  
4 *ess, the Secretary shall distribute the*  
5 *increase to hospitals in the following*  
6 *priority order (with preference given*  
7 *within each category to hospitals that*  
8 *are members of the same affiliated*  
9 *group (as defined by the Secretary*  
10 *under clause (ii)) as the closed hos-*  
11 *pital):*

12 *“(aa) First, to hospitals lo-*  
13 *cated in the same core-based sta-*  
14 *tistical area as, or a core-based*  
15 *statistical area contiguous to, the*  
16 *hospital that closed.*

17 *“(bb) Second, to hospitals lo-*  
18 *cated in the same State as the*  
19 *hospital that closed.*

20 *“(cc) Third, to hospitals lo-*  
21 *cated in the same region of the*  
22 *country as the hospital that*  
23 *closed.*

24 *“(dd) Fourth, only if the Sec-*  
25 *retary is not able to distribute the*

1            *increase to hospitals described in*  
2            *item (cc), to qualifying hospitals*  
3            *in accordance with the provisions*  
4            *of paragraph (8).*

5            “(III) *REQUIREMENT HOSPITAL*  
6            *LIKELY TO FILL POSITION WITHIN CER-*  
7            *TAIN TIME PERIOD.—The Secretary*  
8            *may only increase the otherwise appli-*  
9            *cable resident limit of a hospital under*  
10           *such process if the Secretary deter-*  
11           *mines the hospital has demonstrated a*  
12           *likelihood of filling the positions made*  
13           *available under this clause within 3*  
14           *years.*

15           “(IV) *LIMITATION.—The aggre-*  
16           *gate number of increases in the other-*  
17           *wise applicable resident limits for hos-*  
18           *pitals under this clause shall be equal*  
19           *to the number of resident positions in*  
20           *the approved medical residency pro-*  
21           *grams that closed on or after the date*  
22           *described in subclause (I).*

23           “(V) *ADMINISTRATION.—Chapter*  
24           *35 of title 44, United States Code, shall*

1                   not apply to the implementation of  
2                   this clause.”.

3           (b) *IME*.—Section 1886(d)(5)(B)(v) of the Social Se-  
4   curity Act (42 U.S.C. 1395ww(d)(5)(B)(v)), in the second  
5   sentence, as amended by section 5503, is amended by strik-  
6   ing “subsections (h)(7) and (h)(8)” and inserting “sub-  
7   sections (h)(4)(H)(vi), (h)(7), and (h)(8)”.

8           (c) *APPLICATION*.—The amendments made by this sec-  
9   tion shall not be applied in a manner that requires reopen-  
10   ing of any settled hospital cost reports as to which there  
11   is not a jurisdictionally proper appeal pending as of the  
12   date of the enactment of this Act on the issue of payment  
13   for indirect costs of medical education under section  
14   1886(d)(5)(B) of the Social Security Act (42 U.S.C.  
15   1395ww(d)(5)(B)) or for direct graduate medical education  
16   costs under section 1886(h) of such Act (42 U.S.C. Section  
17   1395ww(h)).

18           (d) *EFFECT ON TEMPORARY FTE CAP ADJUST-*  
19   *MENTS*.—The Secretary of Health and Human Services  
20   shall give consideration to the effect of the amendments  
21   made by this section on any temporary adjustment to a  
22   hospital’s FTE cap under section 413.79(h) of title 42, Code  
23   of Federal Regulations (as in effect on the date of enactment  
24   of this Act) in order to ensure that there is no duplication  
25   of FTE slots. Such amendments shall not affect the applica-

1 *tion of section 1886(h)(4)(H)(v) of the Social Security Act*  
 2 *(42 U.S.C. 1395ww(h)(4)(H)(v)).*

3 (e) **CONFORMING AMENDMENT.**—*Section*  
 4 *1886(h)(7)(E) of the Social Security Act (42 U.S.C.*  
 5 *1395ww(h)(7)(E)), as amended by section 5503(a), is*  
 6 *amended by striking “paragraph or paragraph (8)” and*  
 7 *inserting “this paragraph, paragraph (8), or paragraph*  
 8 *(4)(H)(vi)”.*

9 **SEC. 5507. DEMONSTRATION PROJECTS TO ADDRESS**  
 10 **HEALTH PROFESSIONS WORKFORCE NEEDS;**  
 11 **EXTENSION OF FAMILY-TO-FAMILY HEALTH**  
 12 **INFORMATION CENTERS.**

13 (a) **AUTHORITY TO CONDUCT DEMONSTRATION**  
 14 **PROJECTS.**—*Title XX of the Social Security Act (42 U.S.C.*  
 15 *1397 et seq.) is amended by adding at the end the following:*

16 **“SEC. 2008. DEMONSTRATION PROJECTS TO ADDRESS**  
 17 **HEALTH PROFESSIONS WORKFORCE NEEDS.**

18 **“(a) DEMONSTRATION PROJECTS TO PROVIDE LOW-**  
 19 **INCOME INDIVIDUALS WITH OPPORTUNITIES FOR EDU-**  
 20 **CATION, TRAINING, AND CAREER ADVANCEMENT TO AD-**  
 21 **DRESS HEALTH PROFESSIONS WORKFORCE NEEDS.—**

22 **“(1) AUTHORITY TO AWARD GRANTS.**—*The Sec-*  
 23 *retary, in consultation with the Secretary of Labor,*  
 24 *shall award grants to eligible entities to conduct dem-*  
 25 *onstration projects that are designed to provide eligi-*

1 *ble individuals with the opportunity to obtain edu-*  
2 *cation and training for occupations in the health care*  
3 *field that pay well and are expected to either experi-*  
4 *ence labor shortages or be in high demand.*

5 “(2) *REQUIREMENTS.*—

6 “(A) *AID AND SUPPORTIVE SERVICES.*—

7 “(i) *IN GENERAL.*—*A demonstration*  
8 *project conducted by an eligible entity*  
9 *awarded a grant under this section shall, if*  
10 *appropriate, provide eligible individuals*  
11 *participating in the project with financial*  
12 *aid, child care, case management, and other*  
13 *supportive services.*

14 “(ii) *TREATMENT.*—*Any aid, services,*  
15 *or incentives provided to an eligible bene-*  
16 *ficiary participating in a demonstration*  
17 *project under this section shall not be con-*  
18 *sidered income, and shall not be taken into*  
19 *account for purposes of determining the in-*  
20 *dividual’s eligibility for, or amount of, ben-*  
21 *efits under any means-tested program.*

22 “(B) *CONSULTATION AND COORDINATION.*—

23 *An eligible entity applying for a grant to carry*  
24 *out a demonstration project under this section*  
25 *shall demonstrate in the application that the en-*



1            *tity has consulted with the State agency respon-*  
2            *sible for administering the State TANF program,*  
3            *the local workforce investment board in the area*  
4            *in which the project is to be conducted (unless*  
5            *the applicant is such board), the State workforce*  
6            *investment board established under section 111 of*  
7            *the Workforce Investment Act of 1998, and the*  
8            *State Apprenticeship Agency recognized under*  
9            *the Act of August 16, 1937 (commonly known as*  
10           *the ‘National Apprenticeship Act’) (or if no*  
11           *agency has been recognized in the State, the Of-*  
12           *fice of Apprenticeship of the Department of*  
13           *Labor) and that the project will be carried out*  
14           *in coordination with such entities.*

15            *“(C) ASSURANCE OF OPPORTUNITIES FOR*  
16            *INDIAN POPULATIONS.—The Secretary shall*  
17            *award at least 3 grants under this subsection to*  
18            *an eligible entity that is an Indian tribe, tribal*  
19            *organization, or Tribal College or University.*

20            *“(3) REPORTS AND EVALUATION.—*

21            *“(A) ELIGIBLE ENTITIES.—An eligible enti-*  
22            *ty awarded a grant to conduct a demonstration*  
23            *project under this subsection shall submit in-*  
24            *terim reports to the Secretary on the activities*  
25            *carried out under the project and a final report*

1           *on such activities upon the conclusion of the en-*  
2           *ties' participation in the project. Such reports*  
3           *shall include assessments of the effectiveness of*  
4           *such activities with respect to improving out-*  
5           *comes for the eligible individuals participating*  
6           *in the project and with respect to addressing*  
7           *health professions workforce needs in the areas in*  
8           *which the project is conducted.*

9           “(B) *EVALUATION.*—*The Secretary shall, by*  
10          *grant, contract, or interagency agreement, evalu-*  
11          *ate the demonstration projects conducted under*  
12          *this subsection. Such evaluation shall include*  
13          *identification of successful activities for creating*  
14          *opportunities for developing and sustaining, par-*  
15          *ticularly with respect to low-income individuals*  
16          *and other entry-level workers, a health profes-*  
17          *sions workforce that has accessible entry points,*  
18          *that meets high standards for education, train-*  
19          *ing, certification, and professional development,*  
20          *and that provides increased wages and affordable*  
21          *benefits, including health care coverage, that are*  
22          *responsive to the workforce's needs.*

23          “(C) *REPORT TO CONGRESS.*—*The Sec-*  
24          *retary shall submit interim reports and, based*  
25          *on the evaluation conducted under subparagraph*

1           (B), a final report to Congress on the demonstra-  
2           tion projects conducted under this subsection.

