

115TH CONGRESS
1ST SESSION

H. R. 3728

To amend title VII of the Public Health Service Act to reauthorize certain programs relating to the health professions workforce, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 11, 2017

Mr. BURGESS (for himself, Ms. SCHAKOWSKY, and Mr. BUCSHON) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title VII of the Public Health Service Act to reauthorize certain programs relating to the health professions workforce, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Educating Medical
5 Professionals and Optimizing Workforce Efficiency and
6 Readiness Act of 2017” or the “EMPOWER Act of
7 2017”.

1 **SEC. 2. REAUTHORIZATION OF HEALTH PROFESSIONS**
2 **WORKFORCE PROGRAMS.**

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

6 “(i) AUTHORIZATION OF APPROPRIATIONS.—To
7 carry out this section, there are authorized to be appro-
8 priated \$21,711,000 for each of fiscal years 2018 through
9 2022.”.

10 (b) HEALTH PROFESSIONS TRAINING FOR DIVER-
11 SITY.—Section 740 of the Public Health Service Act (42
12 U.S.C. 293d) is amended—

13 (1) in subsection (a), by striking “\$51,000,000
14 for fiscal year 2010, and such sums as may be nec-
15 essary for each of the fiscal years 2011 through
16 2014” and inserting “\$45,970,000 for each of the
17 fiscal years 2018 through 2022”;

18 (2) in subsection (b), by striking “\$5,000,000
19 for each of the fiscal years 2010 through 2014” and
20 inserting “\$1,190,000 for each of the fiscal years
21 2018 through 2022”; and

22 (3) in subsection (c), by striking “\$60,000,000
23 for fiscal year 2010 and such sums as may be nec-
24 essary for each of the fiscal years 2011 through
25 2014” and inserting “\$14,189,000 for each of the
26 fiscal years 2018 through 2022”.

1 (c) PRIMARY CARE TRAINING AND ENHANCE-
2 MENT.—Section 747(c)(1) of the Public Health Service
3 Act (42 U.S.C. 293k(c)(1)) is amended by striking
4 “\$125,000,000 for fiscal year 2010, and such sums as
5 may be necessary for each of fiscal years 2011 through
6 2014” and inserting “\$38,924,000 for each of fiscal years
7 2018 through 2022”.

8 (d) TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC
9 HEALTH DENTISTRY.—Section 748(f) of the Public
10 Health Service Act (42 U.S.C. 293k–2(f)) is amended by
11 striking “\$30,000,000 for fiscal year 2010 and such sums
12 as may be necessary for each of fiscal years 2011 through
13 2015” and inserting “\$36,673,000 for each of fiscal years
14 2018 through 2022”.

15 (e) AREA HEALTH EDUCATION CENTERS.—Section
16 751(j)(1) of the Public Health Service Act (42 U.S.C.
17 294a(j)(1)) is amended by striking “\$125,000,000 for
18 each of the fiscal years 2010 through 2014” and inserting
19 “\$30,250,000 for each of the fiscal years 2018 through
20 2022”.

21 (f) NATIONAL CENTER FOR HEALTHCARE WORK-
22 FORCE ANALYSIS.—

23 (1) IN GENERAL.—Section 761(e)(1)(A) of the
24 Public Health Service Act (42 U.S.C.
25 294n(e)(1)(A)) is amended by striking “\$7,500,000

1 for each of fiscal years 2010 through 2014” and in-
 2 serting “\$4,663,000 for each of fiscal years 2018
 3 through 2022”.

4 (2) TECHNICAL CORRECTION.—Section
 5 761(e)(2) of the Public Health Service Act (42
 6 U.S.C. 294n(e)(2)) is amended by striking “sub-
 7 section (a)” and inserting “paragraph (1)”.

8 (g) PUBLIC HEALTH WORKFORCE.—Section 770(a)
 9 of the Public Health Service Act (42 U.S.C. 295e(a)) is
 10 amended by striking “\$43,000,000 for fiscal year 2011,
 11 and such sums as may be necessary for each of the fiscal
 12 years 2012 through 2015” and inserting “\$21,000,000 for
 13 each of the fiscal years 2018 through 2022”.

