SEC. 5001. PURPOSE.
The purpose of this title is to improve access to and the delivery of health care services for all individuals, particularly low income, underserved, uninsured, minority, health disparity, and rural populations by—
(1) gathering and assessing comprehensive data in order for the health care workforce to meet the health care needs of individuals, including research on the supply, demand, distribution, diversity, and skills needs of the health care workforce;
(2) increasing the supply of a qualified health care workforce to improve access to and the delivery of health care services for all individuals;
(3) enhancing health care workforce education and training to improve access to and the delivery of health care services for all individuals; and
(4) providing support to the existing health care workforce to improve access to and the delivery of health care services for all individuals.
SEC. 5002. DEFINITIONS.
(a) THIS TITLE.—In this title:
(1) ALLIED HEALTH PROFESSIONAL.—The term “allied health professional” means an allied health professional as defined in section 799B(5) of the Public Health Service Act (42 U.S.C. 295p(5)) who—
(A) has graduated and received an allied health professions degree or certificate from an institution of higher education; and
(B) is employed with a Federal, State, local or tribal public health agency, or in a setting where patients might require health care services, including acute care facilities, ambulatory care facilities, personal residences, and other settings located in health professional shortage areas, medically underserved areas, or medically underserved populations, as recognized by the Secretary of Health and Human Services.
(2) HEALTH CARE CAREER PATHWAY.—The term “healthcare career pathway” means a rigorous, engaging, and high quality set of courses and services that—
(A) includes an articulated sequence of academic and career courses, including 21st century skills;
(B) is aligned with the needs of healthcare industries;
in a region or State; (C) prepares students for entry into the full range of postsecondary education options, including registered apprenticeships, and careers; (D) provides academic and career counseling in student-to-counselor ratios that allow students to make informed decisions about academic and career options; (E) meets State academic standards, State requirements for secondary school graduation and is aligned with requirements for entry into postsecondary education, and applicable industry standards; and (F) leads to 2 or more credentials, including—(i) a secondary school diploma; and (ii) a postsecondary degree, an apprenticeship or other occupational certification, a certificate, or a license.

(3) INSTITUTION OF HIGHER EDUCATION.—The term “institution of higher education” has the meaning given the term in sections 101 and 102 of the Higher Education Act of 1965 (20 U.S.C. 1001 and 1002).

(4) LOW INCOME INDIVIDUAL, STATE WORKFORCE INVESTMENT BOARD, AND LOCAL WORKFORCE INVESTMENT BOARD.— (A) LOW-INCOME INDIVIDUAL.—The term “low-income individual” has the meaning given that term in section 101 of the Workforce investment Act of 1998 (29 U.S.C. 2801).

(B) STATE WORKFORCE INVESTMENT BOARD; LOCAL WORKFORCE INVESTMENT BOARD.—The terms “State workforce investment board” and “local workforce investment board”, refer to a State workforce investment board established under section 111 of the Workforce Investment Act of 1998 (29 U.S.C. 2821) and a local workforce investment board established under section 117 of such Act (29 U.S.C. 2832), respectively.

(5) POSTSECONDARY EDUCATION.—The term “postsecondary education” means— (A) a 4-year program of instruction, or not less than a 1-year program of instruction that is acceptable for credit toward an associate or a baccalaureate degree, offered by an institution of higher education; or (B) a certificate or registered apprenticeship program at the postsecondary level offered by an institution of higher education or a non-profit educational institution.

(6) REGISTERED APPRENTICESHIP PROGRAM.—The term “registered apprenticeship program” means an industry skills training program at the postsecondary level that combines technical and theoretical training through structure on the job learning with related instruction (in a classroom or through distance learning) while an individual is employed, working under the direction of qualified personnel or a mentor, and earning incremental wage increases aligned to enhance job proficiency, resulting in the acquisition of a nationally recognized and portable certificate, under a plan approved by the
Office of Apprenticeship or a State agency recognized by the Department of Labor.

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

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

```
(3) PHYSICIAN ASSISTANT EDUCATION PROGRAM.—The term ‘physician assistant education program’ means an educational program in a public or private institution in a State that—

(A) has as its objective the education of individuals who, upon completion of their studies in the program, be qualified to provide primary care medical services with the supervision of a physician; and

(B) is accredited by the Accreditation Review Commission on Education for the Physician Assistant.’’; and
```

(2) by adding at the end the following: 

```
(12) AREA HEALTH EDUCATION CENTER.—The term ‘area health education center’ means a public or nonprofit private organization that has a cooperative agreement or contract in effect with an entity that has received an award under subsection (a)(1) or (a)(2) of section 751, satisfies the requirements in section 751(d)(1), and has as one of its principal functions the operation of an area health education center. Appropriate organizations may include hospitals, health organizations with accredited primary care training programs, accredited physician assistant educational programs associated with a college or university, and universities or colleges not operating a school of medicine or osteopathic medicine.

(13) AREA HEALTH EDUCATION CENTER PROGRAM.—The term ‘area health education center program’ means cooperative program consisting of an entity that has received an award under subsection (a)(1) or (a)(2) of section 751 for the purpose of planning, developing, operating, and evaluating an area health education center program and one or more area health education centers, which carries out the required activities described in section 751(c), satisfies the program requirements in such section, has as one of its principal functions identifying and implementing strategies and activities that address health care workforce needs in its service area, in coordination with the local workforce investment boards.

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

(15) CULTURAL COMPETENCY.—The term ‘cultural competency’ shall be defined by the Secretary in a manner consistent with section 1707(d)(3).

(16) DIRECT CARE WORKER.—The term ‘direct care worker’ has the meaning given that term in the 2010 Standard Occupational Classifications of the Department of Labor for Home Health Aides [31–1011], Psychiatric Aides [31–1013], Nursing Assistants [31–1014], and Personal Care Aides [39–9021].
```

