

116TH CONGRESS
1ST SESSION

H. R. 2781

AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

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

6 **SEC. 2. REAUTHORIZATION OF HEALTH PROFESSIONS**
7 **WORKFORCE PROGRAMS.**

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

11 “(i) AUTHORIZATION OF APPROPRIATIONS.—To
12 carry out this section, there is authorized to be appro-
13 priated \$24,897,000 for each of fiscal years 2020 through
14 2024.”.

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

18 (1) in subsection (a), by striking “\$51,000,000
19 for fiscal year 2010, and such sums as may be nec-
20 essary for each of the fiscal years 2011 through
21 2014” and inserting “\$51,419,000 for each of fiscal
22 years 2020 through 2024”;

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

1 (3) in subsection (c), by striking “\$60,000,000
2 for fiscal year 2010 and such sums as may be nec-
3 essary for each of the fiscal years 2011 through
4 2014” and inserting “\$20,000,000 for each of fiscal
5 years 2020 through 2024”.

6 (c) PRIMARY CARE TRAINING AND ENHANCE-
7 MENT.—Section 747(c)(1) of the Public Health Service
8 Act (42 U.S.C. 293k(c)(1)) is amended by striking
9 “\$125,000,000 for fiscal year 2010, and such sums as
10 may be necessary for each of fiscal years 2011 through
11 2014” and inserting “\$51,371,000 for each of fiscal years
12 2020 through 2024”.

13 (d) TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC
14 HEALTH DENTISTRY.—Section 748(f) of the Public
15 Health Service Act (42 U.S.C. 293k–2(f)) is amended by
16 striking “\$30,000,000 for fiscal year 2010 and such sums
17 as may be necessary for each of fiscal years 2011 through
18 2015” and inserting “\$42,707,000 for each of fiscal years
19 2020 through 2024”.

20 (e) AREA HEALTH EDUCATION CENTERS.—Section
21 751(j)(1) of the Public Health Service Act (42 U.S.C.
22 294a(j)(1)) is amended by striking “\$125,000,000 for
23 each of the fiscal years 2010 through 2014” and inserting
24 “\$42,075,000 for each of fiscal years 2020 through
25 2024”.

1 (f) NATIONAL CENTER FOR HEALTHCARE WORK-
2 FORCE ANALYSIS.—

3 (1) IN GENERAL.—Section 761(e)(1)(A) of the
4 Public Health Service Act (42 U.S.C.
5 294n(e)(1)(A)) is amended by striking “\$7,500,000
6 for each of fiscal years 2010 through 2014” and in-
7 serting “\$5,947,000 for each of fiscal years 2020
8 through 2024”.

9 (2) TECHNICAL CORRECTION.—Section
10 761(e)(2) of the Public Health Service Act (42
11 U.S.C. 294n(e)(2)) is amended by striking “sub-
12 section (a)” and inserting “paragraph (1)”.

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

19 **SEC. 3. EDUCATION AND TRAINING RELATING TO GERI-**
20 **ATRICS.**

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

1 **“SEC. 753. EDUCATION AND TRAINING RELATING TO GERI-**
2 **ATRICS.**

3 “(a) GERIATRICS WORKFORCE ENHANCEMENT PRO-
4 GRAMS.—

5 “(1) IN GENERAL.—The Secretary shall award
6 grants or contracts under this subsection to entities
7 described in paragraph (1), (3), or (4) of section
8 799B, section 801(2), or section 865(d), or other
9 health professions schools or programs approved by
10 the Secretary, for the establishment or operation of
11 geriatrics workforce enhancement programs that
12 meet the requirements of paragraph (2).

13 “(2) REQUIREMENTS.—A geriatrics workforce
14 enhancement program meets the requirements of
15 this paragraph if such program supports the devel-
16 opment of a health care workforce that maximizes
17 patient and family engagement and improves health
18 outcomes for older adults by integrating geriatrics
19 with primary care and other appropriate specialties.
20 Special emphasis should be placed on providing the
21 primary care workforce with the knowledge and
22 skills to care for older adults and collaborating with
23 community partners to address gaps in health care
24 for older adults through individual, system, commu-
25 nity, and population level changes. Areas of pro-
26 grammatic focus may include the following:

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

6 “(B) Developing providers from multiple
7 disciplines and specialties to work interprofes-
8 sionally to assess and address the needs and
9 preferences of older adults and their families
10 and caregivers at the individual, community,
11 and population levels with cultural and lin-
12 guistic competency.