3           “(4) *DEFINITIONS.*—*In this subsection:*

4                   “(A) *ELIGIBLE ENTITY.*—*The term ‘eligible*  
5                   *entity’ means a State, an Indian tribe or tribal*  
6                   *organization, an institution of higher education,*  
7                   *a local workforce investment board established*  
8                   *under section 117 of the Workforce Investment*  
9                   *Act of 1998, a sponsor of an apprenticeship pro-*  
10                   *gram registered under the National Apprentice-*  
11                   *ship Act or a community-based organization.*

12                   “(B) *ELIGIBLE INDIVIDUAL.*—

13                           “(i) *IN GENERAL.*—*The term ‘eligible*  
14                           *individual’ means a individual receiving*  
15                           *assistance under the State TANF program.*

16                           “(ii) *OTHER LOW-INCOME INDIVID-*  
17                           *UALS.*—*Such term may include other low-*  
18                           *income individuals described by the eligible*  
19                           *entity in its application for a grant under*  
20                           *this section.*

21                   “(C) *INDIAN TRIBE; TRIBAL ORGANIZA-*  
22                   *TION.*—*The terms ‘Indian tribe’ and ‘tribal orga-*  
23                   *nization’ have the meaning given such terms in*  
24                   *section 4 of the Indian Self-Determination and*  
25                   *Education Assistance Act (25 U.S.C. 450b).*

1           “(D) *INSTITUTION OF HIGHER EDU-*  
2           *CATION.—The term ‘institution of higher edu-*  
3           *cation’ has the meaning given that term in sec-*  
4           *tion 101 of the Higher Education Act of 1965*  
5           *(20 U.S.C. 1001).*

6           “(E) *STATE.—The term ‘State’ means each*  
7           *of the 50 States, the District of Columbia, the*  
8           *Commonwealth of Puerto Rico, the United States*  
9           *Virgin Islands, Guam, and American Samoa.*

10          “(F) *STATE TANF PROGRAM.—The term*  
11          *‘State TANF program’ means the temporary as-*  
12          *sistance for needy families program funded*  
13          *under part A of title IV.*

14          “(G) *TRIBAL COLLEGE OR UNIVERSITY.—*  
15          *The term ‘Tribal College or University’ has the*  
16          *meaning given that term in section 316(b) of the*  
17          *Higher Education Act of 1965 (20 U.S.C.*  
18          *1059c(b)).*

19          “(b) *DEMONSTRATION PROJECT TO DEVELOP TRAIN-*  
20          *ING AND CERTIFICATION PROGRAMS FOR PERSONAL OR*  
21          *HOME CARE AIDES.—*

22                 “(1) *AUTHORITY TO AWARD GRANTS.—Not later*  
23                 *than 18 months after the date of enactment of this*  
24                 *section, the Secretary shall award grants to eligible*  
25                 *entities that are States to conduct demonstration*

1 *projects for purposes of developing core training com-*  
2 *petencies and certification programs for personal or*  
3 *home care aides. The Secretary shall—*

4 *“(A) evaluate the efficacy of the core train-*  
5 *ing competencies described in paragraph (3)(A)*  
6 *for newly hired personal or home care aides and*  
7 *the methods used by States to implement such*  
8 *core training competencies in accordance with*  
9 *the issues specified in paragraph (3)(B); and*

10 *“(B) ensure that the number of hours of*  
11 *training provided by States under the dem-*  
12 *onstration project with respect to such core*  
13 *training competencies are not less than the num-*  
14 *ber of hours of training required under any ap-*  
15 *plicable State or Federal law or regulation.*

16 *“(2) DURATION.—A demonstration project shall*  
17 *be conducted under this subsection for not less than*  
18 *3 years.*

19 *“(3) CORE TRAINING COMPETENCIES FOR PER-*  
20 *SONAL OR HOME CARE AIDES.—*

21 *“(A) IN GENERAL.—The core training com-*  
22 *petencies for personal or home care aides de-*  
23 *scribed in this subparagraph include com-*  
24 *petencies with respect to the following areas:*

1           “(i) *The role of the personal or home*  
2           *care aide (including differences between a*  
3           *personal or home care aide employed by an*  
4           *agency and a personal or home care aide*  
5           *employed directly by the health care con-*  
6           *sumer or an independent provider).*

7           “(ii) *Consumer rights, ethics, and con-*  
8           *fidentiality (including the role of proxy de-*  
9           *cision-makers in the case where a health*  
10           *care consumer has impaired decision-mak-*  
11           *ing capacity).*

12           “(iii) *Communication, cultural and*  
13           *linguistic competence and sensitivity, prob-*  
14           *lem solving, behavior management, and re-*  
15           *lationship skills.*

16           “(iv) *Personal care skills.*

17           “(v) *Health care support.*

18           “(vi) *Nutritional support.*

19           “(vii) *Infection control.*

20           “(viii) *Safety and emergency training.*

21           “(ix) *Training specific to an indi-*  
22           *vidual consumer’s needs (including older in-*  
23           *dividuals, younger individuals with disabil-*  
24           *ities, individuals with developmental dis-*  
25           *abilities, individuals with dementia, and*

1           *individuals with mental and behavioral*  
2           *health needs).*

3           “(x) *Self-Care.*

4           “(B) *IMPLEMENTATION.—The implementa-*  
5           *tion issues specified in this subparagraph in-*  
6           *clude the following:*

7           “(i) *The length of the training.*

8           “(ii) *The appropriate trainer to stu-*  
9           *dent ratio.*

10          “(iii) *The amount of instruction time*  
11          *spent in the classroom as compared to on-*  
12          *site in the home or a facility.*

13          “(iv) *Trainer qualifications.*

14          “(v) *Content for a ‘hands-on’ and writ-*  
15          *ten certification exam.*

16          “(vi) *Continuing education require-*  
17          *ments.*

18          “(4) *APPLICATION AND SELECTION CRITERIA.—*

19          “(A) *IN GENERAL.—*

20          “(i) *NUMBER OF STATES.—The Sec-*  
21          *retary shall enter into agreements with not*  
22          *more than 6 States to conduct demonstra-*  
23          *tion projects under this subsection.*

1           “(ii) *REQUIREMENTS FOR STATES.*—  
2           *An agreement entered into under clause (i)*  
3           *shall require that a participating State—*

4                     “(I) *implement the core training*  
5                     *competencies described in paragraph*  
6                     *(3)(A); and*

7                     “(II) *develop written materials*  
8                     *and protocols for such core training*  
9                     *competencies, including the develop-*  
10                    *ment of a certification test for personal*  
11                    *or home care aides who have completed*  
12                    *such training competencies.*

13           “(iii) *CONSULTATION AND COLLABORA-*  
14            *TION WITH COMMUNITY AND VOCATIONAL*  
15            *COLLEGES.*—*The Secretary shall encourage*  
16            *participating States to consult with com-*  
17            *munity and vocational colleges regarding*  
18            *the development of curricula to implement*  
19            *the project with respect to activities, as ap-*  
20            *plicable, which may include consideration*  
21            *of such colleges as partners in such imple-*  
22            *mentation.*

23           “(B) *APPLICATION AND ELIGIBILITY.*—*A*  
24            *State seeking to participate in the project*  
25            *shall—*



1           “(i) submit an application to the Sec-  
2           retary containing such information and at  
3           such time as the Secretary may specify;

4           “(ii) meet the selection criteria estab-  
5           lished under subparagraph (C); and

6           “(iii) meet such additional criteria as  
7           the Secretary may specify.

8           “(C) *SELECTION CRITERIA.*—In selecting  
9           States to participate in the program, the Sec-  
10          retary shall establish criteria to ensure (if appli-  
11          cable with respect to the activities involved)—

12          “(i) geographic and demographic di-  
13          versity;

14          “(ii) that participating States offer  
15          medical assistance for personal care services  
16          under the State Medicaid plan;

17          “(iii) that the existing training stand-  
18          ards for personal or home care aides in each  
19          participating State—

20                  “(I) are different from such stand-  
21                  ards in the other participating States;  
22                  and

23                  “(II) are different from the core  
24                  training competencies described in  
25                  paragraph (3)(A);

1           “(iv) that participating States do not  
2           reduce the number of hours of training re-  
3           quired under applicable State law or regu-  
4           lation after being selected to participate in  
5           the project; and

6           “(v) that participating States recruit a  
7           minimum number of eligible health and  
8           long-term care providers to participate in  
9           the project.

10          “(D) *TECHNICAL ASSISTANCE.*—The Sec-  
11          retary shall provide technical assistance to  
12          States in developing written materials and pro-  
13          tocols for such core training competencies.

14          “(5) *EVALUATION AND REPORT.*—

15          “(A) *EVALUATION.*—The Secretary shall de-  
16          velop an experimental or control group testing  
17          protocol in consultation with an independent  
18          evaluation contractor selected by the Secretary.  
19          Such contractor shall evaluate—

20                 “(i) the impact of core training com-  
21                 petencies described in paragraph (3)(A), in-  
22                 cluding curricula developed to implement  
23                 such core training competencies, for per-  
24                 sonal or home care aides within each par-  
25                 ticipating State on job satisfaction, mastery

1           *of job skills, beneficiary and family care-*  
2           *giver satisfaction with services, and addi-*  
3           *tional measures determined by the Secretary*  
4           *in consultation with the expert panel;*

5           “(ii) *the impact of providing such core*  
6           *training competencies on the existing train-*  
7           *ing infrastructure and resources of States;*  
8           *and*

9           “(iii) *whether a minimum number of*  
10           *hours of initial training should be required*  
11           *for personal or home care aides and, if so,*  
12           *what minimum number of hours should be*  
13           *required.*

14           “(B) *REPORTS.—*

15           “(i) *REPORT ON INITIAL IMPLEMENTA-*  
16           *TION.—Not later than 2 years after the date*  
17           *of enactment of this section, the Secretary*  
18           *shall submit to Congress a report on the ini-*  
19           *tial implementation of activities conducted*  
20           *under the demonstration project, including*  
21           *any available results of the evaluation con-*  
22           *ducted under subparagraph (A) with respect*  
23           *to such activities, together with such rec-*  
24           *ommendations for legislation or administra-*

1           *tive action as the Secretary determines ap-*  
2           *propriate.*