H. R. 3590—473

```
(17) FEDERALLY QUALIFIED HEALTH CENTER.—The term ‘Federally qualified health center’ has the meaning given that term in section 1861(aa) of the Social Security Act (42 U.S.C.
(18) FRONTIER HEALTH PROFESSIONAL SHORTAGE AREA.—
The term ‘frontier health professional shortage area’ means an area—
(A) with a population density less than 6 persons per square mile within the service area; and
(B) with respect to which the distance or time for the population to access care is excessive.

(19) GRADUATE PSYCHOLOGY.—The term ‘graduate psychology’ means an accredited program in professional psychology.

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

(21) HEALTH LITERACY.—The term ‘health literacy’ means the degree to which an individual has the capacity to obtain, communicate, process, and understand health information and services in order to make appropriate health decisions.

(22) MENTAL HEALTH SERVICE PROFESSIONAL.—The term ‘mental health service professional’ means an individual with a graduate or postgraduate degree from an accredited institution of higher education in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance abuse disorder prevention and treatment, marriage and family counseling, school counseling, or professional counseling.

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

(24) PARAPROFESSIONAL CHILD AND ADOLESCENT MENTAL HEALTH WORKER.—The term ‘paraprofessional child and adolescent mental health worker’ means an individual who is not a mental or behavioral health service professional, but who works at the first stage of contact with children and families who are seeking mental or behavioral health services, including substance abuse prevention and treatment services.

(25) RACIAL AND ETHNIC MINORITY GROUP; RACIAL AND ETHNIC MINORITY POPULATION.—The terms ‘racial and ethnic minority group’ and ‘racial and ethnic minority population’ have the meaning given the term ‘racial and ethnic minority group’ in section 1707.

(26) RURAL HEALTH CLINIC.—The term ‘rural health clinic’ has the meaning given that term in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)).

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

(1) in paragraph (2)—

(A) by striking ‘’means a’’ and inserting ‘’means an accredited (as defined in paragraph 6)’’; and

(B) by striking the period as inserting the following:

‘’where graduates are—

(A) authorized to sit for the National Council Licensure Examination-Registered Nurse (NCLEX–RN); or

H. R. 3590—474
“(B) licensed registered nurses who will receive a graduate or equivalent degree or training to become an advanced education nurse as defined by section 811(b).’’; and
(2) by adding at the end the following:
‘‘(16) ACCELERATED NURSING DEGREE PROGRAM.—The term ‘accelerated nursing degree program’ means a program of education in professional nursing offered by an accredited school of nursing in which an individual holding a bachelors degree in another discipline receives a BSN or MSN degree in an accelerated time frame as determined by the accredited school of nursing.
‘‘(17) BRIDGE OR DEGREE COMPLETION PROGRAM.—The term ‘bridge or degree completion program’ means a program of education in professional nursing offered by an accredited school of nursing, as defined in paragraph (2), that leads to a baccalaureate degree in nursing. Such programs may include, Registered Nurse (RN) to Bachelor’s of Science of Nursing (BSN) programs, RN to MSN (Master of Science of Nursing) programs, or BSN to Doctoral programs.’’.

Subtitle B—Innovations in the Health Care Workforce

SEC. 5101. NATIONAL HEALTH CARE WORKFORCE COMMISSION.
(a) PURPOSE.—It is the purpose of this section to establish a National Health Care Workforce Commission that—
(1) serves as a national resource for Congress, the President, States, and localities;
(2) communicates and coordinates with the Departments of Health and Human Services, Labor, Veterans Affairs, Homeland Security, and Education on related activities administered by one or more of such Departments;
(3) develops and commissions evaluations of education and training activities to determine whether the demand for health care workers is being met;
(4) identifies barriers to improved coordination at the Federal, State, and local levels and recommend ways to address such barriers; and
(5) encourages innovations to address population needs, constant changes in technology, and other environmental factors.
(b) ESTABLISHMENT.—There is hereby established the National Health Care Workforce Commission (in this section referred to as the ‘‘Commission’’).
(c) MEMBERSHIP.—
(1) NUMBER AND APPOINTMENT.—The Commission shall be composed of 15 members to be appointed by the Comptroller General, without regard to section 5 of the Federal Advisory Committee Act (5 U.S.C. App.).
(2) QUALIFICATIONS.—
(A) IN GENERAL.—The membership of the Commission shall include individuals—
(i) with national recognition for their expertise in health care labor market analysis, including health care workforce analysis; health care finance and
economics; health care facility management; health care plans and integrated delivery systems; health care workforce education and training; health care philanthropy; providers of health care services; and other related fields; and (ii) who will provide a combination of professional perspectives, broad geographic representation, and a balance between urban, suburban, rural, and frontier representatives.

(B) INCLUSION.—
(i) IN GENERAL.—The membership of the Commission shall include no less than one representative of—
(I) the health care workforce and health professionals;
(II) employers;
(III) third-party payers;
(IV) individuals skilled in the conduct and interpretation of health care services and health economics research;
(V) representatives of consumers;
(VI) labor unions;
(VII) State or local workforce investment boards; and
(VIII) educational institutions (which may include elementary and secondary institutions, institutions of higher education, including 2 and 4 year institutions, or registered apprenticeship programs).

(ii) ADDITIONAL MEMBERS.—The remaining membership may include additional representatives from clause (i) and other individuals as determined appropriate by the Comptroller General of the United States.

(C) MAJORITY NON-PROVIDERS.—Individuals who are directly involved in health professions education or practice shall not constitute a majority of the membership of the Commission.

(D) ETHICAL DISCLOSURE.—The Comptroller General shall establish a system for public disclosure by members of the Commission of financial and other potential conflicts of interest relating to such members. Members of the Commission shall be treated as employees of Congress for purposes of applying title I of the Ethics in Government Act of 1978. Members of the Commission shall not be treated as special government employees under title 18, United States Code.

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

(B) VACANCIES.—Any member appointed to fill a vacancy occurring before the expiration of the term for which the member’s predecessor was appointed shall be
appointed only for the remainder of that term. A member may serve after the expiration of that member’s term until a successor has taken office. A vacancy in the Commission shall be filled in the manner in which the original appointment was made.

(C) INITIAL APPOINTMENTS.—The Comptroller General shall make initial appointments of members to the Commission not later than September 30, 2010.

(4) COMPENSATION.—While serving on the business of the Commission (including travel time), a member of the Commission shall be entitled to compensation at the per diem equivalent of the rate provided for level IV of the Executive Schedule under section 5315 of title 5, United States Code, and while so serving away from home and the member’s regular place of business, a member may be allowed travel expenses, as authorized by the Chairman of the Commission. Physicians serving as personnel of the Commission may be provided a physician comparability allowance by the Commission in the same manner as Government physicians may be provided such an allowance by an agency under section 5948 of title 5, United States Code, and for such purpose subsection (i) of such section shall apply to the Commission in the same manner as it applies to the Tennessee Valley Authority. For purposes of pay (other than pay of members of the Commission) and employment benefits, rights, and privileges, all personnel of the Commission shall be treated as if they were employees of the United States Senate. Personnel of the Commission shall not be treated as employees of the Government Accountability Office for any purpose.

(5) CHAIRMAN, VICE CHAIRMAN.—The Comptroller General shall designate a member of the Commission, at the time of appointment of the member, as Chairman and a member as Vice Chairman for that term of appointment, except that in the case of vacancy of the chairmanship or vice chairmanship, the Comptroller General may designate another member for the remainder of that member’s term.

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

(d) DUTIES.—

(1) RECOGNITION, DISSEMINATION, AND COMMUNICATION.—The Commission shall—

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

(B) disseminate information on promising retention practices for health care professionals; and

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

(2) REVIEW OF HEALTH CARE WORKFORCE AND ANNUAL REPORTS.—In order to develop a fiscally sustainable integrated workforce that supports a high-quality, readily accessible health care
care delivery system that meets the needs of patients and populations, the Commission, in consultation with relevant Federal, State, and local agencies, shall—
(A) review current and projected health care workforce supply and demand, including the topics described in paragraph (3):

H. R. 3590—477

(B) make recommendations to Congress and the Administration concerning national health care workforce priorities, goals, and policies;
(C) by not later than October 1 of each year (beginning with 2011), submit a report to Congress and the Administration containing the results of such reviews and recommendations concerning related policies; and
(D) by not later than April 1 of each year (beginning with 2011), submit a report to Congress and the Administration containing a review of, and recommendations on, at a minimum one high priority area as described in paragraph (4).

(3) SPECIFIC TOPICS TO BE REVIEWED.—The topics described in this paragraph include—
(A) current health care workforce supply and distribution, including demographics, skill sets, and demands, with projected demands during the subsequent 10 and 25 year periods;
(B) health care workforce education and training capacity, including the number of students who have completed education and training, including registered apprenticeships; the number of qualified faculty; the education and training infrastructure; and the education and training demands, with projected demands during the subsequent 10 and 25 year periods;
(C) the education loan and grant programs in titles VII and VIII of the Public Health Service Act (42 U.S.C. 292 et seq. and 296 et seq.), with recommendations on whether such programs should become part of the Higher Education Act of 1965 (20 U.S.C. 1001 et seq);
(D) the implications of new and existing Federal policies which affect the health care workforce, including Medicare and Medicaid graduate medical education policies, titles VII and VIII of the Public Health Service Act (42 U.S.C. 292 et seq. and 296 et seq.), the National Health Service Corps (with recommendations for aligning such programs with national health workforce priorities and goals), and other health care workforce programs, including those supported through the Workforce Investment Act of 1998 (29 U.S.C. 2801 et seq.), the Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2301 et seq.), the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), and any other Federal health care workforce programs;
(E) the health care workforce needs of special populations, such as minorities, rural populations, medically underserved populations, gender specific needs, individuals
with disabilities, and geriatric and pediatric populations with recommendations for new and existing Federal policies to meet the needs of these special populations; and
(F) recommendations creating or revising national loan repayment programs and scholarship programs to require low-income, minority medical students to serve in their home communities, if designated as medical underserved community.

(4) HIGH PRIORITY AREAS.—

H. R. 3590—478

(A) IN GENERAL.—The initial high priority topics described in this paragraph include each of the following:
(i) Integrated health care workforce planning that identifies health care professional skills needed and maximizes the skill sets of health care professionals across disciplines.
(ii) An analysis of the nature, scopes of practice, and demands for health care workers in the enhanced information technology and management workplace.
(iii) An analysis of how to align Medicare and Medicaid graduate medical education policies with national workforce goals.
(iv) The education and training capacity, projected demands, and integration with the health care delivery system of each of the following:
(I) Nursing workforce capacity at all levels.
(II) Oral health care workforce capacity at all levels.
(III) Mental and behavioral health care workforce capacity at all levels.
(IV) Allied health and public health care workforce capacity at all levels.
(V) Emergency medical service workforce capacity, including the retention and recruitment of the volunteer workforce, at all levels.
(VI) The geographic distribution of health care providers as compared to the identified health care workforce needs of States and regions.
(B) FUTURE DETERMINATIONS.—The Commission may require that additional topics be included under subparagraph (A). The appropriate committees of Congress may recommend to the Commission the inclusion of other topics for health care workforce development areas that require special attention.

(5) GRANT PROGRAM.—The Commission shall—
(A) review implementation progress reports on, and report to Congress about, the State Health Care Workforce Development Grant program established in section 5102;
(B) in collaboration with the Department of Labor and in coordination with the Department of Education and other relevant Federal agencies, make recommendations to the fiscal and administrative agent under section 5102(b) for grant recipients under section 5102;
(C) assess the implementation of the grants under
such section; and
(D) collect performance and report information,
including identified models and best practices, on grants
from the fiscal and administrative agent under such section
and distribute this information to Congress, relevant Federal
agencies, and to the public.
(6) STUDY.—The Commission shall study effective mechanisms
for financing education and training for careers in health
care, including public health and allied health.
(7) RECOMMENDATIONS.—The Commission shall submit recommendations
to Congress, the Department of Labor, and the
Department of Health and Human Services about improving

H. R. 3590—479

safety, health, and worker protections in the workplace for
the health care workforce.
(8) ASSESSMENT.—The Commission shall assess and receive
reports from the National Center for Health Care Workforce
Analysis established under section 761(b) of the Public Service
Health Act (as amended by section 5103).
(e) CONSULTATION WITH FEDERAL, STATE, AND LOCAL AGENCIES,
CONGRESS, AND OTHER ORGANIZATIONS.—
(1) IN GENERAL.—The Commission shall consult with Federal
agencies (including the Departments of Health and Human
Services, Labor, Education, Commerce, Agriculture, Defense,
and Veterans Affairs and the Environmental Protection
Agency), Congress, the Medicare Payment Advisory Commission,
the Medicaid and CHIP Payment and Access Commission,
and, to the extent practicable, with State and local agencies,
Indian tribes, voluntary health care organizations, professional
societies, and other relevant public-private health care partnerships.
(2) OBTAINING OFFICIAL DATA.—The Commission, consistent
with established privacy rules, may secure directly from any
department or agency of the Executive Branch information
necessary to enable the Commission to carry out this section.
(3) DETAIL OF FEDERAL GOVERNMENT EMPLOYEES.—An
employee of the Federal Government may be detailed to the
Commission without reimbursement. The detail of such an
employee shall be without interruption or loss of civil service
status.
(f) DIRECTOR AND STAFF; EXPERTS AND CONSULTANTS.—Subject
to such review as the Comptroller General of the United States