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

18 “(D) Providing Alzheimer’s disease and re-
19 lated dementias (ADRD) education to the fami-
20 lies and caregivers of older adults, direct care
21 workers, health professions students, faculty,
22 and providers.

23 “(3) DURATION.—The Secretary shall award
24 grants and contracts under paragraph (1) for a pe-
25 riod not to exceed five years.

1 “(4) APPLICATION.—To be eligible to receive a
2 grant or contract under paragraph (1), an entity de-
3 scribed in such paragraph shall submit to the Sec-
4 retary an application at such time, in such manner,
5 and containing such information as the Secretary
6 may require, including the specific measures the ap-
7 plicant will use to demonstrate that the project is
8 improving the quality of care provided to older
9 adults in the applicant’s region, which may in-
10 clude—

11 “(A) improvements in access to care pro-
12 vided by a health professional with training in
13 geriatrics or gerontology;

14 “(B) improvements in family caregiver ca-
15 pacity to care for older adults;

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

19 “(D) reports on how the applicant will im-
20 plement specific innovations with the target au-
21 dience to improve older adults’ health status or
22 the quality of care.

23 “(5) EQUITABLE GEOGRAPHIC DISTRIBUTION.—The Secretary may award grants and con-
24 tracts under paragraph (1) in a manner which will
25

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

3 “(6) QUALIFICATIONS.—In awarding grants
4 and contracts under paragraph (2), the Secretary
5 shall consider 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) demonstrate coordination with other
11 programmatic efforts funded under this pro-
12 gram or other public or private entities;

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

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

22 “(E) emphasize education and engagement
23 of family caregivers on disease self-manage-
24 ment, medication management, and stress re-
25 duction strategies;

1 “(F) provide training to the health care
2 workforce on disease self-management, motiva-
3 tional interviewing, medication management,
4 and stress reduction strategies;

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

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

14 “(I) substantially benefit rural or under-
15 served populations of older adults or conduct
16 outreach to communities that have a shortage
17 of geriatric workforce professionals;

18 “(J) integrate behavioral health com-
19 petencies into primary care practice, especially
20 with respect to elder abuse, pain management,
21 and advance care planning; or

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

24 “(i) focus on geriatrics, gerontology,
25 chronic care management, and long-term

1 care that provide supplemental training for
2 faculty members in medical schools and
3 other health professions schools or grad-
4 uate programs in psychology, pharmacy,
5 nursing, social work, dentistry, public
6 health, allied health, or other health dis-
7 ciplines, as approved by the Secretary; and

8 “(ii) are open to current faculty, and
9 appropriately credentialed volunteer faculty
10 and practitioners, to upgrade their knowl-
11 edge and clinical skills for the care of older
12 adults and adults with functional and cog-
13 nitive limitations and to enhance their
14 interdisciplinary teaching skills.

15 “(7) PRIORITY.—In awarding grants under
16 paragraph (1), particularly with respect to awarding,
17 in fiscal year 2020, any amount appropriated for
18 such fiscal year for purposes of carrying out this
19 subsection that is in excess of the amount appro-
20 priated for the most previous fiscal year for which
21 appropriations were made for such purposes, the
22 Secretary may give priority to entities that oper-
23 ate—

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

1 “(B) in States in which no entity has pre-
2 viously received an award under such paragraph
3 (including as in effect before the date of enact-
4 ment of the Educating Medical Professionals
5 and Optimizing Workforce Efficiency and Read-
6 iness for Health Act of 2019).

7 “(8) AWARD AMOUNTS.—Awards under para-
8 graph (1) shall be in an amount determined by the
9 Secretary. Entities that submit applications under
10 this subsection that describe a plan for providing
11 geriatric education and training for home health
12 workers and family caregivers are eligible to receive
13 \$100,000 per year more than entities that do not in-
14 clude a description of such a plan.

15 “(9) REPORTING.—Each entity awarded a
16 grant under paragraph (1) shall submit an annual
17 report to the Secretary on financial and pro-
18 grammatic performance under such grant, which
19 may include factors such as the number of trainees,
20 the number of professions and disciplines, the num-
21 ber of partnerships with health care delivery sites,
22 the number of faculty and practicing professionals
23 who participated in continuing education programs,
24 and such other factors as the Secretary may require.