3           “(ii) *FINAL REPORT.*—*Not later than 1*  
4           *year after the completion of the demonstra-*  
5           *tion project, the Secretary shall submit to*  
6           *Congress a report containing the results of*  
7           *the evaluation conducted under subpara-*  
8           *graph (A), together with such recommenda-*  
9           *tions for legislation or administrative ac-*  
10           *tion as the Secretary determines appro-*  
11           *priate.*

12           “(6) *DEFINITIONS.*—*In this subsection:*

13           “(A) *ELIGIBLE HEALTH AND LONG-TERM*  
14           *CARE PROVIDER.*—*The term ‘eligible health and*  
15           *long-term care provider’ means a personal or*  
16           *home care agency (including personal or home*  
17           *care public authorities), a nursing home, a home*  
18           *health agency (as defined in section 1861(o)), or*  
19           *any other health care provider the Secretary de-*  
20           *termines appropriate which—*

21                   *“(i) is licensed or authorized to provide*  
22                   *services in a participating State; and*

23                   *“(ii) receives payment for services*  
24                   *under title XIX.*

1           “(B) *PERSONAL CARE SERVICES.*—*The term*  
2           *‘personal care services’ has the meaning given*  
3           *such term for purposes of title XIX.*

4           “(C) *PERSONAL OR HOME CARE AIDE.*—*The*  
5           *term ‘personal or home care aide’ means an in-*  
6           *dividual who helps individuals who are elderly,*  
7           *disabled, ill, or mentally disabled (including an*  
8           *individual with Alzheimer’s disease or other de-*  
9           *mentia) to live in their own home or a residen-*  
10           *tial care facility (such as a nursing home, as-*  
11           *isted living facility, or any other facility the*  
12           *Secretary determines appropriate) by providing*  
13           *routine personal care services and other appro-*  
14           *priate services to the individual.*

15           “(D) *STATE.*—*The term ‘State’ has the*  
16           *meaning given that term for purposes of title*  
17           *XIX.*

18           “(c) *FUNDING.*—

19           “(1) *IN GENERAL.*—*Subject to paragraph (2),*  
20           *out of any funds in the Treasury not otherwise appro-*  
21           *priated, there are appropriated to the Secretary to*  
22           *carry out subsections (a) and (b), \$85,000,000 for*  
23           *each of fiscal years 2010 through 2014.*

24           “(2) *TRAINING AND CERTIFICATION PROGRAMS*  
25           *FOR PERSONAL AND HOME CARE AIDES.*—*With re-*

1     *spect to the demonstration projects under subsection*  
2     *(b), the Secretary shall use \$5,000,000 of the amount*  
3     *appropriated under paragraph (1) for each of fiscal*  
4     *years 2010 through 2012 to carry out such projects.*  
5     *No funds appropriated under paragraph (1) shall be*  
6     *used to carry out demonstration projects under sub-*  
7     *section (b) after fiscal year 2012.*

8     “(d) *NONAPPLICATION.*—

9             “(1) *IN GENERAL.*—*Except as provided in para-*  
10            *graph (2), the preceding sections of this title shall not*  
11            *apply to grant awarded under this section.*

12            “(2) *LIMITATIONS ON USE OF GRANTS.*—*Section*  
13            *2005(a) (other than paragraph (6)) shall apply to a*  
14            *grant awarded under this section to the same extent*  
15            *and in the same manner as such section applies to*  
16            *payments to States under this title.”.*

17     (b) *EXTENSION OF FAMILY-TO-FAMILY HEALTH IN-*  
18     *FORMATION CENTERS.*—*Section 501(c)(1)(A)(iii) of the So-*  
19     *cial Security Act (42 U.S.C. 701(c)(1)(A)(iii)) is amended*  
20     *by striking “fiscal year 2009” and inserting “each of fiscal*  
21     *years 2009 through 2012”.*

22     **SEC. 5508. INCREASING TEACHING CAPACITY.**

23     (a) *TEACHING HEALTH CENTERS TRAINING AND EN-*  
24     *HANCEMENT.*—*Part C of title VII of the Public Health*  
25     *Service Act (42 U.S.C. 293k et. seq.), as amended by section*

1 5303, is further amended by inserting after section 749 the  
2 following:

3 **“SEC. 749A. TEACHING HEALTH CENTERS DEVELOPMENT**  
4 **GRANTS.**

5 “(a) *PROGRAM AUTHORIZED.*—The Secretary may  
6 award grants under this section to teaching health centers  
7 for the purpose of establishing new accredited or expanded  
8 primary care residency programs.

9 “(b) *AMOUNT AND DURATION.*—Grants awarded under  
10 this section shall be for a term of not more than 3 years  
11 and the maximum award may not be more than \$500,000.

12 “(c) *USE OF FUNDS.*—Amounts provided under a  
13 grant under this section shall be used to cover the costs of—

14 “(1) establishing or expanding a primary care  
15 residency training program described in subsection  
16 (a), including costs associated with—

17 “(A) curriculum development;

18 “(B) recruitment, training and retention of  
19 residents and faculty:

20 “(C) accreditation by the Accreditation  
21 Council for Graduate Medical Education  
22 (ACGME), the American Dental Association  
23 (ADA), or the American Osteopathic Association  
24 (AOA); and

1           “(D) *faculty salaries during the develop-*  
2           *ment phase; and*

3           “(2) *technical assistance provided by an eligible*  
4           *entity.*

5           “(d) *APPLICATION.—A teaching health center seeking*  
6           *a grant under this section shall submit an application to*  
7           *the Secretary at such time, in such manner, and containing*  
8           *such information as the Secretary may require.*

9           “(e) *PREFERENCE FOR CERTAIN APPLICATIONS.—In*  
10          *selecting recipients for grants under this section, the Sec-*  
11          *retary shall give preference to any such application that*  
12          *documents an existing affiliation agreement with an area*  
13          *health education center program as defined in sections 751*  
14          *and 799B.*

15          “(f) *DEFINITIONS.—In this section:*

16                 “(1) *ELIGIBLE ENTITY.—The term ‘eligible enti-*  
17                 *ty’ means an organization capable of providing tech-*  
18                 *nical assistance including an area health education*  
19                 *center program as defined in sections 751 and 799B.*

20                 “(2) *PRIMARY CARE RESIDENCY PROGRAM.—The*  
21                 *term ‘primary care residency program’ means an ap-*  
22                 *proved graduate medical residency training program*  
23                 *(as defined in section 340H) in family medicine, in-*  
24                 *ternal medicine, pediatrics, internal medicine-pediat-*



1       rics, obstetrics and gynecology, psychiatry, general  
2       dentistry, pediatric dentistry, and geriatrics.

3               “(3) *TEACHING HEALTH CENTER.*—

4                       “(A) *IN GENERAL.*—The term ‘teaching  
5       health center’ means an entity that—

6                               “(i) is a community based, ambulatory  
7       patient care center; and

8                               “(ii) operates a primary care residency  
9       program.

10                      “(B) *INCLUSION OF CERTAIN ENTITIES.*—

11       Such term includes the following:

12                              “(i) A Federally qualified health center  
13       (as defined in section 1905(l)(2)(B), of the  
14       Social Security Act).

15                              “(ii) A community mental health cen-  
16       ter (as defined in section 1861(ff)(3)(B) of  
17       the Social Security Act).

18                              “(iii) A rural health clinic, as defined  
19       in section 1861(aa) of the Social Security  
20       Act.

21                              “(iv) A health center operated by the  
22       Indian Health Service, an Indian tribe or  
23       tribal organization, or an urban Indian or-  
24       ganization (as defined in section 4 of the  
25       Indian Health Care Improvement Act).

1                   “(v) *An entity receiving funds under*  
2                   *title X of the Public Health Service Act.*

3                   “(g) *AUTHORIZATION OF APPROPRIATIONS.—There is*  
4 *authorized to be appropriated, \$25,000,000 for fiscal year*  
5 *2010, \$50,000,000 for fiscal year 2011, \$50,000,000 for fis-*  
6 *cal year 2012, and such sums as may be necessary for each*  
7 *fiscal year thereafter to carry out this section. Not to exceed*  
8 *\$5,000,000 annually may be used for technical assistance*  
9 *program grants.”.*

10                  “(b) *NATIONAL HEALTH SERVICE CORPS TEACHING*  
11 *CAPACITY.—Section 338C(a) of the Public Health Service*  
12 *Act (42 U.S.C. 254m(a)) is amended to read as follows:*

13                  “(a) *SERVICE IN FULL-TIME CLINICAL PRACTICE.—*  
14 *Except as provided in section 338D, each individual who*  
15 *has entered into a written contract with the Secretary*  
16 *under section 338A or 338B shall provide service in the full-*  
17 *time clinical practice of such individual’s profession as a*  
18 *member of the Corps for the period of obligated service pro-*  
19 *vided in such contract. For the purpose of calculating time*  
20 *spent in full-time clinical practice under this subsection,*  
21 *up to 50 percent of time spent teaching by a member of*  
22 *the Corps may be counted toward his or her service obliga-*  
23 *tion.”.*

24                  “(c) *PAYMENTS TO QUALIFIED TEACHING HEALTH*  
25 *CENTERS.—Part D of title III of the Public Health Service*

1 *Act (42 U.S.C. 254b et seq.) is amended by adding at the*  
2 *end the following:*

3       **“Subpart XI—Support of Graduate Medical**  
4       **Education in Qualified Teaching Health Centers**

5       **“SEC. 340H. PROGRAM OF PAYMENTS TO TEACHING**  
6               **HEALTH CENTERS THAT OPERATE GRADUATE**  
7               **MEDICAL EDUCATION PROGRAMS.**