determines to be necessary to ensure the efficient administration
of the Commission, the Commission may—
(1) employ and fix the compensation of an executive director
that shall not exceed the rate of basic pay payable for level
V of the Executive Schedule and such other personnel as may
be necessary to carry out its duties (without regard to the
provisions of title 5, United States Code, governing appointments
in the competitive service);
(2) seek such assistance and support as may be required
in the performance of its duties from appropriate Federal
departments and agencies;
(3) enter into contracts or make other arrangements, as
may be necessary for the conduct of the work of the Commission
(without regard to section 3709 of the Revised Statutes (41 U.S.C. 5));
(4) make advance, progress, and other payments which relate to the work of the Commission;
(5) provide transportation and subsistence for persons serving without compensation; and
(6) prescribe such rules and regulations as the Commission determines to be necessary with respect to the internal organization and operation of the Commission.

(g) POWERS.—
(1) DATA COLLECTION.—In order to carry out its functions under this section, the Commission shall—
(A) utilize existing information, both published and unpublished, where possible, collected and assessed either by its own staff or under other arrangements made in accordance with this section, including coordination with the Bureau of Labor Statistics;
(B) carry out, or award grants or contracts for the carrying out of, original research and development, where existing information is inadequate, and
(C) adopt procedures allowing interested parties to submit information for the Commission’s use in making reports and recommendations.
(2) ACCESS OF THE GOVERNMENT ACCOUNTABILITY OFFICE TO INFORMATION.—The Comptroller General of the United States shall have unrestricted access to all deliberations, records, and data of the Commission, immediately upon request.
(3) PERIODIC AUDIT.—The Commission shall be subject to periodic audit by an independent public accountant under contract to the Commission.

(h) AUTHORIZATION OF APPROPRIATIONS.—
(1) REQUEST FOR APPROPRIATIONS.—The Commission shall submit requests for appropriations in the same manner as the Comptroller General of the United States submits requests for appropriations. Amounts so appropriated for the Commission shall be separate from amounts appropriated for the Comptroller General.
(2) AUTHORIZATION.—There are authorized to be appropriated such sums as may be necessary to carry out this section.
(3) GIFTS AND SERVICES.—The Commission may not accept gifts, bequeaths, or donations of property, but may accept and use donations of services for purposes of carrying out this section.

(i) DEFINITIONS.—In this section:
(1) HEALTH CARE WORKFORCE.—The term “health care workforce” includes all health care providers with direct patient care and support responsibilities, such as physicians, nurses, nurse practitioners, primary care providers, preventive medicine physicians, optometrists, ophthalmologists, physician assistants, pharmacists, dentists, dental hygienists, and other oral healthcare professionals, allied health professionals, doctors of chiropractic, community health workers, health care paraprofessionals, direct care workers, psychologists and other
behavioral and mental health professionals (including substance abuse prevention and treatment providers), social workers, physical and occupational therapists, certified nurse midwives, podiatrists, the EMS workforce (including professional and volunteer ambulance personnel and firefighters who perform emergency medical services), licensed complementary and alternative medicine providers, integrative health practitioners, public health professionals, and any other health professional that the Comptroller General of the United States determines appropriate.

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

(A) dentists, dental hygienists, primary care providers, specialty physicians, nurses, nurse practitioners, physician assistants, psychologists and other behavioral and mental health professionals (including substance abuse prevention and treatment providers), social workers, physical and occupational therapists, public health professionals, clinical pharmacists, allied health professionals, doctors of chiropractic, community health workers, school nurses, certified nurse midwives, podiatrists, licensed complementary and alternative medicine providers, the EMS workforce (including professional and volunteer ambulance personnel and firefighters who perform emergency medical services), and integrative health practitioners;

(B) national representatives of health professionals;

(C) representatives of schools of medicine, osteopathy, nursing, dentistry, optometry, pharmacy, chiropractic, allied health, educational programs for public health professionals, behavioral and mental health professionals (as so defined), social workers, pharmacists, physical and occupational therapists, oral health care industry dentistry and dental hygiene, and physician assistants;

(D) representatives of public and private teaching hospitals, and ambulatory health facilities, including Federal medical facilities; and

(E) any other health professional the Comptroller General of the United States determines appropriate.

SEC. 5102. STATE HEALTH CARE WORKFORCE DEVELOPMENT GRANTS.

(a) ESTABLISHMENT.—There is established a competitive health care workforce development grant program (referred to in this section as the “program”) for the purpose of enabling State partnerships to complete comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels.

(b) FISCAL AND ADMINISTRATIVE AGENT.—The Health Resources and Services Administration of the Department of Health and Human Services (referred to in this section as the “Administration”) shall be the fiscal and administrative agent for the grants awarded under this section. The Administration is authorized to carry out the program, in consultation with the National Health Care
Workforce Commission (referred to in this section as the “Commission”),
which shall review reports on the development, implementation,
and evaluation activities of the grant program, including—
(1) administering the grants;
(2) providing technical assistance to grantees; and
(3) reporting performance information to the Commission.
(c) PLANNING GRANTS.—
(1) AMOUNT AND DURATION.—A planning grant shall be
awarded under this subsection for a period of not more than
one year and the maximum award may not be more than
$150,000.
(2) ELIGIBILITY.—To be eligible to receive a planning grant,
an entity shall be an eligible partnership. An eligible partnership
shall be a State workforce investment board, if it includes
or modifies the members to include at least one representative
from each of the following: health care employer, labor organization,
a public 2-year institution of higher education, a public
4-year institution of higher education, the recognized State
federation of labor, the State public secondary education agency,
the State P–16 or P–20 Council if such a council exists, and
a philanthropic organization that is actively engaged in providing
learning, mentoring, and work opportunities to recruit,
educate, and train individuals for, and retain individuals in,
careers in health care and related industries.
(3) FISCAL AND ADMINISTRATIVE AGENT.—The Governor of
the State receiving a planning grant has the authority to
appoint a fiscal and an administrative agency for the partnership.
(4) APPLICATION.—Each State partnership desiring a planning
grant shall submit an application to the Administrator
of the Administration at such time and in such manner, and
accompanied by such information as the Administrator may
reasonable require. Each application submitted for a planning
grant shall describe the members of the State partnership,
the activities for which assistance is sought, the proposed
performance benchmarks to be used to measure progress under
the planning grant, a budget for use of the funds to complete
the required activities described in paragraph (5), and such
additional assurance and information as the Administrator
determines to be essential to ensure compliance with the grant
program requirements.
(5) REQUIRED ACTIVITIES.—A State partnership receiving
a planning grant shall carry out the following:
(A) Analyze State labor market information in order
to create health care career pathways for students and
adults, including dislocated workers.
(B) Identify current and projected high demand State
or regional health care sectors for purposes of planning
career pathways.
(C) Identify existing Federal, State, and private
resources to recruit, educate or train, and retain a skilled
health care workforce and strengthen partnerships.
(D) Describe the academic and health care industry
skill standards for high school graduation, for entry into
postsecondary education, and for various credentials and licensure.

(E) Describe State secondary and postsecondary education and training policies, models, or practices for the health care sector, including career information and guidance counseling.

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

(G) Participate in the Administration’s evaluation and reporting activities.

(6) PERFORMANCE AND EVALUATION.—Before the State partnership receives a planning grant, such partnership and the Administrator of the Administration shall jointly determine the performance benchmarks that will be established for the purposes of the planning grant.

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

(8) REPORT.—

H. R. 3590—483

(A) REPORT TO ADMINISTRATION.—Not later than 1 year after a State partnership receives a planning grant, the partnership shall submit a report to the Administration on the State’s performance of the activities under the grant, including the use of funds, including matching funds, to carry out required activities, and a description of the progress of the State workforce investment board in meeting the performance benchmarks.

(B) REPORT TO CONGRESS.—The Administration shall submit a report to Congress analyzing the planning activities, performance, and fund utilization of each State grant recipient, including an identification of promising practices and a profile of the activities of each State grant recipient.

(d) IMPLEMENTATION GRANTS.—

(1) IN GENERAL.—The Administration shall—

(A) competitively award implementation grants to State partnerships to enable such partnerships to implement activities that will result in a coherent and comprehensive plan for health workforce development that will address current and projected workforce demands within the State; and

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

(2) DURATION.—An implementation grant shall be awarded for a period of no more than 2 years, except in those cases where the Administration determines that the grantee is high performing and the activities supported by the grant warrant up to 1 additional year of funding.

(3) ELIGIBILITY.—To be eligible for an implementation
grant, a State partnership shall have—
(A) received a planning grant under subsection (c) and completed all requirements of such grant; or
(B) completed a satisfactory application, including a plan to coordinate with required partners and complete the required activities during the 2 year period of the implementation grant.

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

(5) APPLICATION.—Each eligible State partnership desiring an implementation grant shall submit an application to the Administration at such time, in such manner, and accompanied by such information as the Administration may reasonably require. Each application submitted shall include—
(A) a description of the members of the State partnership;
(B) a description of how the State partnership completed the required activities under the planning grant, if applicable;
(C) a description of the activities for which implementation grant funds are sought, including grants to regions by the State partnership to advance coherent and comprehensive regional health care workforce planning activities;
(D) a description of how the State partnership will coordinate with required partners and complete the required partnership activities during the duration of an implementation grant;
(E) a budget proposal of the cost of the activities supported by the implementation grant and a timeline for the provision of matching funds required;
(F) proposed performance benchmarks to be used to assess and evaluate the progress of the partnership activities;
(G) a description of how the State partnership will collect data to report progress in grant activities; and
(H) such additional assurances as the Administration determines to be essential to ensure compliance with grant requirements.

(6) REQUIRED ACTIVITIES.—
(A) IN GENERAL.—A State partnership that receives an implementation grant may reserve not less than 60 percent of the grant funds to make grants to be competitively awarded by the State partnership, consistent with State procurement rules, to encourage regional partnerships to address health care workforce development needs and to promote innovative health care workforce career pathway activities, including career counseling, learning, and employment.
(B) ELIGIBLE PARTNERSHIP DUTIES.—An eligible State partnership receiving an implementation grant shall—
(i) identify and convene regional leadership to discuss opportunities to engage in statewide health care workforce development planning, including the potential
use of competitive grants to improve the development, distribution, and diversity of the regional health care workforce; the alignment of curricula for health care careers; and the access to quality career information and guidance and education and training opportunities;

(ii) in consultation with key stakeholders and regional leaders, take appropriate steps to reduce Federal, State, or local barriers to a comprehensive and coherent strategy, including changes in State or local policies to foster coherent and comprehensive health care workforce development activities, including health care career pathways at the regional and State levels, career planning information, retraining for dislocated workers, and as appropriate, requests for Federal program or administrative waivers;

(iii) develop, disseminate, and review with key stakeholders a preliminary statewide strategy that addresses short- and long-term health care workforce development supply versus demand;

(iv) convene State partnership members on a regular basis, and at least on a semiannual basis;

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

(vi) collect and assess data on and report on the performance benchmarks selected by the State partnership and the Administration for implementation activities carried out by regional and State partnerships; and

(vii) participate in the Administration’s evaluation and reporting activities.

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

(8) MATCH.—Each State partnership receiving an implementation grant shall provide an amount, in cash or in kind that is not less than 25 percent of the amount of the grant, to carry out the activities supported by the grant. The matching funds may be provided from funds available from other Federal, State, local, or private sources to carry out such activities.

(9) REPORTS.—

(A) REPORT TO ADMINISTRATION.—For each year of the implementation grant, the State partnership receiving the implementation grant shall submit a report to the Administration on the performance of the State of the grant activities, including a description of the use of the funds, including matched funds, to complete activities, and a description of the performance of the State partnership in meeting the performance benchmarks.
(B) REPORT TO CONGRESS.—The Administration shall submit a report to Congress analyzing implementation activities, performance, and fund utilization of the State grantees, including an identification of promising practices and a profile of the activities of each State grantee.

(e) AUTHORIZATION FOR APPROPRIATIONS.—

(1) PLANNING GRANTS.—There are authorized to be appropriated to award planning grants under subsection (c) $8,000,000 for fiscal year 2010, and such sums as may be necessary for each subsequent fiscal year.

(2) IMPLEMENTATION GRANTS.—There are authorized to be appropriated to award implementation grants under subsection (d), $150,000,000 for fiscal year 2010, and such sums as may be necessary for each subsequent fiscal year.

SEC. 5103. HEALTH CARE WORKFORCE ASSESSMENT.

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

(1) by redesignating subsection (c) as subsection (e);

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

