

TITLE III—GENERAL POWERS AND DUTIES OF THE PUBLIC HEALTH SERVICE

PART B—FEDERAL-STATE COOPERATION

SEC. 319F OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 247d–6

PUBLIC HEALTH COUNTERMEASURES TO A BIOTERRORIST ATTACK

(a) WORKING GROUP ON BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES.—

- (1) **IN GENERAL.**—The Secretary, in coordination with the Secretary of Agriculture, the Attorney General, the Director of Central Intelligence, the Secretary of Defense, the Secretary of Energy, the Administrator of the Environmental Protection Agency, the Director of the Federal Emergency Management Agency, the Secretary of Homeland Security, the Secretary of Labor, the Secretary of Veterans Affairs, and with other similar Federal officials as determined appropriate, shall establish a working group on the prevention, preparedness, and response to bioterrorism and other public health emergencies. Such joint working group, or subcommittees thereof, shall meet periodically for the purpose of consultation on, assisting in, and making recommendations on—
 - (A) responding to a bioterrorist attack, including the provision of appropriate safety and health training and protective measures for medical, emergency service, and other personnel responding to such attacks;
 - (B) prioritizing countermeasures required to treat, prevent, or identify exposure to a biological agent or toxin pursuant to section 351A;
 - (C) facilitation of the awarding of grants, contracts, or cooperative agreements for the development, manufacture, distribution, supply-chain management, and purchase of priority countermeasures;
 - (D) research on pathogens likely to be used in a biological threat or attack on the civilian population;
 - (E) development of shared standards for equipment to detect and to protect against biological agents and toxins;
 - (F) assessment of the priorities for and enhancement of the preparedness of public health institutions, providers of medical care, and other emergency service personnel (including firefighters) to detect, diagnose, and respond (including mental health response) to a biological threat or attack;
 - (G) in the recognition that medical and public health professionals are likely to provide much of the first response to such an attack, development and enhancement of the quality of joint planning and training programs that address the public health and medical consequences of a biological threat or attack on the civilian population between—
 - (i) local firefighters, ambulance personnel, police and public security officers, or other emergency response personnel (including private response contractors); and
 - (ii) hospitals, primary care facilities, and public health agencies;
 - (H) development of strategies for Federal, State, and local agencies to communicate information to the public regarding biological threats or attacks;
 - (I) ensuring that the activities under this subsection address the health security needs of children and other vulnerable populations;
 - (J) strategies for decontaminating facilities contaminated as a result of a biological attack, including appropriate protections for the safety of workers conducting such activities;
 - (K) subject to compliance with other provisions of Federal law, clarifying the responsibilities among Federal officials for the investigation of suspicious outbreaks of disease and other potential public health emergencies, and for related revisions of the interagency plan known as the Federal response plan; and
 - (L) in consultation with the National Highway Traffic Safety Administration and the U.S. Fire Administration, ways to enhance coordination among Federal agencies involved with State, local, and community based emergency medical services, including issuing a report that—

- (i) identifies needs of community-based emergency medical services; and
 - (ii) identifies ways to streamline and enhance the process through which Federal agencies support community- based emergency medical services.
- (2) CONSULTATION WITH EXPERTS.—In carrying out subparagraphs (B) and (C) of paragraph (1), the working group under such paragraph shall consult with the pharmaceutical, biotechnology, and medical device industries, and other appropriate experts.
 - (3) USE OF SUBCOMMITTEES REGARDING CONSULTATION REQUIREMENTS.—With respect to a requirement under law that the working group under paragraph (1) be consulted on a matter, the working group may designate an appropriate subcommittee of the working group to engage in the consultation.
 - (4) DISCRETION IN EXERCISE OF DUTIES.—Determinations made by the working group under paragraph (1) with respect to carrying out duties under such paragraph are matters committed to agency discretion for purposes of section 701(a) of title 5, Unites States Code.
 - (5) RULE OF CONSTRUCTION.—This subsection may not be construed as establishing new regulatory authority for any of the officials specified in paragraph (1), or as having any legal effect on any other provision of law, including the responsibilities and authorities of the Environmental Protection Agency.

[Subsections (b) through (f) omitted—relate to general bioterrorism issues.]