14 **SEC. 3. EDUCATION AND TRAINING RELATING TO GERI-**
 15 **ATRICS.**

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

18 **“SEC. 753. EDUCATION AND TRAINING RELATING TO GERI-**
 19 **ATRICS.**

20 “(a) GERIATRICS WORKFORCE ENHANCEMENT PRO-
 21 GRAM.—

22 “(1) IN GENERAL.—The Secretary shall award
 23 grants under this subsection to entities described in
 24 paragraph (1), (3), or (4) of section 799B, section
 25 801(2), or section 865(d), or other health profes-

sions schools or programs approved by the Secretary, for the establishment or operation of geriatric workforce enhancement programs that meet the requirements of paragraph (2).

“(2) REQUIREMENTS.—A geriatrics workforce enhancement program meets the requirements of this paragraph if such program supports the development of a health care workforce that maximizes patient and family engagement and improves health outcomes for older adults by integrating geriatrics with primary care and other appropriate specialties. Special emphasis should be placed on providing the primary care workforce with the knowledge and skills to care for older adults and collaborating with community partners to address gaps in health care for older adults through individual, system, community, and population level changes. Areas of programmatic focus may include the following:

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

“(B) Developing providers who can assess and address the needs and preferences of older

1 adults and their families and caregivers at the
2 individual, community, and population levels.

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

8 “(D) Providing Alzheimer’s disease and re-
9 lated dementias (ADRD) education to the fami-
10 lies and caregivers of older adults, direct care
11 workers, health professions students, faculty,
12 and providers.

13 “(3) DURATION.—The Secretary shall award
14 grants under paragraph (1) for a period not to ex-
15 ceed five years.

16 “(4) APPLICATION.—To be eligible to receive a
17 grant under paragraph (1), an entity described in
18 such paragraph shall submit to the Secretary an ap-
19 plication at such time, in such manner, and con-
20 taining such information as the Secretary may re-
21 quire.

22 “(5) EQUITABLE GEOGRAPHIC DISTRIBUTION.—The Secretary may award grants under
23 paragraph (1) in a manner which will equitably dis-
24

1 tribute such grants among the various regions of the
2 United States.

3 “(6) PRIORITY.—In awarding grants under
4 paragraph (1), the Secretary may give priority to
5 programs that—

6 “(A) have the goal of improving and pro-
7 viding comprehensive coordinated care of older
8 adults, including medical, dental, and psycho-
9 social needs;

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

14 “(C) provide clinical experiences across
15 care settings, including ambulatory care, hos-
16 pitals, post-acute care, nursing homes, federally
17 qualified health centers, and home and commu-
18 nity-based services;

19 “(D) emphasize education and engagement
20 of family caregivers on disease self-manage-
21 ment, medication management, and stress re-
22 duction strategies;

23 “(E) provide training to the health care
24 workforce on disease self-management, motiva-

1 tional interviewing, medication management,
2 and stress reduction strategies;

3 “(F) provide training to the health care
4 workforce on social determinants of health in
5 order to better address the geriatric health care
6 needs of diverse populations;

7 “(G) integrate geriatrics competencies and
8 interprofessional collaborative practice into
9 health care education and training curricula for
10 residents, fellows, and students;

11 “(H) substantially benefit rural or under-
12 served populations of older adults;

13 “(I) integrate behavioral health com-
14 petencies into primary care practice, especially
15 with respect to elder abuse, pain management,
16 and advance care planning; or

17 “(J) offer short-term intensive courses
18 that—

19 “(i) focus on geriatrics, gerontology,
20 chronic care management, and long-term
21 care that provide supplemental training for
22 faculty members in medical schools and
23 other health professions schools or grad-
24 uate programs in psychology, pharmacy,
25 nursing, social work, dentistry, public

1 health, allied health, or other health dis-
2 ciplines, as approved by the Secretary; and

3 “(ii) are open to current faculty, and
4 appropriately credentialed volunteer faculty
5 and practitioners, to upgrade their knowl-
6 edge and clinical skills for the care of older
7 adults and adults with functional and cog-
8 nitive limitations and to enhance their
9 interdisciplinary teaching skills.