8       “(a) *PAYMENTS.*—*Subject to subsection (h)(2), the Sec-*  
9 *retary shall make payments under this section for direct*  
10 *expenses and for indirect expenses to qualified teaching*  
11 *health centers that are listed as sponsoring institutions by*  
12 *the relevant accrediting body for expansion of existing or*  
13 *establishment of new approved graduate medical residency*  
14 *training programs.*

15       “(b) *AMOUNT OF PAYMENTS.*—

16               “(1) *IN GENERAL.*—*Subject to paragraph (2), the*  
17 *amounts payable under this section to qualified teach-*  
18 *ing health centers for an approved graduate medical*  
19 *residency training program for a fiscal year are each*  
20 *of the following amounts:*

21                       “(A) *DIRECT EXPENSE AMOUNT.*—*The*  
22 *amount determined under subsection (c) for di-*  
23 *rect expenses associated with sponsoring ap-*  
24 *proved graduate medical residency training pro-*  
25 *grams.*

1           “(B) *INDIRECT EXPENSE AMOUNT.*—*The*  
2           *amount determined under subsection (d) for in-*  
3           *direct expenses associated with the additional*  
4           *costs relating to teaching residents in such pro-*  
5           *grams.*

6           “(2) *CAPPED AMOUNT.*—

7           “(A) *IN GENERAL.*—*The total of the pay-*  
8           *ments made to qualified teaching health centers*  
9           *under paragraph (1)(A) or paragraph (1)(B) in*  
10          *a fiscal year shall not exceed the amount of*  
11          *funds appropriated under subsection (g) for such*  
12          *payments for that fiscal year.*

13          “(B) *LIMITATION.*—*The Secretary shall*  
14          *limit the funding of full-time equivalent resi-*  
15          *dents in order to ensure the direct and indirect*  
16          *payments as determined under subsection (c)*  
17          *and (d) do not exceed the total amount of funds*  
18          *appropriated in a fiscal year under subsection*  
19          *(g).*

20          “(c) *AMOUNT OF PAYMENT FOR DIRECT GRADUATE*  
21          *MEDICAL EDUCATION.*—

22          “(1) *IN GENERAL.*—*The amount determined*  
23          *under this subsection for payments to qualified teach-*  
24          *ing health centers for direct graduate expenses relat-*

1 *ing to approved graduate medical residency training*  
2 *programs for a fiscal year is equal to the product of—*

3 *“(A) the updated national per resident*  
4 *amount for direct graduate medical education,*  
5 *as determined under paragraph (2); and*

6 *“(B) the average number of full-time equiv-*  
7 *alent residents in the teaching health center’s*  
8 *graduate approved medical residency training*  
9 *programs as determined under section*  
10 *1886(h)(4) of the Social Security Act (without*  
11 *regard to the limitation under subparagraph (F)*  
12 *of such section) during the fiscal year.*

13 *“(2) UPDATED NATIONAL PER RESIDENT*  
14 *AMOUNT FOR DIRECT GRADUATE MEDICAL EDU-*  
15 *CATION.—The updated per resident amount for direct*  
16 *graduate medical education for a qualified teaching*  
17 *health center for a fiscal year is an amount deter-*  
18 *mined as follows:*

19 *“(A) DETERMINATION OF QUALIFIED*  
20 *TEACHING HEALTH CENTER PER RESIDENT*  
21 *AMOUNT.—The Secretary shall compute for each*  
22 *individual qualified teaching health center a per*  
23 *resident amount—*

24 *“(i) by dividing the national average*  
25 *per resident amount computed under section*

1           340E(c)(2)(D) into a wage-related portion  
2           and a non-wage related portion by applying  
3           the proportion determined under subpara-  
4           graph (B);

5           “(ii) by multiplying the wage-related  
6           portion by the factor applied under section  
7           1886(d)(3)(E) of the Social Security Act  
8           (but without application of section 4410 of  
9           the Balanced Budget Act of 1997 (42 U.S.C.  
10          1395ww note)) during the preceding fiscal  
11          year for the teaching health center’s area;  
12          and

13          “(iii) by adding the non-wage-related  
14          portion to the amount computed under  
15          clause (ii).

16          “(B) *UPDATING RATE.*—The Secretary shall  
17          update such per resident amount for each such  
18          qualified teaching health center as determined  
19          appropriate by the Secretary.

20          “(d) *AMOUNT OF PAYMENT FOR INDIRECT MEDICAL*  
21 *EDUCATION.*—

22          “(1) *IN GENERAL.*—The amount determined  
23          under this subsection for payments to qualified teach-  
24          ing health centers for indirect expenses associated  
25          with the additional costs of teaching residents for a

1 *fiscal year is equal to an amount determined appro-*  
2 *priate by the Secretary.*

3 “(2) *FACTORS.*—*In determining the amount*  
4 *under paragraph (1), the Secretary shall—*

5 “(A) *evaluate indirect training costs rel-*  
6 *ative to supporting a primary care residency*  
7 *program in qualified teaching health centers;*  
8 *and*

9 “(B) *based on this evaluation, assure that*  
10 *the aggregate of the payments for indirect ex-*  
11 *penses under this section and the payments for*  
12 *direct graduate medical education as determined*  
13 *under subsection (c) in a fiscal year do not ex-*  
14 *ceed the amount appropriated for such expenses*  
15 *as determined in subsection (g).*

16 “(3) *INTERIM PAYMENT.*—*Before the Secretary*  
17 *makes a payment under this subsection pursuant to*  
18 *a determination of indirect expenses under paragraph*  
19 *(1), the Secretary may provide to qualified teaching*  
20 *health centers a payment, in addition to any pay-*  
21 *ment made under subsection (c), for expected indirect*  
22 *expenses associated with the additional costs of teach-*  
23 *ing residents for a fiscal year, based on an estimate*  
24 *by the Secretary.*

1       “(e) *CLARIFICATION REGARDING RELATIONSHIP TO*  
2 *OTHER PAYMENTS FOR GRADUATE MEDICAL EDU-*  
3 *CATION.—Payments under this section—*

4               “(1) *shall be in addition to any payments—*

5                       “(A) *for the indirect costs of medical edu-*  
6 *cation under section 1886(d)(5)(B) of the Social*  
7 *Security Act;*

8                       “(B) *for direct graduate medical education*  
9 *costs under section 1886(h) of such Act; and*

10                      “(C) *for direct costs of medical education*  
11 *under section 1886(k) of such Act;*

12               “(2) *shall not be taken into account in applying*  
13 *the limitation on the number of total full-time equiva-*  
14 *lent residents under subparagraphs (F) and (G) of*  
15 *section 1886(h)(4) of such Act and clauses (v), (vi)(I),*  
16 *and (vi)(II) of section 1886(d)(5)(B) of such Act for*  
17 *the portion of time that a resident rotates to a hos-*  
18 *pital; and*

19                      “(3) *shall not include the time in which a resi-*  
20 *dent is counted toward full-time equivalency by a hos-*  
21 *pital under paragraph (2) or under section*  
22 *1886(d)(5)(B)(iv) of the Social Security Act, section*  
23 *1886(h)(4)(E) of such Act, or section 340E of this*  
24 *Act.*



1       “(f) *RECONCILIATION.*—*The Secretary shall determine*  
2 *any changes to the number of residents reported by a hos-*  
3 *pital in the application of the hospital for the current fiscal*  
4 *year to determine the final amount payable to the hospital*  
5 *for the current fiscal year for both direct expense and indi-*  
6 *rect expense amounts. Based on such determination, the*  
7 *Secretary shall recoup any overpayments made to pay any*  
8 *balance due to the extent possible. The final amount so de-*  
9 *termined shall be considered a final intermediary deter-*  
10 *mination for the purposes of section 1878 of the Social Se-*  
11 *curity Act and shall be subject to administrative and judi-*  
12 *cial review under that section in the same manner as the*  
13 *amount of payment under section 1186(d) of such Act is*  
14 *subject to review under such section.*

15       “(g) *FUNDING.*—*To carry out this section, there are*  
16 *appropriated such sums as may be necessary, not to exceed*  
17 *\$230,000,000, for the period of fiscal years 2011 through*  
18 *2015.*

19       “(h) *ANNUAL REPORTING REQUIRED.*—

20               “(1) *ANNUAL REPORT.*—*The report required*  
21 *under this paragraph for a qualified teaching health*  
22 *center for a fiscal year is a report that includes (in*  
23 *a form and manner specified by the Secretary) the*  
24 *following information for the residency academic year*  
25 *completed immediately prior to such fiscal year:*

1           “(A) *The types of primary care resident ap-*  
2           *proved training programs that the qualified*  
3           *teaching health center provided for residents.*

4           “(B) *The number of approved training posi-*  
5           *tions for residents described in paragraph (4).*

6           “(C) *The number of residents described in*  
7           *paragraph (4) who completed their residency*  
8           *training at the end of such residency academic*  
9           *year and care for vulnerable populations living*  
10          *in underserved areas.*

11          “(D) *Other information as deemed appro-*  
12          *priate by the Secretary.*

13          “(2) *AUDIT AUTHORITY; LIMITATION ON PAY-*  
14          *MENT.—*

15                 “(A) *AUDIT AUTHORITY.—The Secretary*  
16                 *may audit a qualified teaching health center to*  
17                 *ensure the accuracy and completeness of the in-*  
18                 *formation submitted in a report under para-*  
19                 *graph (1).*

20                 “(B) *LIMITATION ON PAYMENT.—A teaching*  
21                 *health center may only receive payment in a cost*  
22                 *reporting period for a number of such resident*  
23                 *positions that is greater than the base level of*  
24                 *primary care resident positions, as determined*  
25                 *by the Secretary. For purposes of this subpara-*

1 *graph, the 'base level of primary care residents'*  
2 *for a teaching health center is the level of such*  
3 *residents as of a base period.*