```
''(b) NATIONAL CENTER FOR HEALTH CARE WORKFORCE ANALYSIS.—
''(1) ESTABLISHMENT.—The Secretary shall establish the National Center for Health Workforce Analysis (referred to in this section as the ‘National Center’).
''(2) PURPOSES.—The National Center, in coordination to the extent practicable with the National Health Care Workforce Commission (established in section 5101 of the Patient Protection and Affordable Care Act), and relevant regional and State centers and agencies, shall—
```

```
''(A) provide for the development of information describing and analyzing the health care workforce and workforce related issues;
''(B) carry out the activities under section 792(a);
''(C) annually evaluate programs under this title;
''(D) develop and publish performance measures and benchmarks for programs under this title; and
''(E) establish, maintain, and publicize a national Internet registry of each grant awarded under this title and a database to collect data from longitudinal evaluations (as described in subsection (d)(2)) on performance measures (as developed under sections 749(d)(3), 757(d)(3), and 762(a)(3)).
```

```
''(3) COLLABORATION AND DATA SHARING.—
''(A) IN GENERAL.—The National Center shall collaborate with Federal agencies and relevant professional and educational organizations or societies for the purpose of linking data regarding grants awarded under this title.
''(B) CONTRACTS FOR HEALTH WORKFORCE ANALYSIS.—For the purpose of carrying out the activities described in subparagraph (A), the National Center may enter into contracts with relevant professional and educational organizations or societies.
```
“(c) State and Regional Centers for Health Workforce Analysis.—

“(1) In General.—The Secretary shall award grants to, or enter into contracts with, eligible entities for purposes of—

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

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

“(2) Eligible Entities.—To be eligible for a grant or contract under this subsection, an entity shall—

“(A) be a State, a State workforce investment board, a public health or health professions school, an academic health center, or an appropriate public or private nonprofit entity; and

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

“(d) Increase in Grants for Longitudinal Evaluations.—

“(1) In General.—The Secretary shall increase the amount awarded to an eligible entity under this title for a longitudinal evaluation of individuals who have received education, training, or financial assistance from programs under this title.

“(2) Capability.—A longitudinal evaluation shall be capable of—

“(A) studying practice patterns; and

“(B) collecting and reporting data on performance measures developed under sections 749(d)(3), 757(d)(3), and 762(a)(3).

H. R. 3590—487

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

“(4) Eligible Entities.—To be eligible to obtain an increase under this section, an entity shall be a recipient of a grant or contract under this title.”; and

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

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

“(1) In General.—

“(A) National Center.—To carry out subsection (b), there are authorized to be appropriated $7,500,000 for each of fiscal years 2010 through 2014.

“(B) State and Regional Centers.—To carry out subsection (c), there are authorized to be appropriated $4,500,000 for each of fiscal years 2010 through 2014.

“(C) Grants for Longitudinal Evaluations.—To carry out subsection (d), there are authorized to be appropriated such sums as may be necessary for fiscal years 2010 through 2014.”; and

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

(b) Transfers.—Not later than 180 days after the date of enactment of this Act, the responsibilities and resources of the National Center for Health Workforce Analysis, as in effect on
the date before the date of enactment of this Act, shall be transferred
to the National Center for Health Care Workforce Analysis
established under section 761 of the Public Health Service Act,
as amended by subsection (a).

(c) USE OF LONGITUDINAL EVALUATIONS.—Section 791(a)(1) of
the Public Health Service Act (42 U.S.C. 295j(a)(1)) is amended—
(1) in subparagraph (A), by striking “or” at the end;
(2) in subparagraph (B), by striking the period and
inserting “; or”; and
(3) by adding at the end the following:
“(C) utilizes a longitudinal evaluation (as described
in section 761(d)(2)) and reports data from such system
to the national workforce database (as established under
section 761(b)(2)(E)).”.

(d) PERFORMANCE MEASURES; GUIDELINES FOR LONGITUDINAL
EVALUATIONS.—
(1) ADVISORY COMMITTEE ON TRAINING IN PRIMARY CARE
MEDICINE AND DENTISTRY.—Section 748(d) of the Public Health
Service Act is amended—
(A) in paragraph (1), by striking “and” at the end;
(B) in paragraph (2), by striking the period and
inserting a semicolon; and
(C) by adding at the end the following:
“(3) develop, publish, and implement performance measures
for programs under this part;
“(4) develop and publish guidelines for longitudinal evaluations
(as described in section 761(d)(2)) for programs under
this part; and
“(5) recommend appropriation levels for programs under
this part.”.

H. R. 3590—488

(2) ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-
BASED LINKAGES.—Section 756(d) of the Public Health
Service Act is amended—
(A) in paragraph (1), by striking “and” at the end;
(B) in paragraph (2), by striking the period and
inserting a semicolon; and
(C) by adding at the end the following:
“(3) develop, publish, and implement performance measures
for programs under this part;
“(4) develop and publish guidelines for longitudinal evaluations
(as described in section 761(d)(2)) for programs under
this part; and
“(5) recommend appropriation levels for programs under
this part.”.

(3) ADVISORY COUNCIL ON GRADUATE MEDICAL EDUCATION.—
Section 762(a) of the Public Health Service Act (42 U.S.C.
294o(a)) is amended—
(A) in paragraph (1), by striking “and” at the end;
(B) in paragraph (2), by striking the period and
inserting a semicolon; and
(C) by adding at the end the following:
“(3) develop, publish, and implement performance measures
for programs under this title, except for programs under part
Subtitle C—Increasing the Supply of the Health Care Workforce

SEC. 5201. FEDERALLY SUPPORTED STUDENT LOAN FUNDS.

(a) MEDICAL SCHOOLS AND PRIMARY HEALTH CARE.—Section 723 of the Public Health Service Act (42 U.S.C. 292s) is amended—
(1) in subsection (a)—
(A) in paragraph (1), by striking subparagraph (B) and inserting the following:
“(B) to practice in such care for 10 years (including residency training in primary health care) or through the date on which the loan is repaid in full, whichever occurs first.”; and
(B) by striking paragraph (3) and inserting the following:
“(3) NONCOMPLIANCE BY STUDENT.—Each agreement entered into with a student pursuant to paragraph (1) shall provide that, if the student fails to comply with such agreement, the loan involved will begin to accrue interest at a rate of 2 percent per year greater than the rate at which the student would pay if compliant in such year.”; and
(2) by adding at the end the following:
“(d) SENSE OF CONGRESS.—It is the sense of Congress that funds repaid under the loan program under this section should not be transferred to the Treasury of the United States or otherwise used for any other purpose other than to carry out this section.”.

(b) STUDENT LOAN GUIDELINES.—The Secretary of Health and Human Services shall not require parental financial information for an independent student to determine financial need under section 723 of the Public Health Service Act (42 U.S.C. 292s) and the determination of need for such information shall be at the discretion of applicable school loan officer. The Secretary shall amend guidelines issued by the Health Resources and Services Administration in accordance with the preceding sentence.

SEC. 5202. NURSING STUDENT LOAN PROGRAM.

(a) LOAN AGREEMENTS.—Section 836(a) of the Public Health Service Act (42 U.S.C. 297b(a)) is amended—
(1) by striking “$2,500” and inserting “$3,300”;
(2) by striking “$4,000” and inserting “$5,200”; and
(3) by striking “$13,000” and all that follows through the period and inserting “$17,000 in the case of any student during fiscal years 2010 and 2011. After fiscal year 2011, such amounts shall be adjusted to provide for a cost-of-attendance increase
for the yearly loan rate and the aggregate of the loans.’’.

(b) Loan Provisions.—Section 836(b) of the Public Health Service Act (42 U.S.C. 297b(b)) is amended—
(1) in paragraph (1)(C), by striking ‘‘1986’’ and inserting ‘‘2000’’; and
(2) in paragraph (3), by striking ‘‘the date of enactment of the Nurse Training Amendments of 1979’’ and inserting ‘‘September 29, 1995’’.

SEC. 5203. HEALTH CARE WORKFORCE LOAN REPAYMENT PROGRAMS.

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

‘‘Subpart 3—Recruitment and Retention Programs

‘‘SEC. 775. INVESTMENT IN TOMORROW’S PEDIATRIC HEALTH CARE WORKFORCE.

‘‘(a) Establishment.—The Secretary shall establish and carry out a pediatric specialty loan repayment program under which the eligible individual agrees to be employed full-time for a specified period (which shall not be less than 2 years) in providing pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health care, including substance abuse prevention and treatment services.

‘‘(b) Program Administration.—Through the program established under this section, the Secretary shall enter into contracts with qualified health professionals under which—

‘‘(1) such qualified health professionals will agree to provide pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health care in an area with a shortage of the specified pediatric subspecialty that has a sufficient pediatric population to support such pediatric subspecialty, as determined by the Secretary; and

‘‘(2) the Secretary agrees to make payments on the principal and interest of undergraduate, graduate, or graduate medical education loans of professionals described in paragraph (1) of not more than $35,000 a year for each year of agreed upon service under such paragraph for a period of not more than 3 years during the qualified health professional’s—

H. R. 3590—490

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

‘‘(B) employment as a pediatric medical subspecialist, pediatric surgical specialist, or child and adolescent mental health professional serving an area or population described in such paragraph.

‘‘(c) In General.—

‘‘(1) Eligible Individuals.—

‘‘(A) Pediatric Medical Specialists and Pediatric Surgical Specialists.—For purposes of contracts with respect to pediatric medical specialists and pediatric surgical specialists.
specialists, the term ‘qualified health professional’ means a licensed physician who—
(i) is entering or receiving training in an accredited pediatric medical subspecialty or pediatric surgical specialty residency or fellowship; or
(ii) has completed (but not prior to the end of the calendar year in which this section is enacted) the training described in subparagraph (B).

(B) CHILD AND ADOLESCENT MENTAL AND BEHAVIORAL HEALTH.—For purposes of contracts with respect to child and adolescent mental and behavioral health care, the term ‘qualified health professional’ means a health care professional who—
(i) has received specialized training or clinical experience in child and adolescent mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance abuse disorder prevention and treatment, marriage and family therapy, school counseling, or professional counseling;
(ii) has a license or certification in a State to practice allopathic medicine, osteopathic medicine, psychology, school psychology, psychiatric nursing, social work, school social work, marriage and family therapy, school counseling, or professional counseling;
(iii) is a mental health service professional who completed (but not before the end of the calendar year in which this section is enacted) specialized training or clinical experience in child and adolescent mental health described in clause (i).

(2) ADDITIONAL ELIGIBILITY REQUIREMENTS.—The Secretary may not enter into a contract under this subsection with an eligible individual unless—
(A) the individual agrees to work in, or for a provider serving, a health professional shortage area or medically underserved area, or to serve a medically underserved population;
(B) the individual is a United States citizen or a permanent legal United States resident; and
(C) if the individual is enrolled in a graduate program, the program is accredited, and the individual has an acceptable level of academic standing (as determined by the Secretary).

(d) PRIORITY.—In entering into contracts under this subsection, the Secretary shall give priority to applicants who—
(1) are or will be working in a school or other pre-kindergarten, elementary, or secondary education setting;
(2) have familiarity with evidence-based methods and cultural and linguistic competence health care services; and
(3) demonstrate financial need.

e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $30,000,000 for each of fiscal years 2010 through 2014 to carry out subsection (c)(1)(A) and $20,000,000 for each of fiscal years 2010 through 2013 to carry out subsection (c)(1)(B).’’.
SEC. 5204. PUBLIC HEALTH WORKFORCE RECRUITMENT AND RETENTION PROGRAMS.

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

“SEC. 776. PUBLIC HEALTH WORKFORCE LOAN REPAYMENT PROGRAM.

“(a) ESTABLISHMENT.—The Secretary shall establish the Public Health Workforce Loan Repayment Program (referred to in this section as the ‘Program’) to assure an adequate supply of public health professionals to eliminate critical public health workforce shortages in Federal, State, local, and tribal public health agencies.

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

“(1)(A) be accepted for enrollment, or be enrolled, as a student in an accredited academic educational institution in a State or territory in the final year of a course of study or program leading to a public health or health professions degree or certificate; and have accepted employment with a Federal, State, local, or tribal public health agency, or a related training fellowship, as recognized by the Secretary, to commence upon graduation;

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

“(ii) be employed by, or have accepted employment with, a Federal, State, local, or tribal public health agency or a related training fellowship, as recognized by the Secretary;

“(2) be a United States citizen; and

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

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

“(4) not have received, for the same service, a reduction of loan obligations under section 455(m), 428J, 428K, 428L, or 460 of the Higher Education Act of 1965.

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

“(1) an agreement on the part of the Secretary that the Secretary will repay on behalf of the individual loans incurred by the individual in the pursuit of the relevant degree or certificate in accordance with the terms of the contract;

“(2) an agreement on the part of the individual that the individual will serve in the full-time employment of a Federal, State, local, or tribal public health agency or a related fellowship program in a position related to the course of study or program for which the contract was awarded for a period of time (referred to in this section as the ‘period of obligated service’) equal to the greater of—

“(A) 3 years; or
```
(B) such longer period of time as determined appropriate by the Secretary and the individual;
(3) an agreement, as appropriate, on the part of the individual to relocate to a priority service area (as determined by the Secretary) in exchange for an additional loan repayment incentive amount to be determined by the Secretary;
(4) a provision that any financial obligation of the United States arising out of a contract entered into under this section and any obligation of the individual that is conditioned thereon, is contingent on funds being appropriated for loan repayments under this section;
(5) a statement of the damages to which the United States is entitled, under this section for the individual’s breach of the contract; and
(6) such other statements of the rights and liabilities of the Secretary and of the individual, not inconsistent with this section.
(d) PAYMENTS.—
(1) IN GENERAL.—A loan repayment provided for an individual under a written contract under the Program shall consist of payment, in accordance with paragraph (2), on behalf of the individual of the principal, interest, and related expenses on government and commercial loans received by the individual regarding the undergraduate or graduate education of the individual (or both), which loans were made for tuition expenses incurred by the individual.
(2) PAYMENTS FOR YEARS SERVED.—For each year of obligated service that an individual contracts to serve under subsection (c) the Secretary may pay up to $35,000 on behalf of the individual for loans described in paragraph (1). With respect to participants under the Program whose total eligible loans are less than $105,000, the Secretary shall pay an amount that does not exceed \( \frac{1}{3} \) of the eligible loan balance for each year of obligated service of the individual.
(3) TAX LIABILITY.—For the purpose of providing reimbursements for tax liability resulting from payments under paragraph (2) on behalf of an individual, the Secretary shall, in addition to such payments, make payments to the individual in an amount not to exceed 39 percent of the total amount of loan repayments made for the taxable year involved.
(e) POSTPONING OBLIGATED SERVICE.—With respect to an individual receiving a degree or certificate from a health professions or other related school, the date of the initiation of the period of obligated service may be postponed as approved by the Secretary.
(f) BREACH OF CONTRACT.—An individual who fails to comply with the contract entered into under subsection (c) shall be subject to the same financial penalties as provided for under section 338E for breaches of loan repayment contracts under section 338B.
(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $195,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2015.”