25 “(b) GERIATRIC ACADEMIC CAREER AWARDS.—

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

8 “(2) ELIGIBILITY.—

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

12 “(i) an accredited school of allopathic
13 medicine, osteopathic medicine, nursing,
14 social work, psychology, dentistry, phar-
15 macy, or allied health; or

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

20 “(B) ELIGIBLE INDIVIDUAL.—

21 “(i) IN GENERAL.—For purposes of
22 this subsection, the term ‘eligible indi-
23 vidual’ means an individual who—

24 “(I) has a junior, nontenured,
25 faculty appointment at an accredited

1 school of allopathic medicine, osteo-
2 pathic medicine, nursing, social work,
3 psychology, dentistry, pharmacy, or
4 allied health or at another type of ac-
5 credited health professions school or
6 graduate program described in sub-
7 paragraph (A)(ii);

8 “(II)(aa) is board certified or
9 board eligible in internal medicine,
10 family practice, psychiatry, or licensed
11 dentistry, or has completed the train-
12 ing required for the individual’s dis-
13 cipline; and

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

16 “(III) has completed an approved
17 fellowship program in geriatrics or
18 gerontology, or has completed spe-
19 cialty training in geriatrics or geron-
20 tology as required for the individual’s
21 discipline and any additional geri-
22 atrics or gerontology training as re-
23 quired by the Secretary.

24 “(ii) SPECIAL RULE.—If during the
25 period of an award under this subsection

1 respecting an eligible individual, the indi-
2 vidual is promoted to associate professor
3 and thereby no longer meets the criteria of
4 clause (i)(I), the individual may continue
5 to be treated as an eligible individual
6 through the term of the award.

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

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

15 “(B) provides, in such form and manner as
16 the Secretary may require, assurances that the
17 eligible individual on whose behalf an applica-
18 tion was submitted under subparagraph (A) will
19 meet the service requirement described in para-
20 graph (8); and

21 “(C) provides, in such form and manner as
22 the Secretary may require, assurances that such
23 individual has a full-time faculty appointment
24 in an accredited health professions school or
25 graduate program and documented commitment

1 from such school or program to spend 75 per-
2 cent of the individual's time that is supported
3 by the award on teaching and developing skills
4 in interprofessional education in geriatrics.

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

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

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

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

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

23 “(E) may not require an eligible individual,
24 or an eligible entity applying on behalf of an eli-

1 gible individual, to be a recipient of a grant or
2 contract under this part; and

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

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

13 “(6) AMOUNT AND TERM.—

14 “(A) AMOUNT.—The amount of an award
15 under this subsection for eligible individuals
16 who are physicians shall equal \$100,000 for fis-
17 cal year 2020, adjusted for subsequent fiscal
18 years to reflect the increase in the Consumer
19 Price Index. The Secretary shall determine the
20 amount of an award under this subsection for
21 individuals who are not physicians.

22 “(B) TERM.—The term of any award
23 made under this subsection shall not exceed 5
24 years.

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

7 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
 8 carry out this section, there is authorized to be appro-
 9 priated \$51,000,000 for each of fiscal years 2020 through
 10 2024. Notwithstanding the preceding sentence, no funds
 11 shall be made available to carry out subsection (b) for a
 12 fiscal year unless the amount made available to carry out
 13 this section for such fiscal year is more than the amount
 14 made available to carry out this section for fiscal year
 15 2017.”.

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

18 Section 775 of the Public Health Service Act (42
 19 U.S.C. 295f) is amended to read as follows:

20 **“SEC. 775. INVESTMENT IN TOMORROW’S PEDIATRIC**
 21 **HEALTH CARE WORKFORCE.**

22 “(a) IN GENERAL.—The Secretary shall establish
 23 and carry out a program of entering into pediatric spe-
 24 cialty loan repayment agreements with qualified health
 25 professionals under which—

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

4 “(A) participate in an accredited pediatric
5 medical subspecialty, pediatric surgical spe-
6 cialty, child and adolescent psychiatry sub-
7 specialty, or child and adolescent mental and
8 behavioral health residency or fellowship; or

9 “(B) be employed full-time in providing pe-
10 diatric medical subspecialty care, pediatric sur-
11 gical specialty care, child and adolescent psychi-
12 atry subspecialty care, or child and adolescent
13 mental and behavioral health care, including
14 substance use disorder prevention and treat-
15 ment services, in an area with—