10 “(b) GERIATRIC ACADEMIC CAREER AWARDS.—

11 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-
12 retary shall establish a program to provide Geriatric
13 Academic Career Awards to eligible entities applying
14 on behalf of eligible individuals to promote the ca-
15 reer development of such individuals as academic
16 geriatricians or other academic geriatrics health pro-
17 fessionals.

18 “(2) ELIGIBILITY.—

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

22 “(i) an entity described in paragraph
23 (1), (3), or (4) of section 295p or section
24 296(2); or

1 “(ii) an accredited health professions
2 school or graduate program approved by
3 the Secretary.

4 “(B) ELIGIBLE INDIVIDUAL.—For pur-
5 poses of this subsection, the term ‘eligible indi-
6 vidual’ means an individual who—

7 “(i) is board certified or board eligible
8 in internal medicine, family practice, psy-
9 chiatry, or licensed dentistry, or has com-
10 pleted any required training in a discipline
11 and is employed in an accredited health
12 professions school or graduate program
13 that is approved by the Secretary; or

14 “(ii) has completed an approved fel-
15 lowship program in geriatrics or geron-
16 tology, or has completed specialty training
17 in geriatrics or gerontology as required by
18 the discipline and any additional geriatrics
19 or gerontology training as required by the
20 Secretary; and

21 “(iii) has a junior (non-tenured) fac-
22 ulty appointment at an accredited school of
23 allopathic medicine, osteopathic medicine,
24 nursing, social work, psychology, dentistry,
25 pharmacy, or other allied health disciplines

1 in an accredited health professions school
2 or graduate program that is approved by
3 the Secretary.

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

7 “(A) submits to the Secretary an applica-
8 tion, at such time, in such manner, and con-
9 taining such information as the Secretary may
10 require, and the Secretary approves such appli-
11 cation;

12 “(B) provides, in such form and manner as
13 the Secretary may require, assurances that the
14 eligible individual on whose behalf an applica-
15 tion was submitted under subparagraph (A) will
16 meet the service requirement described in para-
17 graph (7); and

18 “(C) provides, in such form and manner as
19 the Secretary may require, assurances that such
20 individual has a full-time faculty appointment
21 in an accredited health professions school or
22 graduate program and documented commitment
23 from such school or program to spend 50 per-
24 cent of the total time of such individual on

1 teaching and developing skills in interdiscipli-
2 nary education in geriatrics.

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

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

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

13 “(C) shall ensure that grants are equitably
14 distributed among rural or underserved popu-
15 lations of older adults across the various geo-
16 graphical regions of the United States;

17 “(D) shall pay particular attention to geri-
18 atrics healthcare workforce needs among under-
19 served populations and rural areas;

20 “(E) may not require an eligible individual,
21 or an eligible entity applying on behalf of an eli-
22 gible individual, to be a recipient of a grant or
23 contract under section 753(a) or 750 of title
24 VII of the Public Health Service Act; and

1 “(F) shall award a maximum of 120
2 grants during any three-year period.

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

11 “(6) AMOUNT AND TERM.—

12 “(A) AMOUNT.—The amount of an award
13 under this subsection for eligible individuals
14 who are physicians shall equal \$50,000 for fis-
15 cal year 1998, adjusted for subsequent fiscal
16 years to reflect the increase in the Consumer
17 Price Index. The Secretary shall determine the
18 amount of an award under this subsection for
19 individuals who are not physicians.

20 “(B) TERM.—The term of any award
21 made under this subsection shall not exceed 3
22 years.

23 “(C) PAYMENT TO INSTITUTION.—The
24 Secretary shall make payments to institutions
25 which include schools of medicine, osteopathic

1 medicine, nursing, social work, psychology, den-
2 tistry, and pharmacy, or other allied health dis-
3 cipline in an accredited health professions
4 school or graduate program that is approved by
5 the Secretary.

6 “(7) SERVICE REQUIREMENT.—An eligible indi-
7 vidual on whose behalf an application was submitted
8 and approved under paragraph (3)(A) shall provide
9 training in clinical geriatrics or gerontology, includ-
10 ing the training of interdisciplinary teams of health
11 care professionals.

12 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
13 carry out this section, there is authorized to be appro-
14 priated to carry out this subsection \$38,737,000 for the
15 period of fiscal years 2018 through 2022.”.

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