4 *“(3) REDUCTION IN PAYMENT FOR FAILURE TO*  
5 *REPORT.—*

6 *“(A) IN GENERAL.—The amount payable*  
7 *under this section to a qualified teaching health*  
8 *center for a fiscal year shall be reduced by at*  
9 *least 25 percent if the Secretary determines*  
10 *that—*

11 *“(i) the qualified teaching health center*  
12 *has failed to provide the Secretary, as an*  
13 *addendum to the qualified teaching health*  
14 *center’s application under this section for*  
15 *such fiscal year, the report required under*  
16 *paragraph (1) for the previous fiscal year;*  
17 *or*

18 *“(ii) such report fails to provide com-*  
19 *plete and accurate information required*  
20 *under any subparagraph of such paragraph.*

21 *“(B) NOTICE AND OPPORTUNITY TO PRO-*  
22 *VIDE ACCURATE AND MISSING INFORMATION.—*  
23 *Before imposing a reduction under subparagraph*  
24 *(A) on the basis of a qualified teaching health*  
25 *center’s failure to provide complete and accurate*

1            *information described in subparagraph (A)(ii),*  
2            *the Secretary shall provide notice to the teaching*  
3            *health center of such failure and the Secretary’s*  
4            *intention to impose such reduction and shall*  
5            *provide the teaching health center with the op-*  
6            *portunity to provide the required information*  
7            *within the period of 30 days beginning on the*  
8            *date of such notice. If the teaching health center*  
9            *provides such information within such period, no*  
10           *reduction shall be made under subparagraph (A)*  
11           *on the basis of the previous failure to provide*  
12           *such information.*

13           “(4) *RESIDENTS.*—*The residents described in*  
14           *this paragraph are those who are in part-time or full-*  
15           *time equivalent resident training positions at a quali-*  
16           *fied teaching health center in any approved graduate*  
17           *medical residency training program.*

18           “(i) *REGULATIONS.*—*The Secretary shall promulgate*  
19           *regulations to carry out this section.*

20           “(j) *DEFINITIONS.*—*In this section:*

21           “(1) *APPROVED GRADUATE MEDICAL RESIDENCY*  
22           *TRAINING PROGRAM.*—*The term ‘approved graduate*  
23           *medical residency training program’ means a resi-*  
24           *dency or other postgraduate medical training pro-*  
25           *gram—*

1           “(A) participation in which may be counted  
2           toward certification in a specialty or sub-  
3           specialty and includes formal postgraduate  
4           training programs in geriatric medicine ap-  
5           proved by the Secretary; and

6           “(B) that meets criteria for accreditation  
7           (as established by the Accreditation Council for  
8           Graduate Medical Education, the American Os-  
9           teopathic Association, or the American Dental  
10          Association).

11          “(2) PRIMARY CARE RESIDENCY PROGRAM.—The  
12          term ‘primary care residency program’ has the mean-  
13          ing given that term in section 749A.

14          “(3) QUALIFIED TEACHING HEALTH CENTER.—  
15          The term ‘qualified teaching health center’ has the  
16          meaning given the term ‘teaching health center’ in  
17          section 749A.”.

18 **SEC. 5509. GRADUATE NURSE EDUCATION DEMONSTRATION.**  
19                                   **TION.**

20          (a) *IN GENERAL.*—

21                  (1) *ESTABLISHMENT.*—

22                          (A) *IN GENERAL.*—The Secretary shall es-  
23                          tablish a graduate nurse education demonstra-  
24                          tion under title XVIII of the Social Security Act  
25                          (42 U.S.C. 1395 et seq.) under which an eligible

1        *hospital may receive payment for the hospital's*  
2        *reasonable costs (described in paragraph (2)) for*  
3        *the provision of qualified clinical training to ad-*  
4        *vance practice nurses.*

5                *(B) NUMBER.—The demonstration shall in-*  
6        *clude up to 5 eligible hospitals.*

7                *(C) WRITTEN AGREEMENTS.—Eligible hos-*  
8        *pitals selected to participate in the demonstra-*  
9        *tion shall enter into written agreements pursu-*  
10       *ant to subsection (b) in order to reimburse the el-*  
11       *igible partners of the hospital the share of the*  
12       *costs attributable to each partner.*

13        *(2) COSTS DESCRIBED.—*

14                *(A) IN GENERAL.—Subject to subparagraph*  
15       *(B) and subsection (d), the costs described in this*  
16       *paragraph are the reasonable costs (as described*  
17       *in section 1861(v) of the Social Security Act (42*  
18       *U.S.C. 1395x(v))) of each eligible hospital for the*  
19       *clinical training costs (as determined by the Sec-*  
20       *retary) that are attributable to providing ad-*  
21       *vanced practice registered nurses with qualified*  
22       *training.*

23                *(B) LIMITATION.—With respect to a year,*  
24       *the amount reimbursed under subparagraph (A)*  
25       *may not exceed the amount of costs described in*

1           *subparagraph (A) that are attributable to an in-*  
2           *crease in the number of advanced practice reg-*  
3           *istered nurses enrolled in a program that pro-*  
4           *vides qualified training during the year and for*  
5           *which the hospital is being reimbursed under the*  
6           *demonstration, as compared to the average num-*  
7           *ber of advanced practice registered nurses who*  
8           *graduated in each year during the period begin-*  
9           *ning on January 1, 2006, and ending on Decem-*  
10          *ber 31, 2010 (as determined by the Secretary)*  
11          *from the graduate nursing education program*  
12          *operated by the applicable school of nursing that*  
13          *is an eligible partner of the hospital for purposes*  
14          *of the demonstration.*

15           (3) *WAIVER AUTHORITY.*—*The Secretary may*  
16          *waive such requirements of titles XI and XVIII of the*  
17          *Social Security Act as may be necessary to carry out*  
18          *the demonstration.*

19           (4) *ADMINISTRATION.*—*Chapter 35 of title 44,*  
20          *United States Code, shall not apply to the implemen-*  
21          *tation of this section.*

22           (b) *WRITTEN AGREEMENTS WITH ELIGIBLE PART-*  
23          *NERS.*—*No payment shall be made under this section to an*  
24          *eligible hospital unless such hospital has in effect a written*

1 *agreement with the eligible partners of the hospital. Such*  
2 *written agreement shall describe, at a minimum—*

3           (1) *the obligations of the eligible partners with*  
4 *respect to the provision of qualified training; and*

5           (2) *the obligation of the eligible hospital to reim-*  
6 *burse such eligible partners applicable (in a timely*  
7 *manner) for the costs of such qualified training at-*  
8 *tributable to partner.*

9           (c) *EVALUATION.—Not later than October 17, 2017, the*  
10 *Secretary shall submit to Congress a report on the dem-*  
11 *onstration. Such report shall include an analysis of the fol-*  
12 *lowing:*

13           (1) *The growth in the number of advanced prac-*  
14 *tice registered nurses with respect to a specific base*  
15 *year as a result of the demonstration.*

16           (2) *The growth for each of the specialties de-*  
17 *scribed in subparagraphs (A) through (D) of sub-*  
18 *section (e)(1).*

19           (3) *The costs to the Medicare program under*  
20 *title XVIII of the Social Security Act as a result of*  
21 *the demonstration.*

22           (4) *Other items the Secretary determines appro-*  
23 *priate and relevant.*

24           (d) *FUNDING.—*



1           (1) *IN GENERAL.*—*There is hereby appropriated*  
2 *to the Secretary, out of any funds in the Treasury not*  
3 *otherwise appropriated, \$50,000,000 for each of fiscal*  
4 *years 2012 through 2015 to carry out this section, in-*  
5 *cluding the design, implementation, monitoring, and*  
6 *evaluation of the demonstration.*

7           (2) *PRORATION.*—*If the aggregate payments to*  
8 *eligible hospitals under the demonstration exceed*  
9 *\$50,000,000 for a fiscal year described in paragraph*  
10 *(1), the Secretary shall prorate the payment amounts*  
11 *to each eligible hospital in order to ensure that the*  
12 *aggregate payments do not exceed such amount.*

13           (3) *WITHOUT FISCAL YEAR LIMITATION.*—  
14 *Amounts appropriated under this subsection shall re-*  
15 *main available without fiscal year limitation.*

16           (e) *DEFINITIONS.*—*In this section:*

17           (1) *ADVANCED PRACTICE REGISTERED NURSE.*—  
18 *The term “advanced practice registered nurse” in-*  
19 *cludes the following:*

20                   (A) *A clinical nurse specialist (as defined*  
21 *in subsection (aa)(5) of section 1861 of the So-*  
22 *cial Security Act (42 U.S.C. 1395x)).*

23                   (B) *A nurse practitioner (as defined in such*  
24 *subsection).*

1           (C) *A certified registered nurse anesthetist*  
2           *(as defined in subsection (bb)(2) of such section).*

3           (D) *A certified nurse-midwife (as defined in*  
4           *subsection (gg)(2) of such section).*

5           (2) *APPLICABLE NON-HOSPITAL COMMUNITY-*  
6           *BASED CARE SETTING.—The term “applicable non-*  
7           *hospital community-based care setting” means a non-*  
8           *hospital community-based care setting which has en-*  
9           *tered into a written agreement (as described in sub-*  
10           *section (b)) with the eligible hospital participating in*  
11           *the demonstration. Such settings include Federally*  
12           *qualified health centers, rural health clinics, and*  
13           *other non-hospital settings as determined appropriate*  
14           *by the Secretary.*

15           (3) *APPLICABLE SCHOOL OF NURSING.—The*  
16           *term “applicable school of nursing” means an accred-*  
17           *ited school of nursing (as defined in section 801 of the*  
18           *Public Health Service Act) which has entered into a*  
19           *written agreement (as described in subsection (b))*  
20           *with the eligible hospital participating in the dem-*  
21           *onstration.*

22           (4) *DEMONSTRATION.—The term “demonstra-*  
23           *tion” means the graduate nurse education demonstra-*  
24           *tion established under subsection (a).*

1           (5) *ELIGIBLE HOSPITAL*.—The term “eligible  
2           hospital” means a hospital (as defined in subsection  
3           (e) of section 1861 of the Social Security Act (42  
4           U.S.C. 1395x)) or a critical access hospital (as de-  
5           fined in subsection (mm)(1) of such section) that has  
6           a written agreement in place with—

7                   (A) 1 or more applicable schools of nursing;

8                   and

9                   (B) 2 or more applicable non-hospital com-  
10                  munity-based care settings.