H. R. 3590—493

SEC. 5205. ALLIED HEALTH WORKFORCE RECRUITMENT AND RETENTION
```
(a) PURPOSE.—The purpose of this section is to assure an adequate supply of allied health professionals to eliminate critical allied health workforce shortages in Federal, State, local, and tribal public health agencies or in settings where patients might require health care services, including acute care facilities, ambulatory care facilities, personal residences and other settings, as recognized by the Secretary of Health and Human Services by authorizing an Allied Health Loan Forgiveness Program.

(b) ALLIED HEALTH WORKFORCE RECRUITMENT AND RETENTION PROGRAM.—Section 428K of the Higher Education Act of 1965 (20 U.S.C. 1078–11) is amended—

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

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

‘‘(A) in a Federal, State, local, or tribal public health agency; or

‘‘(B) in a setting where patients might require health care services, including acute care facilities, ambulatory care facilities, personal residences and other settings located in health professional shortage areas, medically underserved areas, or medically underserved populations, as recognized by the Secretary of Health and Human Services.’’;

and

(2) in subsection (g)—

(A) by redesignating paragraphs (1) through (9) as paragraphs (2) through (10), respectively; and

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

‘‘(1) ALLIED HEALTH PROFESSIONAL.—The term ‘allied health professional’ means an allied health professional as defined in section 799B(5) of the Public Health Service Act (42 U.S.C. 295p(5)) who—

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

‘‘(B) is employed with a Federal, State, local or tribal public health agency, or in a setting where patients might require health care services, including acute care facilities, ambulatory care facilities, personal residences and other settings located in health professional shortage areas, medically underserved areas, or medically underserved populations, as recognized by the Secretary of Health and Human Services.’’.

SEC. 5206. GRANTS FOR STATE AND LOCAL PROGRAMS.

(a) In General.—Section 765(d) of the Public Health Service Act (42 U.S.C. 295(d)) is amended—

(1) in paragraph (7), by striking ‘‘; or’’ and inserting a semicolon;

(2) by redesignating paragraph (8) as paragraph (9); and

(3) by inserting after paragraph (7) the following:

‘‘(8) public health workforce loan repayment programs; or’’.

H. R. 3590—494
(b) **TRAINING FOR MID-CAREER PUBLIC HEALTH PROFESSIONALS.** — Part E of title VII of the Public Health Service Act (42 U.S.C. 294n et seq.), as amended by section 5204, is further amended by adding at the end the following:

```
"SEC. 777. TRAINING FOR MID-CAREER PUBLIC AND ALLIED HEALTH PROFESSIONALS.

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

"(b) ELIGIBILITY.—

"(1) ELIGIBLE ENTITY.—The term ‘eligible entity’ indicates an accredited educational institution that offers a course of study, certificate program, or professional training program in public or allied health or a related discipline, as determined by the Secretary.

"(2) ELIGIBLE INDIVIDUALS.—The term ‘eligible individuals’ includes those individuals employed in public and allied health positions at the Federal, State, tribal, or local level who are interested in retaining or upgrading their education.

"(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $60,000,000 for fiscal year 2010 and such sums as may be necessary for each of fiscal years 2011 through 2015. Fifty percent of appropriated funds shall be allotted to public health mid-career professionals and 50 percent shall be allotted to allied health mid-career professionals."
```

SEC. 5207. FUNDING FOR NATIONAL HEALTH SERVICE CORPS.

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

```
"(a) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated, out of any funds in the Treasury not otherwise appropriated, the following:

"(1) For fiscal year 2010, $320,461,632.