16 “(i) a shortage of health care profes-
17 sionals practicing in the pediatric medical
18 subspecialty, the pediatric surgical spe-
19 cialty, the child and adolescent psychiatry
20 subspecialty, or child and adolescent men-
21 tal and behavioral health, as applicable;
22 and

23 “(ii) a sufficient pediatric population,
24 as determined by the Secretary, to support
25 the addition of a practitioner in the pedi-

1 atric medical subspecialty, the pediatric
2 surgical specialty, the child and adolescent
3 psychiatry subspecialty, or child and ado-
4 lescent mental and behavioral health, as
5 applicable; and

6 “(2) the Secretary agrees to make payments on
7 the principal and interest of undergraduate, grad-
8 uate, or graduate medical education loans of the
9 qualified health professional of not more than
10 \$35,000 a year for each year of agreed upon service
11 under paragraph (1) for a period of not more than
12 3 years.

13 “(b) ELIGIBILITY REQUIREMENTS.—

14 “(1) PEDIATRIC MEDICAL SPECIALISTS AND PE-
15 DIATRIC SURGICAL SPECIALISTS.—For purposes of
16 loan repayment agreements under this section with
17 respect to pediatric medical subspecialty and pedi-
18 atric surgical specialty practitioners, the term ‘quali-
19 fied health professional’ means a licensed physician
20 who—

21 “(A) is entering or receiving training in an
22 accredited pediatric medical subspecialty or pe-
23 diatric surgical subspecialty residency or fellow-
24 ship; or

“(B) has completed (but not prior to the end of the calendar year in which the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019 is enacted) the training described in subparagraph (A).

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

“(A) has received specialized training or clinical experience in child and adolescent mental health in psychiatry, psychology, school psychology, or psychiatric nursing;

“(B) has a license or certification in a State to practice allopathic medicine, osteopathic medicine, psychology, school psychology, or psychiatric nursing; or

“(C) is a mental health service professional who has completed (but not before the end of the calendar year in which the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of

1 2019 is enacted) specialized training or clinical
2 experience in child and adolescent mental health
3 described in subparagraph (A).

4 “(3) ADDITIONAL ELIGIBILITY REQUIRE-
5 MENTS.—The Secretary may not enter into a loan
6 repayment agreement under this section with a
7 qualified health professional unless—

8 “(A) the professional agrees to work in, or
9 for a provider serving, an area or community
10 with a shortage of eligible qualified health pro-
11 fessionals (as defined in paragraphs (1) and
12 (2));

13 “(B) the professional is a United States
14 citizen, a permanent legal United States resi-
15 dent, or lawfully present in the United States;
16 and

17 “(C) if the professional is enrolled in a
18 graduate program, the program is accredited,
19 and the professional has an acceptable level of
20 academic standing (as determined by the Sec-
21 retary).

22 “(c) PRIORITY.—In entering into loan repayment
23 agreements under this section, the Secretary shall give pri-
24 ority to applicants who—

1 “(1) have familiarity with evidence-based meth-
 2 ods and cultural and linguistic competence in health
 3 care services; and

4 “(2) demonstrate financial need.

5 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
 6 are authorized to be appropriated for each of fiscal years
 7 2020 through 2024—

8 “(1) \$30,000,000 to carry out this section with
 9 respect to loan repayment agreements with qualified
 10 health professionals described in subsection (b)(1);
 11 and

12 “(2) \$20,000,000 to carry out this section with
 13 respect to loan repayment agreements with respect
 14 to qualified health professionals described in sub-
 15 section (b)(2).”.

16 **SEC. 5. INCREASING WORKFORCE DIVERSITY IN THE PRO-**
 17 **FESSIONS OF PHYSICAL THERAPY, OCCUPA-**
 18 **TIONAL THERAPY, AUDIOLOGY, AND SPEECH-**
 19 **LANGUAGE PATHOLOGY.**

20 Title VII of the Public Health Service Act is amend-
 21 ed—

22 (1) by redesignating part G (42 U.S.C. 295j et
 23 seq.) as part H; and

24 (2) by inserting after part F (42 U.S.C. 294n
 25 et seq.) the following new part:

1 **“PART G—INCREASING WORKFORCE DIVERSITY**
2 **IN THE PROFESSIONS OF PHYSICAL THER-**
3 **APY, OCCUPATIONAL THERAPY, AUDIOLOGY,**
4 **AND SPEECH-LANGUAGE PATHOLOGY**

5 **“SEC. 783. SCHOLARSHIPS AND STIPENDS.**

6 “(a) IN GENERAL.—The Secretary may award grants
7 and contracts to eligible entities to increase educational
8 opportunities in the professions of physical therapy, occu-
9 pational therapy, audiology, and speech-language pathol-
10 ogy for eligible individuals by—

11 “(1) providing student scholarships or stipends,
12 including for—

13 “(A) completion of an accelerated degree
14 program;

15 “(B) completion of an associate’s, bach-
16 elor’s, master’s, or doctoral degree program;
17 and

18 “(C) entry by a diploma or associate’s de-
19 gree practitioner into a bridge or degree com-
20 pletion program;

21 “(2) providing assistance for completion of pre-
22 requisite courses or other preparation necessary for
23 acceptance for enrollment in the eligible entity; and

24 “(3) carrying out activities to increase the re-
25 tention of students in one or more programs in the

1 professions of physical therapy, occupational ther-
2 apy, audiology, and speech-language pathology.

3 “(b) CONSIDERATION OF RECOMMENDATIONS.—In
4 carrying out subsection (a), the Secretary shall take into
5 consideration the recommendations of national organiza-
6 tions representing the professions of physical therapy, oc-
7 cupational therapy, audiology, and speech-language pa-
8 thology, including the American Physical Therapy Asso-
9 ciation, the American Occupational Therapy Association,
10 the American Speech-Language-Hearing Association, the
11 American Academy of Audiology, and the Academy of
12 Doctors of Audiology.

13 “(c) REQUIRED INFORMATION AND CONDITIONS FOR
14 AWARD RECIPIENTS.—

15 “(1) IN GENERAL.—The Secretary may require
16 recipients of awards under this section to report to
17 the Secretary concerning the annual admission, re-
18 tention, and graduation rates for eligible individuals
19 in programs of the recipient leading to a degree in
20 any of the professions of physical therapy, occupa-
21 tional therapy, audiology, and speech-language pa-
22 thology.

23 “(2) FALLING RATES.—If any of the rates re-
24 ported by a recipient under paragraph (1) fall below
25 the average for such recipient over the two years

1 preceding the year covered by the report, the recipi-
2 ent shall provide the Secretary with plans for imme-
3 diately improving such rates.

4 “(3) INELIGIBILITY.—A recipient described in
5 paragraph (2) shall be ineligible for continued fund-
6 ing under this section if the plan of the recipient
7 fails to improve the rates within the 1-year period
8 beginning on the date such plan is implemented.

9 “(d) DEFINITIONS.—In this section:

10 “(1) ELIGIBLE ENTITIES.—The term ‘eligible
11 entity’ means an education program that—

12 “(A) is accredited by—

13 “(i) the Council on Academic Accredi-
14 tation in Audiology and Speech-Language
15 Pathology or the Accreditation Commission
16 for Audiology Education;

17 “(ii) the Commission on Accreditation
18 in Physical Therapy Education; or

19 “(iii) the Accreditation Council for
20 Occupational Therapy Education; and

21 “(B) is carrying out a program for recruit-
22 ing and retaining students underrepresented in
23 the professions of physical therapy, occupa-
24 tional therapy, audiology, and speech-language

1 pathology (including racial or ethnic minorities,
2 or students from disadvantaged backgrounds).

3 “(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible
4 individual’ means an individual who—

5 “(A) is a member of a class of persons who
6 are underrepresented in the professions of phys-
7 ical therapy, occupational therapy, audiology,
8 and speech-language pathology (including indi-
9 viduals who are racial or ethnic minorities, or
10 are from disadvantaged backgrounds);

11 “(B) has a financial need for a scholarship
12 or stipend; and

13 “(C) is enrolled (or accepted for enroll-
14 ment) at an audiology, speech-language pathol-
15 ogy, physical therapy, or occupational therapy
16 program as a full-time student at an eligible en-
17 tity.

18 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated to carry out this section
20 \$5,000,000 for each of fiscal years 2020 through 2024.”.

Passed the House of Representatives October 28,
2019.

Attest:

Clerk.

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1ST SESSION

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