11          (6) *ELIGIBLE PARTNERS*.—The term “eligible  
12          partners” includes the following:

13                  (A) An applicable non-hospital community-  
14                  based care setting.

15                  (B) An applicable school of nursing.

16          (7) *QUALIFIED TRAINING*.—

17                  (A) *IN GENERAL*.—The term “qualified  
18                  training” means training—

19                          (i) that provides an advanced practice  
20                          registered nurse with the clinical skills nec-  
21                          essary to provide primary care, preventive  
22                          care, transitional care, chronic care man-  
23                          agement, and other services appropriate for  
24                          individuals entitled to, or enrolled for, bene-  
25                          fits under part A of title XVIII of the Social

1           *Security Act, or enrolled under part B of*  
 2           *such title; and*

3                     *(ii) subject to subparagraph (B), at*  
 4           *least half of which is provided in a non-hos-*  
 5           *pital community-based care setting.*

6                     (B) *WAIVER OF REQUIREMENT HALF OF*  
 7           *TRAINING BE PROVIDED IN NON-HOSPITAL COM-*  
 8           *MUNITY-BASED CARE SETTING IN CERTAIN*  
 9           *AREAS.—The Secretary may waive the require-*  
 10          *ment under subparagraph (A)(ii) with respect to*  
 11          *eligible hospitals located in rural or medically*  
 12          *underserved areas.*

13                    (8) *SECRETARY.—The term “Secretary” means*  
 14          *the Secretary of Health and Human Services.*

15                    ***Subtitle G—Improving Access to***  
 16                    ***Health Care Services***

17                    ***SEC. 5601. SPENDING FOR FEDERALLY QUALIFIED HEALTH***  
 18                    ***CENTERS (FQHCS).***

19                    (a) *IN GENERAL.—Section 330(r) of the Public Health*  
 20          *Service Act (42 U.S.C. 254b(r)) is amended by striking*  
 21          *paragraph (1) and inserting the following:*

22                             “(1) *GENERAL AMOUNTS FOR GRANTS.—For the*  
 23          *purpose of carrying out this section, in addition to*  
 24          *the amounts authorized to be appropriated under sub-*

1        *section (d), there is authorized to be appropriated the*  
2        *following:*

3                *“(A) For fiscal year 2010, \$2,988,821,592.*

4                *“(B) For fiscal year 2011, \$3,862,107,440.*

5                *“(C) For fiscal year 2012, \$4,990,553,440.*

6                *“(D) For fiscal year 2013, \$6,448,713,307.*

7                *“(E) For fiscal year 2014, \$7,332,924,155.*

8                *“(F) For fiscal year 2015, \$8,332,924,155.*

9                *“(G) For fiscal year 2016, and each subse-*  
10                *quent fiscal year, the amount appropriated for*  
11                *the preceding fiscal year adjusted by the product*  
12                *of—*

13                        *“(i) one plus the average percentage*  
14                        *increase in costs incurred per patient*  
15                        *served; and*

16                        *“(ii) one plus the average percentage*  
17                        *increase in the total number of patients*  
18                        *served.”.*

19        *(b) RULE OF CONSTRUCTION.—Section 330(r) of the*  
20        *Public Health Service Act (42 U.S.C. 254b(r)) is amended*  
21        *by adding at the end the following:*

22                        *“(4) RULE OF CONSTRUCTION WITH RESPECT TO*  
23        *RURAL HEALTH CLINICS.—*

24                        *“(A) IN GENERAL.—Nothing in this section*  
25                        *shall be construed to prevent a community health*

1 center from contracting with a Federally cer-  
2 tified rural health clinic (as defined in section  
3 1861(aa)(2) of the Social Security Act), a low-  
4 volume hospital (as defined for purposes of sec-  
5 tion 1886 of such Act), a critical access hospital,  
6 a sole community hospital (as defined for pur-  
7 poses of section 1886(d)(5)(D)(iii) of such Act),  
8 or a medicare-dependent share hospital (as de-  
9 fined for purposes of section 1886(d)(5)(G)(iv) of  
10 such Act) for the delivery of primary health care  
11 services that are available at the clinic or hos-  
12 pital to individuals who would otherwise be eli-  
13 gible for free or reduced cost care if that indi-  
14 vidual were able to obtain that care at the com-  
15 munity health center. Such services may be lim-  
16 ited in scope to those primary health care serv-  
17 ices available in that clinic or hospitals.

18 “(B) ASSURANCES.—In order for a clinic or  
19 hospital to receive funds under this section  
20 through a contract with a community health cen-  
21 ter under subparagraph (A), such clinic or hos-  
22 pital shall establish policies to ensure—

23 “(i) nondiscrimination based on the  
24 ability of a patient to pay; and

1                   “(ii) the establishment of a sliding fee  
2                   scale for low-income patients.”.

3 **SEC. 5602. NEGOTIATED RULEMAKING FOR DEVELOPMENT**  
4                   **OF METHODOLOGY AND CRITERIA FOR DES-**  
5                   **IGNATING MEDICALLY UNDERSERVED POPU-**  
6                   **LATIONS AND HEALTH PROFESSIONS SHORT-**  
7                   **AGE AREAS.**

8           (a) *ESTABLISHMENT.*—

9                   (1) *IN GENERAL.*—*The Secretary of Health and*  
10                   *Human Services (in this section referred to as the*  
11                   *“Secretary”)* shall establish, through a negotiated  
12                   *rulemaking process under subchapter 3 of chapter 5*  
13                   *of title 5, United States Code, a comprehensive meth-*  
14                   *odology and criteria for designation of—*

15                           (A) *medically underserved populations in*  
16                           *accordance with section 330(b)(3) of the Public*  
17                           *Health Service Act (42 U.S.C. 254b(b)(3));*

18                           (B) *health professions shortage areas under*  
19                           *section 332 of the Public Health Service Act (42*  
20                           *U.S.C. 254e).*

21                   (2) *FACTORS TO CONSIDER.*—*In establishing the*  
22                   *methodology and criteria under paragraph (1), the*  
23                   *Secretary—*

24                           (A) *shall consult with relevant stakeholders*  
25                           *who will be significantly affected by a rule (such*

1           *as national, State and regional organizations*  
2           *representing affected entities), State health of-*  
3           *fices, community organizations, health centers*  
4           *and other affected entities, and other interested*  
5           *parties; and*

6                   *(B) shall take into account—*

7                           *(i) the timely availability and appro-*  
8                           *priateness of data used to determine a des-*  
9                           *ignation to potential applicants for such*  
10                           *designations;*

11                           *(ii) the impact of the methodology and*  
12                           *criteria on communities of various types*  
13                           *and on health centers and other safety net*  
14                           *providers;*

15                           *(iii) the degree of ease or difficulty that*  
16                           *will face potential applicants for such des-*  
17                           *ignations in securing the necessary data;*  
18                           *and*

19                           *(iv) the extent to which the method-*  
20                           *ology accurately measures various barriers*  
21                           *that confront individuals and population*  
22                           *groups in seeking health care services.*

23           **(b) PUBLICATION OF NOTICE.**—*In carrying out the*  
24           *rulemaking process under this subsection, the Secretary*  
25           *shall publish the notice provided for under section 564(a)*



1 *of title 5, United States Code, by not later than 45 days*  
2 *after the date of the enactment of this Act.*

3 (c) *TARGET DATE FOR PUBLICATION OF RULE.—As*  
4 *part of the notice under subsection (b), and for purposes*  
5 *of this subsection, the “target date for publication”, as re-*  
6 *ferred to in section 564(a)(5) of title 5, United States Code,*  
7 *shall be July 1, 2010.*

8 (d) *APPOINTMENT OF NEGOTIATED RULEMAKING COM-*  
9 *MITTEE AND FACILITATOR.—The Secretary shall provide*  
10 *for—*

11 (1) *the appointment of a negotiated rulemaking*  
12 *committee under section 565(a) of title 5, United*  
13 *States Code, by not later than 30 days after the end*  
14 *of the comment period provided for under section*  
15 *564(c) of such title; and*

16 (2) *the nomination of a facilitator under section*  
17 *566(c) of such title 5 by not later than 10 days after*  
18 *the date of appointment of the committee.*

19 (e) *PRELIMINARY COMMITTEE REPORT.—The nego-*  
20 *tiated rulemaking committee appointed under subsection*  
21 *(d) shall report to the Secretary, by not later than April*  
22 *1, 2010, regarding the committee’s progress on achieving*  
23 *a consensus with regard to the rulemaking proceeding and*  
24 *whether such consensus is likely to occur before one month*  
25 *before the target date for publication of the rule. If the com-*

1 *mittee reports that the committee has failed to make signifi-*  
2 *cant progress toward such consensus or is unlikely to reach*  
3 *such consensus by the target date, the Secretary may termi-*  
4 *nate such process and provide for the publication of a rule*  
5 *under this section through such other methods as the Sec-*  
6 *retary may provide.*