"(2) For fiscal year 2011, $414,095,394.

"(3) For fiscal year 2012, $535,087,442.

"(4) For fiscal year 2013, $691,431,432.


"(6) For fiscal year 2015, $1,154,510,336.

"(7) For fiscal year 2016, and each subsequent fiscal year, the amount appropriated for the preceding fiscal year adjusted by the product of—

"(A) one plus the average percentage increase in the costs of health professions education during the prior fiscal year; and

"(B) one plus the average percentage change in the number of individuals residing in health professions shortage areas designated under section 333 during the prior fiscal year, relative to the number of individuals residing in such areas during the previous fiscal year."
```

SEC. 5208. NURSE-MANAGED HEALTH CLINICS.

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

_H.R. 3590—495_
(b) GRANTS.—Subpart 1 of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by inserting after section 330A the following:

“SEC. 330A–1. GRANTS TO NURSE–MANAGED HEALTH CLINICS.
“(a) DEFINITIONS.—
“(1) COMPREHENSIVE PRIMARY HEALTH CARE SERVICES.—In this section, the term ‘comprehensive primary health care services’ means the primary health services described in section 330(b)(1).
“(2) NURSE-MANAGED HEALTH CLINIC.—The term ‘nurse-managed health clinic’ means a nurse-practice arrangement, managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations and that is associated with a school, college, university or department of nursing, federally qualified health center, or independent nonprofit health or social services agency.
“(b) AUTHORITY TO AWARD GRANTS.—The Secretary shall award grants for the cost of the operation of nurse-managed health clinics that meet the requirements of this section.
“(c) APPLICATIONS.—To be eligible to receive a grant under this section, an entity shall—
“(1) be an NMHC; and
“(2) submit to the Secretary an application at such time, in such manner, and containing—
“(A) assurances that nurses are the major providers of services at the NMHC and that at least 1 advanced practice nurse holds an executive management position within the organizational structure of the NMHC;
“(B) an assurance that the NMHC will continue providing comprehensive primary health care services or wellness services without regard to income or insurance status of the patient for the duration of the grant period; and
“(C) an assurance that, not later than 90 days of receiving a grant under this section, the NMHC will establish a community advisory committee, for which a majority of the members shall be individuals who are served by the NMHC.
“(d) GRANT AMOUNT.—The amount of any grant made under this section for any fiscal year shall be determined by the Secretary, taking into account—
“(1) the financial need of the NMHC, considering State, local, and other operational funding provided to the NMHC; and
“(2) other factors, as the Secretary determines appropriate.
“(e) AUTHORIZATION OF APPROPRIATIONS.—For the purposes of carrying out this section, there are authorized to be appropriated $50,000,000 for the fiscal year 2010 and such sums as may be necessary for each of the fiscal years 2011 through 2014.”.

SEC. 5209. ELIMINATION OF CAP ON COMMISSIONED CORPS.
Section 202 of the Department of Health and Human Services Appropriations Act, 1993 (Public Law 102–394) is amended by striking “not to exceed 2,800”.

H. R. 3590—496
SEC. 5210. ESTABLISHING A READY RESERVE CORPS.
Section 203 of the Public Health Service Act (42 U.S.C. 204) is amended to read as follows:

“SEC. 203. COMMISSIONED CORPS AND READY RESERVE CORPS.
“(a) ESTABLISHMENT.—
“(1) IN GENERAL.—There shall be in the Service a commissioned Regular Corps and a Ready Reserve Corps for service in time of national emergency.
“(2) REQUIREMENT.—All commissioned officers shall be citizens of the United States and shall be appointed without regard to the civil-service laws and compensated without regard to the Classification Act of 1923, as amended.
“(3) APPOINTMENT.—Commissioned officers of the Ready Reserve Corps shall be appointed by the President and commissioned officers of the Regular Corps shall be appointed by the President with the advice and consent of the Senate.
“(4) ACTIVE DUTY.—Commissioned officers of the Ready Reserve Corps shall at all times be subject to call to active duty by the Surgeon General, including active duty for the purpose of training.
“(5) WARRANT OFFICERS.—Warrant officers may be appointed to the Service for the purpose of providing support to the health and delivery systems maintained by the Service and any warrant officer appointed to the Service shall be considered for purposes of this Act and title 37, United States Code, to be a commissioned officer within the Commissioned Corps of the Service.

“(b) ASSIMILATING RESERVE CORPS OFFICERS INTO THE REGULAR CORPS.—Effective on the date of enactment of the Patient Protection and Affordable Care Act, all individuals classified as officers in the Reserve Corps under this section (as such section existed on the day before the date of enactment of such Act) and serving on active duty shall be deemed to be commissioned officers of the Regular Corps.

“(c) PURPOSE AND USE OF READY RESEARCH.—
“(1) PURPOSE.—The purpose of the Ready Reserve Corps is to fulfill the need to have additional Commissioned Corps personnel available on short notice (similar to the uniformed service’s reserve program) to assist regular Commissioned Corps personnel to meet both routine public health and emergency response missions.
“(2) USES.—The Ready Reserve Corps shall—
“(A) participate in routine training to meet the general and specific needs of the Commissioned Corps;
“(B) be available and ready for involuntary calls to active duty during national emergencies and public health crises, similar to the uniformed service’s reserve personnel;
“(C) be available for backfilling critical positions left vacant during deployment of active duty Commissioned Corps members, as well as for deployment to respond to public health emergencies, both foreign and domestic; and
“(D) be available for service assignment in isolated, hardship, and medically underserved communities (as defined in section 799B) to improve access to health services.
Subtitle D—Enhancing Health Care Workforce Education and Training

SEC. 5301. TRAINING IN FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, AND PHYSICIAN ASSISTANTSHIP.
Part C of title VII (42 U.S.C. 293k et seq.) is amended by striking section 747 and inserting the following:

“SEC. 747. PRIMARY CARE TRAINING AND ENHANCEMENT.
“(a) SUPPORT AND DEVELOPMENT OF PRIMARY CARE TRAINING PROGRAMS.—
“(1) IN GENERAL.—The Secretary may make grants to, or enter into contracts with, an accredited public or nonprofit private hospital, school of medicine or osteopathic medicine, academically affiliated physician assistant training program, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such grant or contract—
“(A) to plan, develop, operate, or participate in an accredited professional training program, including an accredited residency or internship program in the field of family medicine, general internal medicine, or general pediatrics for medical students, interns, residents, or practicing physicians as defined by the Secretary;
“(B) to provide need-based financial assistance in the form of traineeships and fellowships to medical students, interns, residents, practicing physicians, or other medical personnel, who are participants in any such program, and who plan to specialize or work in the practice of the fields defined in subparagraph (A);
“(C) to plan, develop, and operate a program for the training of physicians who plan to teach in family medicine, general internal medicine, or general pediatrics training programs;
“(D) to plan, develop, and operate a program for the training of physicians teaching in community-based settings;
“(E) to provide financial assistance in the form of traineeships and fellowships to physicians who are participants in any such programs and who plan to teach or conduct research in a family medicine, general internal medicine, or general pediatrics training program;
“(F) to plan, develop, and operate a physician assistant education program, and for the training of individuals who will teach in programs to provide such training;
“(G) to plan, develop, and operate a demonstration program that provides training in new competencies, as recommended by the Advisory Committee on Training in
Primary Care Medicine and Dentistry and the National Health Care Workforce Commission established in section 5101 of the Patient Protection and Affordable Care Act, which may include—

`(i) providing training to primary care physicians relevant to providing care through patient-centered medical homes (as defined by the Secretary for purposes of this section);

`(ii) developing tools and curricula relevant to patient-centered medical homes; and

`(iii) providing continuing education to primary care physicians relevant to patient-centered medical homes; and

`(H) to plan, develop, and operate joint degree programs to provide interdisciplinary and interprofessional graduate training in public health and other health professions to provide training in environmental health, infectious disease control, disease prevention and health promotion, epidemiological studies and injury control.

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

`(b) CAPACITY BUILDING IN PRIMARY CARE.—

`(1) IN GENERAL.—The Secretary may make grants to or enter into contracts with accredited schools of medicine or osteopathic medicine to establish, maintain, or improve—

`(A) academic units or programs that improve clinical teaching and research in fields defined in subsection (a)(1)(A); or

`(B) programs that integrate academic administrative units in fields defined in subsection (a)(1)(A) to enhance interdisciplinary recruitment, training, and faculty development.

`(2) PREFERENCE IN MAKING AWARDS UNDER THIS SUBSECTION.—In making awards of grants and contracts under paragraph (1), the Secretary shall give preference to any qualified applicant for such an award that agrees to expend the award for the purpose of—

`(A) establishing academic units or programs in fields defined in subsection (a)(1)(A); or

`(B) substantially expanding such units or programs.

`(3) PRIORITIES IN MAKING AWARDS.—In awarding grants or contracts under paragraph (1), the Secretary shall give priority to qualified applicants that—

`(A) proposes a collaborative project between academic administrative units of primary care;

`(B) proposes innovative approaches to clinical teaching using models of primary care, such as the patient centered medical home, team management of chronic disease, and interprofessional integrated models of health care that incorporate transitions in health care settings and integration physical and mental health provision;

`(C) have a record of training the greatest percentage of providers, or that have demonstrated significant
improvements in the percentage of providers trained, who
enter and remain in primary care practice;

H. R. 3596—499

“(D) have a record of training individuals who are
from underrepresented minority groups or from a rural
or disadvantaged background;
“(E) provide training in the care of vulnerable populations
such as children, older adults, homeless individuals,
victims of abuse or trauma, individuals with mental health
or substance-related disorders, individuals with HIV/AIDS,
and individuals with disabilities;
“(F) establish formal relationships and submit joint
applications with federally qualified health centers, rural
health clinics, area health education centers, or clinics
located in underserved areas or that serve underserved
populations;
“(G) teach trainees the skills to provide interprofessional,
inTEGRATED care through collaboration among health
professionals;
“(H) provide training in enhanced communication with
patients, evidence-based practice, chronic disease management,
preventive care, health information technology, or
other competencies as recommended by the Advisory Committee
on Training in Primary Care Medicine and Dentistry
and the National Health Care Workforce Commission
established in section 5101 of the Patient Protection and
Affordable Care Act; or
“(I) provide training in cultural competency and health
literacy.
“(4) DURATION OF AWARDS.—The period during which payments
are made to an entity from an award of a grant or
contract under this subsection shall be 5 years.
“(c) AUTHORIZATION OF APPROPRIATIONS.—
“(1) IN GENERAL.—For purposes of carrying out this section
(other than subsection (b)(1)(B)), there are authorized to be
appropriated $125,000,000 for fiscal year 2010, and such sums
as may be necessary for each of fiscal years 2011 through
2014.
“(2) TRAINING PROGRAMS.—Fifteen percent of the amount
appropriated pursuant to paragraph (1) in each such fiscal
year shall be allocated to the physician assistant training programs
described in subsection (a)(1)(F), which prepare students
for practice in primary care.
“(3) INTEGRATING ACADEMIC ADMINISTRATIVE UNITS.—For
purposes of carrying out subsection (b)(1)(B), there are authorized
to be appropriated $750,000 for each of fiscal years 2010
through 2014.”

SEC. 5302. TRAINING OPPORTUNITIES FOR DIRECT CARE WORKERS.
Part C of title VII of the Public Health Service Act (42 U.S.C.
293k et seq.) is amended by inserting after section 747, as amended
by section 5301, the following:

“SEC. 747A. TRAINING OPPORTUNITIES FOR DIRECT CARE WORKERS.
“(a) IN GENERAL.—The Secretary shall award grants to eligible
entities to enable such entities to provide new training opportunities
for direct care workers who are employed in long-term care settings
such as nursing homes (as defined in section 1908(e)(1) of the
Social Security Act (42 U.S.C. 1396g(e)(1)), assisted living facilities

and skilled nursing facilities, intermediate care facilities for individuals
with mental retardation, home and community based settings,
and any other setting the Secretary determines to be appropriate.

(1) be an institution of higher education (as defined in
1002)) that—
(A) is accredited by a nationally recognized accrediting
agency or association listed under section 101(c) of the
Higher Education Act of 1965 (20 U.S.C. 1001(c)); and
(B) has established a public-private educational partnership
with a nursing home or skilled nursing facility,
agency or entity providing home and community based
services to individuals with disabilities, or other long-term
care provider; and
(2) submit to the Secretary an application at such time,
in such manner, and containing such information as the Secretary
may require.
(c) USE OF FUNDS.—An eligible entity shall use amounts
awarded under a grant under this section to provide assistance
to eligible individuals to offset the cost of tuition and required
fees for enrollment in academic programs provided by such entity.
(d) ELIGIBLE INDIVIDUAL.—
(1) ELIGIBILITY.—To be eligible for assistance under this
section, an individual shall be enrolled in courses provided
by a grantee under this subsection and maintain satisfactory
academic progress in such courses.
(2) CONDITION OF ASSISTANCE.—As a condition of receiving
assistance under this section, an individual shall agree that,
following completion of the assistance period, the individual
will work in the field of geriatrics, disability services, long
term services and supports, or chronic care management for
a minimum of 2 years under guidelines set by the Secretary.
(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized
to be appropriated to carry out this section, $10,000,000 for the
period of fiscal years 2011 through 2013.”.

SEC. 5303. TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH
DENTISTRY.
Part C of Title VII of the Public Health Service Act (42 U.S.C.
293k et seq.) is amended by—
(1) redesignating section 748, as amended by section 5103
of this Act, as section 749; and
(2) inserting after section 747A, as added by section 5302,
the following:
“SEC. 748. TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH
DENTISTRY.
“(1) SUPPORT AND DEVELOPMENT OF DENTAL TRAINING PROGRAMS.—
“(1) IN GENERAL.—The Secretary may make grants to, or
enter into contracts with, a school of dentistry, public or nonprofit
private hospital, or a public or private nonprofit entity
which the Secretary has determined is capable of carrying out such grant or contract—

“(A) to plan, develop, and operate, or participate in, an approved professional training program in the field of general dentistry, pediatric dentistry, or public health dentistry for dental students, residents, practicing dentists, dental hygienists, or other approved primary care dental trainees, that emphasizes training for general, pediatric, or public health dentistry;

“(B) to provide financial assistance to dental students, residents, practicing dentists, and dental hygiene students who are in need thereof, who are participants in any such program, and who plan to work in the practice of general, pediatric, public health dentistry, or dental hygiene;

“(C) to plan, develop, and operate a program for the training of oral health care providers who plan to teach in general, pediatric, public health dentistry, or dental hygiene;

“(D) to provide financial assistance in the form of traineeships and fellowships to dentists who plan to teach or are teaching in general, pediatric, or public health dentistry;

“(E) to meet the costs of projects to establish, maintain, or improve dental faculty development programs in primary care (which may be departments, divisions or other units);

“(F) to meet the costs of projects to establish, maintain, or improve predoctoral and postdoctoral training in primary care programs;

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

“(H) to provide technical assistance to pediatric training programs in developing and implementing instruction regarding the oral health status, dental care needs, and risk-based clinical disease management of all pediatric populations with an emphasis on underserved children.

“(2) FACULTY LOAN REPAYMENT.—

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

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

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

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

‘‘(b) ELIGIBLE ENTITY.—For purposes of this subsection, entities eligible for such grants or contracts in general, pediatric, or public health dentistry shall include entities that have programs in dental or dental hygiene schools, or approved residency or advanced education programs in the practice of general, pediatric, or public health dentistry. Eligible entities may partner with schools of public health to permit the education of dental students, residents, and dental hygiene students for a master’s year in public health at a school of public health.

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

‘‘(1) Qualified applicants that propose collaborative projects between departments of primary care medicine and departments of general, pediatric, or public health dentistry.

‘‘(2) Qualified applicants that have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers, who enter and remain in general, pediatric, or public health dentistry.

‘‘(3) Qualified applicants that have a record of training individuals who are from a rural or disadvantaged background, or from underrepresented minorities.

‘‘(4) Qualified applicants that establish formal relationships with Federally qualified health centers, rural health centers, or accredited teaching facilities and that conduct training of students, residents, fellows, or faculty at the center or facility.

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

‘‘(6) Qualified applicants that include educational activities in cultural competency and health literacy.

‘‘(7) Qualified applicants that have a high rate for placing graduates in practice settings that serve underserved areas or health disparity populations, or who achieve a significant increase in the rate of placing graduates in such settings.

‘‘(8) Qualified applicants that intend to establish a special populations oral health care education center or training program for the didactic and clinical education of dentists, dental health professionals, and dental hygienists who plan to teach oral health care for people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and vulnerable elderly.

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

‘‘(e) DURATION OF AWARD.—The period during which payments are made to an entity from an award of a grant or contract under subsection (a) shall be 5 years. The provision of such payments
shall be subject to annual approval by the Secretary and subject to the availability of appropriations for the fiscal year involved to make the payments.

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

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

SEC. 5304. ALTERNATIVE DENTAL HEALTH CARE PROVIDERS DEMONSTRATION PROJECT.
Subpart X of part D of title III of the Public Health Service Act (42 U.S.C. 256f et seq.) is amended by adding at the end the following:

“SEC. 340G–1. DEMONSTRATION PROGRAM.
“(a) IN GENERAL.—
“(1) AUTHORIZATION.—The Secretary is authorized to award grants to 15 eligible entities to enable such entities to establish a demonstration program to establish training programs to train, or to employ, alternative dental health care providers in order to increase access to dental health care services in rural and other underserved communities.

“(2) DEFINITION.—The term ‘alternative dental health care providers’ includes community dental health coordinators, advance practice dental hygienists, independent dental hygienists, supervised dental hygienists, primary care physicians, dental therapists, dental health aides, and any other health professional that the Secretary determines appropriate.

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

“(c) ELIGIBLE ENTITIES.—To be eligible to receive a grant under subsection (a), an entity shall—
“(1) be—
“(A) an institution of higher education, including a community college;
“(B) a public-private partnership;
“(C) a federally qualified health center;
“(D) an Indian Health Service facility or a tribe or tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act);
“(E) a State or county public health clinic, a health facility operated by an Indian tribe or tribal organization, or urban Indian organization providing dental services; or
“(F) a public hospital or health system;
“(2) be within a program accredited by the Commission on Dental Accreditation or within a dental education program.
in an accredited institution; and

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

“(d) ADMINISTRATIVE PROVISIONS.—

“(1) AMOUNT OF GRANT.—Each grant under this section shall be in an amount that is not less than $4,000,000 for the 5-year period during which the demonstration project being conducted.

“(2) DISBURSEMENT OF FUNDS.—

“(A) PRELIMINARY DISBURSEMENTS.—Beginning 1 year after the enactment of this section, the Secretary may disperse to any entity receiving a grant under this section not more than 20 percent of the total funding awarded to such entity under such grant, for the purpose of enabling the entity to plan the demonstration project to be conducted under such grant.

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

“(e) COMPLIANCE WITH STATE REQUIREMENTS.—Each entity receiving a grant under this section shall certify that it is in compliance with all applicable State licensing requirements.

“(f) EVALUATION.—The Secretary shall contract with the Director of the Institute of Medicine to conduct a study of the demonstration programs conducted under this section that shall provide analysis, based upon quantitative and qualitative data, regarding access to dental health care in the United States.

“(g) CLARIFICATION REGARDING DENTAL HEALTH AIDE PROGRAM.—Nothing in this section shall prohibit a dental health aide training program approved by the Indian Health Service from being eligible for a grant under this section.

“(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.”

SEC. 5305. GERIATRIC EDUCATION AND TRAINING; CAREER AWARDS; COMPREHENSIVE GERIATRIC EDUCATION.

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

“(d) GERIATRIC WORKFORCE DEVELOPMENT.—

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

“(2) APPLICATION.—To be eligible for an award under paragraph (1), an entity described in such paragraph shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

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

“(A) carry out the fellowship program described in
paragraph (4); and

‘‘(B) carry out 1 of the 2 activities described in paragraph (5).

‘‘(4) FELLOWSHIP PROGRAM.—

‘‘(A) IN GENERAL.—Pursuant to paragraph (3), a geriatric education center that receives an award under this subsection shall use such funds to offer short-term intensive courses (referred to in this subsection as a ‘fellowship’) that focus on geriatrics, chronic care management, and long-term care that provide supplemental training for faculty members in medical schools and other health professions schools with programs in psychology, pharmacy, nursing, social work, dentistry, public health, allied health, or other health disciplines, as approved by the Secretary. Such a fellowship shall be open to current faculty, and

appropriately credentialed volunteer faculty and practitioners, who do not have formal training in geriatrics, to upgrade their knowledge and clinical skills for the care of older adults and adults with functional limitations and to enhance their interdisciplinary teaching skills.

‘‘(B) LOCATION.—A fellowship shall be offered either at the geriatric education center that is sponsoring the course, in collaboration with other geriatric education centers, or at medical schools, schools of dentistry, schools of nursing, schools of pharmacy, schools of social work, graduate programs in psychology, or allied health and other health professions schools approved by the Secretary with which the geriatric education centers are affiliated.

‘‘(C) CME CREDIT.—Participation in a fellowship under this paragraph shall be accepted with respect to complying with continuing health profession education requirements. As a condition of such acceptance, the recipient shall agree to subsequently provide a minimum of 18 hours of voluntary instructional support through a geriatric education center that is providing clinical training to students or trainees in long-term care settings.

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

‘‘(A) FAMILY CAREGIVER AND DIRECT CARE PROVIDER TRAINING.—A geriatric education center that receives an award under this subsection shall offer at least 2 courses each year, at no charge or nominal cost, to family caregivers and direct care providers that are designed to provide practical training for supporting frail elders and individuals with disabilities. The Secretary shall require such Centers to work with appropriate community partners to develop training program content and to publicize the availability of training courses in their service areas. All family caregiver and direct care provider training programs shall include instruction on the management of psychological and behavioral aspects of dementia, communication techniques
for working with individuals who have dementia, and the appropriate, safe, and effective use of medications for older adults.

"(B) INCORPORATION OF BEST PRACTICES.—A geriatric education center that receives an award under this subsection shall develop and include material on depression and other mental disorders common among older adults, medication safety issues for older adults, and management of the psychological and behavioral aspects of dementia and communication techniques with individuals who have dementia in all training courses, where appropriate.

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

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

H. R. 3590—506

"(8) MAINTENANCE OF EFFORT.—A geriatric education center that receives an award under this subsection shall provide assurances to the Secretary that funds provided to the geriatric education center under this subsection will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by the geriatric education center.

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

"(e) GERIATRIC CAREER INCENTIVE AWARDS.—

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

"(2) ELIGIBLE INDIVIDUALS.—To be eligible to received an award under paragraph (1), an individual shall—

"(A) be an advanced practice nurse, a clinical social worker, a pharmacist, or student of psychology who is pursuing a doctorate or other advanced degree in geriatrics or related fields in an accredited health professions school; and

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

"(3) CONDITION OF AWARD.—As a condition of receiving an award under this subsection, an individual shall agree that, following completion of the award period, the individual will teach or practice in the field of geriatrics, long-term care, or chronic care management for a minimum of 5 years under guidelines set by the Secretary.

"(4) AUTHORIZATION OF APPROPRIATIONS.—There is authorized
to be appropriated to carry out this subsection, $10,000,000 for the period of fiscal years 2011 through 2013."

(b) EXPANSION OF ELIGIBILITY FOR GERIATRIC ACADEMIC CAREER AWARDS; PAYMENT TO INSTITUTION.—Section 753(c) of the Public Health Service Act 294(c)) is amended—

(1) by redesignating paragraphs (4) and (5) as paragraphs (5) and (6), respectively;
(2) by striking paragraph (2) through paragraph (3) and inserting the following:

```
(2) ELIGIBLE INDIVIDUALS.—To be eligible to receive an Award under paragraph (1), an individual shall—

```

(A) be board certified or board eligible in internal medicine, family practice, psychiatry, or licensed dentistry, or have completed any required training in a discipline and employed in an accredited health professions school that is approved by the Secretary;

(B) have completed an approved fellowship program in geriatrics or have completed specialty training in geriatrics as required by the discipline and any addition geriatrics training as required by the Secretary; and

(C) have a junior (non-tenured) faculty appointment at an accredited (as determined by the Secretary) school of medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or other allied health disciplines in an accredited health professions school that is approved by the Secretary.

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

(A) has submitted to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, and the Secretary has approved such application;

(B) provides, in such form and manner as the Secretary may require, assurances that the individual will meet the service requirement described in paragraph (6); and

(C) provides, in such form and manner as the Secretary may require, assurances that the individual has a full-time faculty appointment in a health professions institution and documented commitment from such institution to spend 75 percent of the total time of such individual on teaching and developing skills in interdisciplinary education in geriatrics.

(4) MAINTENANCE OF EFFORT.—An eligible individual that receives an Award under paragraph (1) shall provide assurances to the Secretary that funds provided to the eligible individual under this subsection will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by the eligible individual."

and

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

(A) in subparagraph (A)—

(i) by inserting "for individuals who are physicians" after "this section"; and

H. R. 3590—507
(ii) by inserting after the period at the end the following: “The Secretary shall determine the amount of an Award under this section for individuals who are not physicians.”; and
(B) by adding at the end the following:
“(C) PAYMENT TO INSTITUTION.—The Secretary shall make payments to institutions which include schools of medicine, osteopathic medicine, nursing, social work, psychology, dentistry, and pharmacy, or other allied health discipline in an accredited health professions school that is approved by the Secretary.”.
(c) COMPREHENSIVE GERIATRIC EDUCATION.—Section 855 of the Public Health Service Act (42 U.S.C. 298) is amended—
(1) in subsection (b)—
(A) in paragraph (3), by striking “or” at the end;
(B) in paragraph (4), by striking the period and inserting “; or”; and
(C) by adding at the end the following:
“(5) establish traineeships for individuals who are preparing for advanced education nursing degrees in geriatric nursing, long-term care, geriatric nursing or other nursing areas that specialize in the care of the elderly population.”; and
(2) in subsection (e), by striking “2003 through 2007” and inserting “2010 through 2014”.

H. R. 3590—508

SEC. 5306. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.
(a) IN GENERAL.—Part D of title VII (42 U.S.C. 294 et seq.) is amended by—
(1) striking section 757;
(2) redesignating section 756 (as amended by section 5103) as section 757; and
(3) inserting after section 755 the following:
“SEC. 756. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.
“(a) GRANTS AUTHORIZED.—The Secretary may award grants to eligible institutions of higher education to support the recruitment of students for, and education and clinical experience of the students in—
“(1) baccalaureate, master’s, and doctoral degree programs of social work, as well as the development of faculty in social work;
“(2) accredited master’s, doctoral, internship, and post-doctoral residency programs of psychology for the development and implementation of interdisciplinary training of psychology graduate students for providing behavioral and mental health services, including substance abuse prevention and treatment services;
“(3) accredited institutions of higher education or accredited professional training programs that are establishing or expanding internships or other field placement programs in child and adolescent mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance abuse prevention...
and treatment, marriage and family therapy, school counseling, or professional counseling; and

“(4) State-licensed mental health nonprofit and for-profit organizations to enable such organizations to pay for programs for preservice or in-service training of paraprofessional child and adolescent mental health workers.

“(b) ELIGIBILITY REQUIREMENTS.—To be eligible for a grant under this section, an institution shall demonstrate—

“(1) participation in the institutions’ programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations;

“(2) knowledge and understanding of the concerns of the individuals and groups described in subsection (a);

“(3) any internship or other field placement program assisted under the grant will prioritize cultural and linguistic competency;

“(4) the institution will provide to the Secretary such data, assurances, and information as the Secretary may require; and

“(5) with respect to any violation of the agreement between the Secretary and the institution, the institution will pay such liquidated damages as prescribed by the Secretary by regulation.

“(c) INSTITUTIONAL REQUIREMENT.—For grants authorized under subsection (a)(1), at least 4 of the grant recipients shall be historically black colleges or universities or other minority-serving institutions.

“(d) PRIORITY.—

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

“(A) are accredited by the Council on Social Work Education;

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

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

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

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

“(A) have demonstrated the ability to collect data on the number of students trained in child and adolescent mental health and the populations served by such students after graduation or completion of preservice or in-service
training;
‘‘(B) have demonstrated familiarity with evidence-based
methods in child and adolescent mental health services,
including substance abuse prevention and treatment services;
‘‘(C) have programs designed to increase the number
of professionals and paraprofessionals serving high-priority
populations and to applicants who come from high-priority
communities and plan to serve medically underserved populations,
in health professional shortage areas, or in medically
underserved areas;
‘‘(D) offer curriculum taught collaboratively with a
family on the consumer and family lived experience or
the importance of family-professional or family-paraprofessional
partnerships; and
‘‘(E) provide services through a community mental
health program described in section 1913(b)(1).
‘‘(e) AUTHORIZATION OF APPROPRIATION.—For the fiscal years
2010 through 2013, there is authorized to be appropriated to carry
out this section—
‘‘(1) $8,000,000 for training in social work in subsection
(a)(1);
‘‘(2) $12,000,000 for training in graduate psychology in
subsection (a)(2), of which not less than $10,000,000 shall be
allocated for doctoral, postdoctoral, and internship level
training;
‘‘(3) $10,000,000 for training in professional child and
adolescent mental health in subsection (a)(3); and

H. R. 3590—510

‘‘(4) $5,000,000 for training in paraprofessional child and
adolescent work in subsection (a)(4).’’.
(b) CONFORMING AMENDMENTS.—Section 757(b)(2) of the Public
Health Service Act, as redesignated by subsection (a), is amended
by striking ‘‘sections 751(a)(1)(A), 751(a)(1)(B), 753(b), 754(3)(A),
and 755(b)’’ and inserting ‘‘sections 751(b)(1)(A), 753(b), and 755(b)’’.