7       (f) *FINAL COMMITTEE REPORT.*—*If the committee is*  
8 *not terminated under subsection (e), the rulemaking com-*  
9 *mittee shall submit a report containing a proposed rule by*  
10 *not later than one month before the target publication date.*

11       (g) *INTERIM FINAL EFFECT.*—*The Secretary shall*  
12 *publish a rule under this section in the Federal Register*  
13 *by not later than the target publication date. Such rule*  
14 *shall be effective and final immediately on an interim basis,*  
15 *but is subject to change and revision after public notice and*  
16 *opportunity for a period (of not less than 90 days) for pub-*  
17 *lic comment. In connection with such rule, the Secretary*  
18 *shall specify the process for the timely review and approval*  
19 *of applications for such designations pursuant to such rules*  
20 *and consistent with this section.*

21       (h) *PUBLICATION OF RULE AFTER PUBLIC COM-*  
22 *MENT.*—*The Secretary shall provide for consideration of*  
23 *such comments and republication of such rule by not later*  
24 *than 1 year after the target publication date.*

1 **SEC. 5603. REAUTHORIZATION OF THE WAKEFIELD EMER-**  
2 **GENCY MEDICAL SERVICES FOR CHILDREN**  
3 **PROGRAM.**

4 *Section 1910 of the Public Health Service Act (42*  
5 *U.S.C. 300w-9) is amended—*

6 *(1) in subsection (a), by striking “3-year period*  
7 *(with an optional 4th year” and inserting “4-year*  
8 *period (with an optional 5th year”;* and

9 *(2) in subsection (d)—*

10 *(A) by striking “and such sums” and in-*  
11 *serting “such sums”;* and

12 *(B) by inserting before the period the fol-*  
13 *lowing: “, \$25,000,000 for fiscal year 2010,*  
14 *\$26,250,000 for fiscal year 2011, \$27,562,500 for*  
15 *fiscal year 2012, \$28,940,625 for fiscal year*  
16 *2013, and \$30,387,656 for fiscal year 2014”.*

17 **SEC. 5604. CO-LOCATING PRIMARY AND SPECIALTY CARE IN**  
18 **COMMUNITY-BASED MENTAL HEALTH SET-**  
19 **TINGS.**

20 *Subpart 3 of part B of title V of the Public Health*  
21 *Service Act (42 U.S.C. 290bb-31 et seq.) is amended by*  
22 *adding at the end the following:*

23 **“SEC. 520K. AWARDS FOR CO-LOCATING PRIMARY AND SPE-**  
24 **CIALTY CARE IN COMMUNITY-BASED MENTAL**  
25 **HEALTH SETTINGS.**

26 *“(a) DEFINITIONS.—In this section:*

1           “(1) *ELIGIBLE ENTITY.*—*The term ‘eligible enti-*  
2           *ty’ means a qualified community mental health pro-*  
3           *gram defined under section 1913(b)(1).*

4           “(2) *SPECIAL POPULATIONS.*—*The term ‘special*  
5           *populations’ means adults with mental illnesses who*  
6           *have co-occurring primary care conditions and chron-*  
7           *ic diseases.*

8           “(b) *PROGRAM AUTHORIZED.*—*The Secretary, acting*  
9           *through the Administrator shall award grants and coopera-*  
10          *tive agreements to eligible entities to establish demonstra-*  
11          *tion projects for the provision of coordinated and integrated*  
12          *services to special populations through the co-location of*  
13          *primary and specialty care services in community-based*  
14          *mental and behavioral health settings.*

15          “(c) *APPLICATION.*—*To be eligible to receive a grant*  
16          *or cooperative agreement under this section, an eligible enti-*  
17          *ty shall submit an application to the Administrator at such*  
18          *time, in such manner, and accompanied by such informa-*  
19          *tion as the Administrator may require, including a descrip-*  
20          *tion of partnerships, or other arrangements with local pri-*  
21          *mary care providers, including community health centers,*  
22          *to provide services to special populations.*

23          “(d) *USE OF FUNDS.*—

1           “(1) *IN GENERAL.*—*For the benefit of special*  
2           *populations, an eligible entity shall use funds award-*  
3           *ed under this section for—*

4                   “(A) *the provision, by qualified primary*  
5                   *care professionals, of on site primary care serv-*  
6                   *ices;*

7                   “(B) *reasonable costs associated with medi-*  
8                   *cally necessary referrals to qualified specialty*  
9                   *care professionals, other coordinators of care or,*  
10                   *if permitted by the terms of the grant or coopera-*  
11                   *tive agreement, by qualified specialty care pro-*  
12                   *fessionals on a reasonable cost basis on site at*  
13                   *the eligible entity;*

14                   “(C) *information technology required to ac-*  
15                   *commodate the clinical needs of primary and*  
16                   *specialty care professionals; or*

17                   “(D) *facility modifications needed to bring*  
18                   *primary and specialty care professionals on site*  
19                   *at the eligible entity.*

20           “(2) *LIMITATION.*—*Not to exceed 15 percent of*  
21           *grant or cooperative agreement funds may be used for*  
22           *activities described in subparagraphs (C) and (D) of*  
23           *paragraph (1).*

24           “(e) *EVALUATION.*—*Not later than 90 days after a*  
25           *grant or cooperative agreement awarded under this section*

1 *expires, an eligible entity shall submit to the Secretary the*  
2 *results of an evaluation to be conducted by the entity con-*  
3 *cerning the effectiveness of the activities carried out under*  
4 *the grant or agreement.*

5 “(f) *AUTHORIZATION OF APPROPRIATIONS.—There are*  
6 *authorized to be appropriated to carry out this section,*  
7 *\$50,000,000 for fiscal year 2010 and such sums as may be*  
8 *necessary for each of fiscal years 2011 through 2014.”.*

9 **SEC. 5605. KEY NATIONAL INDICATORS.**

10 (a) *DEFINITIONS.—In this section:*

11 (1) *ACADEMY.—The term “Academy” means the*  
12 *National Academy of Sciences.*

13 (2) *COMMISSION.—The term “Commission”*  
14 *means the Commission on Key National Indicators*  
15 *established under subsection (b).*

16 (3) *INSTITUTE.—The term “Institute” means a*  
17 *Key National Indicators Institute as designated*  
18 *under subsection (c)(3).*

19 (b) *COMMISSION ON KEY NATIONAL INDICATORS.—*

20 (1) *ESTABLISHMENT.—There is established a*  
21 *“Commission on Key National Indicators”.*

22 (2) *MEMBERSHIP.—*

23 (A) *NUMBER AND APPOINTMENT.—The*  
24 *Commission shall be composed of 8 members, to*  
25 *be appointed equally by the majority and minor-*

1           *ity leaders of the Senate and the Speaker and*  
2           *minority leader of the House of Representatives.*

3           (B) *PROHIBITED APPOINTMENTS.*—*Members*  
4           *of the Commission shall not include Members of*  
5           *Congress or other elected Federal, State, or local*  
6           *government officials.*

7           (C) *QUALIFICATIONS.*—*In making appoint-*  
8           *ments under subparagraph (A), the majority and*  
9           *minority leaders of the Senate and the Speaker*  
10           *and minority leader of the House of Representa-*  
11           *tives shall appoint individuals who have shown*  
12           *a dedication to improving civic dialogue and de-*  
13           *cision-making through the wide use of scientific*  
14           *evidence and factual information.*

15           (D) *PERIOD OF APPOINTMENT.*—*Each mem-*  
16           *ber of the Commission shall be appointed for a*  
17           *2-year term, except that 1 initial appointment*  
18           *shall be for 3 years. Any vacancies shall not af-*  
19           *fect the power and duties of the Commission but*  
20           *shall be filled in the same manner as the original*  
21           *appointment and shall last only for the remain-*  
22           *der of that term.*

23           (E) *DATE.*—*Members of the Commission*  
24           *shall be appointed by not later than 30 days*  
25           *after the date of enactment of this Act.*

1           (F) *INITIAL ORGANIZING PERIOD.*—Not  
2           later than 60 days after the date of enactment of  
3           this Act, the Commission shall develop and im-  
4           plement a schedule for completion of the review  
5           and reports required under subsection (d).

6           (G) *CO-CHAIRPERSONS.*—The Commission  
7           shall select 2 Co-Chairpersons from among its  
8           members.

9           (c) *DUTIES OF THE COMMISSION.*—

10          (1) *IN GENERAL.*—The Commission shall—

11           (A) *conduct comprehensive oversight of a*  
12           *newly established key national indicators system*  
13           *consistent with the purpose described in this sub-*  
14           *section;*

15           (B) *make recommendations on how to im-*  
16           *prove the key national indicators system;*

17           (C) *coordinate with Federal Government*  
18           *users and information providers to assure access*  
19           *to relevant and quality data; and*

20           (D) *enter into contracts with the Academy.*

21          (2) *REPORTS.*—

22           (A) *ANNUAL REPORT TO CONGRESS.*—Not  
23           later than 1 year after the selection of the 2 Co-  
24           Chairpersons of the Commission, and each subse-  
25           quent year thereafter, the Commission shall pre-



1            *pare and submit to the appropriate Committees*  
2            *of Congress and the President a report that con-*  
3            *tains a detailed statement of the recommenda-*  
4            *tions, findings, and conclusions of the Commis-*  
5            *sion on the activities of the Academy and a des-*  
6            *ignated Institute related to the establishment of*  
7            *a Key National Indicator System.*

8            *(B) ANNUAL REPORT TO THE ACADEMY.—*

9            *(i) IN GENERAL.—Not later than 6*  
10           *months after the selection of the 2 Co-Chair-*  
11           *persons of the Commission, and each subse-*  
12           *quent year thereafter, the Commission shall*  
13           *prepare and submit to the Academy and a*  
14           *designated Institute a report making rec-*  
15           *ommendations concerning potential issue*  
16           *areas and key indicators to be included in*  
17           *the Key National Indicators.*

18           *(ii) LIMITATION.—The Commission*  
19           *shall not have the authority to direct the*  
20           *Academy or, if established, the Institute, to*  
21           *adopt, modify, or delete any key indicators.*

22           *(3) CONTRACT WITH THE NATIONAL ACADEMY OF*  
23           *SCIENCES.—*

24           *(A) IN GENERAL.—As soon as practicable*  
25           *after the selection of the 2 Co-Chairpersons of the*

1           *Commission, the Co-Chairpersons shall enter*  
2           *into an arrangement with the National Academy*  
3           *of Sciences under which the Academy shall—*

4                     *(i) review available public and private*  
5                     *sector research on the selection of a set of*  
6                     *key national indicators;*

7                     *(ii) determine how best to establish a*  
8                     *key national indicator system for the*  
9                     *United States, by either creating its own*  
10                    *institutional capability or designating an*  
11                    *independent private nonprofit organization*  
12                    *as an Institute to implement a key national*  
13                    *indicator system;*

14                    *(iii) if the Academy designates an*  
15                    *independent Institute under clause (ii), pro-*  
16                    *vide scientific and technical advice to the*  
17                    *Institute and create an appropriate govern-*  
18                    *ance mechanism that balances Academy in-*  
19                    *volvement and the independence of the In-*  
20                    *stitute; and*

21                    *(iv) provide an annual report to the*  
22                    *Commission addressing scientific and tech-*  
23                    *anical issues related to the key national indi-*  
24                    *cator system and, if established, the Insti-*

1            *tute, and governance of the Institute's budg-*  
2            *et and operations.*

3            *(B) PARTICIPATION.—In executing the ar-*  
4            *rangement under subparagraph (A), the Na-*  
5            *tional Academy of Sciences shall convene a*  
6            *multi-sector, multi-disciplinary process to define*  
7            *major scientific and technical issues associated*  
8            *with developing, maintaining, and evolving a*  
9            *Key National Indicator System and, if an Insti-*  
10           *tute is established, to provide it with scientific*  
11           *and technical advice.*

12           *(C) ESTABLISHMENT OF A KEY NATIONAL*  
13           *INDICATOR SYSTEM.—*

14           *(i) IN GENERAL.—In executing the ar-*  
15           *rangement under subparagraph (A), the Na-*  
16           *tional Academy of Sciences shall enable the*  
17           *establishment of a key national indicator*  
18           *system by—*

19           *(I) creating its own institutional*  
20           *capability; or*

21           *(II) partnering with an inde-*  
22           *pendent private nonprofit organization*  
23           *as an Institute to implement a key na-*  
24           *tional indicator system.*

1           (ii) *INSTITUTE*.—If the Academy des-  
2           ignates an Institute under clause (i)(II),  
3           such Institute shall be a non-profit entity  
4           (as defined for purposes of section 501(c)(3)  
5           of the Internal Revenue Code of 1986) with  
6           an educational mission, a governance struc-  
7           ture that emphasizes independence, and  
8           characteristics that make such entity appro-  
9           priate for establishing a key national indi-  
10          cator system.

11          (iii) *RESPONSIBILITIES*.—Either the  
12          Academy or the Institute designated under  
13          clause (i)(II) shall be responsible for the fol-  
14          lowing:

15               (I) *Identifying and selecting issue*  
16               *areas to be represented by the key na-*  
17               *tional indicators.*

18               (II) *Identifying and selecting the*  
19               *measures used for key national indica-*  
20               *tors within the issue areas under sub-*  
21               *clause (I).*

22               (III) *Identifying and selecting*  
23               *data to populate the key national indi-*  
24               *cators described under subclause (II).*

1            *(IV) Designing, publishing, and*  
2            *maintaining a public website that con-*  
3            *tains a freely accessible database allow-*  
4            *ing public access to the key national*  
5            *indicators.*

6            *(V) Developing a quality assur-*  
7            *ance framework to ensure rigorous and*  
8            *independent processes and the selection*  
9            *of quality data.*

10           *(VI) Developing a budget for the*  
11           *construction and management of a sus-*  
12           *tainable, adaptable, and evolving key*  
13           *national indicator system that reflects*  
14           *all Commission funding of Academy*  
15           *and, if an Institute is established, In-*  
16           *stitute activities.*

17           *(VII) Reporting annually to the*  
18           *Commission regarding its selection of*  
19           *issue areas, key indicators, data, and*  
20           *progress toward establishing a web-ac-*  
21           *cessible database.*

22           *(VIII) Responding directly to the*  
23           *Commission in response to any Com-*  
24           *mission recommendations and to the*

1           *Academy regarding any inquiries by*  
2           *the Academy.*

3           *(iv) GOVERNANCE.—Upon the estab-*  
4           *lishment of a key national indicator system,*  
5           *the Academy shall create an appropriate*  
6           *governance mechanism that incorporates*  
7           *advisory and control functions. If an Insti-*  
8           *tute is designated under clause (i)(II), the*  
9           *governance mechanism shall balance appro-*  
10           *priate Academy involvement and the inde-*  
11           *pendence of the Institute.*

12           *(v) MODIFICATION AND CHANGES.—*  
13           *The Academy shall retain the sole discre-*  
14           *tion, at any time, to alter its approach to*  
15           *the establishment of a key national indi-*  
16           *cator system or, if an Institute is designated*  
17           *under clause (i)(II), to alter any aspect of*  
18           *its relationship with the Institute or to des-*  
19           *ignate a different non-profit entity to serve*  
20           *as the Institute.*

21           *(vi) CONSTRUCTION.—Nothing in this*  
22           *section shall be construed to limit the abil-*  
23           *ity of the Academy or the Institute des-*  
24           *ignated under clause (i)(II) to receive pri-*  
25           *vate funding for activities related to the es-*

1           *tablishment of a key national indicator sys-*  
2           *tem.*

3           (D) *ANNUAL REPORT.*—*As part of the ar-*  
4           *rangement under subparagraph (A), the Na-*  
5           *tional Academy of Sciences shall, not later than*  
6           *270 days after the date of enactment of this Act,*  
7           *and annually thereafter, submit to the Co-Chair-*  
8           *persons of the Commission a report that contains*  
9           *the findings and recommendations of the Acad-*  
10          *emy.*

11          (d) *GOVERNMENT ACCOUNTABILITY OFFICE STUDY*  
12 *AND REPORT.*—

13           (1) *GAO STUDY.*—*The Comptroller General of*  
14           *the United States shall conduct a study of previous*  
15           *work conducted by all public agencies, private organi-*  
16           *zations, or foreign countries with respect to best prac-*  
17           *tices for a key national indicator system. The study*  
18           *shall be submitted to the appropriate authorizing*  
19           *committees of Congress.*

20           (2) *GAO FINANCIAL AUDIT.*—*If an Institute is*  
21           *established under this section, the Comptroller Gen-*  
22           *eral shall conduct an annual audit of the financial*  
23           *statements of the Institute, in accordance with gen-*  
24           *erally accepted government auditing standards and*

1       *submit a report on such audit to the Commission and*  
2       *the appropriate authorizing committees of Congress.*

3               (3) *GAO PROGRAMMATIC REVIEW.—The Comp-*  
4       *troller General of the United States shall conduct pro-*  
5       *grammatic assessments of the Institute established*  
6       *under this section as determined necessary by the*  
7       *Comptroller General and report the findings to the*  
8       *Commission and to the appropriate authorizing com-*  
9       *mittees of Congress.*

10       (e) *AUTHORIZATION OF APPROPRIATIONS.—*

11               (1) *IN GENERAL.—There are authorized to be*  
12       *appropriated to carry out the purposes of this section,*  
13       *\$10,000,000 for fiscal year 2010, and \$7,500,000 for*  
14       *each of fiscal year 2011 through 2018.*

15               (2) *AVAILABILITY.—Amounts appropriated*  
16       *under paragraph (1) shall remain available until ex-*  
17       *pended.*

## 18       ***Subtitle H—General Provisions***

### 19       ***SEC. 5701. REPORTS.***

20               (a) *REPORTS BY SECRETARY OF HEALTH AND HUMAN*  
21       *SERVICES.—On an annual basis, the Secretary of Health*  
22       *and Human Services shall submit to the appropriate Com-*  
23       *mittees of Congress a report on the activities carried out*  
24       *under the amendments made by this title, and the effective-*  
25       *ness of such activities.*



1       **(b) REPORTS BY RECIPIENTS OF FUNDS.**—*The Sec-*  
2 *retary of Health and Human Services may require, as a*  
3 *condition of receiving funds under the amendments made*  
4 *by this title, that the entity receiving such award submit*  
5 *to such Secretary such reports as the such Secretary may*  
6 *require on activities carried out with such award, and the*  
7 *effectiveness of such activities.*

8       **TITLE VI—TRANSPARENCY AND**  
9               **PROGRAM INTEGRITY**  
10       **Subtitle A—Physician Ownership**  
11               **and Other Transparency**

12       **SEC. 6001. LIMITATION ON MEDICARE EXCEPTION TO THE**  
13               **PROHIBITION ON CERTAIN PHYSICIAN RE-**  
14               **FERRALS FOR HOSPITALS.**

15       **(a) IN GENERAL.**—*Section 1877 of the Social Security*  
16 *Act (42 U.S.C. 1395nn) is amended—*

17               **(1) in subsection (d)(2)—**

18                       **(A) in subparagraph (A), by striking “and”**  
19                       **at the end;**

20                       **(B) in subparagraph (B), by striking the**  
21                       **period at the end and inserting “; and”; and**

22                       **(C) by adding at the end the following new**  
23                       **subparagraph:**