(g) EDUCATION; TRAINING REGARDING PEDIATRIC ISSUES.—

- (1) MATERIALS; CORE CURRICULUM.—The Secretary, in collaboration with members of the working group described in subsection (b)¹, and professional organizations and societies, shall—
 - (A) develop materials for teaching the elements of a core curriculum for the recognition and identification of potential bioweapons and other agents that may create a public health emergency, and for the care of victims of such emergencies, recognizing the special needs of children and other vulnerable populations, to public health officials, medical professionals, emergency physicians and other emergency department staff, laboratory personnel, and other personnel working in health care facilities (including poison control centers);
 - (B) develop a core curriculum and materials for community- wide planning by State and local governments, hospitals and other health care facilities, emergency response units, and appropriate public and private sector entities to respond to a bioterrorist attack or other public health emergency;
 - (C) develop materials for proficiency testing of laboratory and other public health personnel for the recognition and identification of potential bioweapons and other agents that may create a public health emergency; and
 - (D) provide for dissemination and teaching of the materials described in subparagraphs (A) through (C) by appropriate means, which may include telemedicine, longdistance learning, or other such means.
- (2) CERTAIN ENTITIES.—The entities through which education and training activities described in paragraph (1) may be carried out include Public Health Preparedness Centers, the Public Health Service’s Noble Training Center, the Emerging Infections Program, the Epidemic Intelligence Service, the Public Health Leadership Institute, multi-State, multi-institutional consortia, other appropriate educational entities, professional organizations and societies, private accrediting organizations, and other nonprofit institutions or entities meeting criteria established by the Secretary.
- (3) GRANTS AND CONTRACTS.—In carrying out paragraph (1), the Secretary may carry out activities directly and through the award of grants and contracts, and may enter into interagency cooperative agreements with other Federal agencies.
- (4) HEALTH-RELATED ASSISTANCE FOR EMERGENCY RESPONSE PERSONNEL TRAINING.—The Secretary, in consultation with the Attorney General and the Director of the Federal Emergency Management Agency, may provide technical assistance with respect to health-related aspects of emergency

¹ Probably should be “subsection (a)”. Formerly there were two working groups, one under subsection (a) and one under subsection (b). Now there is only the working group under subsection (a). See the amendments made by sections 104(a) and 108 of Public Law 107–188 (116 Stat. 605, 609).

response personnel training carried out by the Department of Justice and the Federal Emergency Management Agency.

[Subsections (h) and (i) omitted—relate to accelerated research and development and GAO report.]

(j) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

SEC. 319H OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 247d–7a

GRANTS REGARDING TRAINING AND EDUCATION OF CERTAIN HEALTH PROFESSIONALS

- (a) IN GENERAL.—The Secretary may make awards of grants and cooperative agreements to appropriate public and nonprofit private health or educational entities, including health professions schools and programs as defined in section 799B, for the purpose of providing low-interest loans, partial scholarships, partial fellowships, revolving loan funds, or other cost-sharing forms of assistance for the education and training of individuals in any category of health professions for which there is a shortage that the Secretary determines should be alleviated in order to prepare for or respond effectively to bioterrorism and other public health emergencies.
- (b) AUTHORITY REGARDING NON-FEDERAL CONTRIBUTIONS.— The Secretary may require as a condition of an award under subsection (a) that a grantee under such subsection provide non-Federal contributions toward the purpose described in such subsection.
- (c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2002 through 2006.

PART D—PRIMARY HEALTH CARE

SUBPART I—HEALTH CENTERS

SEC. 330 OF THE PUBLIC HEALTH SERVICE ACT²

42 U.S.C. § 254b

HEALTH CENTERS

- (b) DEFINITIONS.—For purposes of this section:
 - (3) MEDICALLY UNDERSERVED POPULATIONS.—
 - (A) IN GENERAL.—The term “medically underserved population” means the population of an urban or rural area designated by the Secretary as an area with a shortage of personal health services or a population group designated by the Secretary as having a shortage of such services.
 - (B) CRITERIA.—In carrying out subparagraph (A), the Secretary shall prescribe criteria for determining the specific shortages of personal health services of an area or population group. Such criteria shall—
 - (i) take into account comments received by the Secretary from the chief executive officer of a State and local officials in a State; and
 - (ii) include factors indicative of the health status of a population group or residents of an area, the ability of the residents of an area or of a population group to pay for health services and their accessibility to them, and the availability of health professionals to residents of an area or to a population group.
 - (C) LIMITATION.—The Secretary may not designate a medically underserved population in a State or terminate the designation of such a population unless, prior to such designation or termination, the Secretary provides reasonable notice and opportunity for comment and consults with—

² Only § 330(b)(3) of the Public Health Service Act is included. The remainder of this section is delegated to BPHC.

- (i) the chief executive officer of such State; (ii) local officials in such State; and
 - (ii) the organization, if any, which represents a majority of health centers in such State.
- (D) PERMISSIBLE DESIGNATION.—The Secretary may designate a medically underserved population that does not meet the criteria established under subparagraph (B) if the chief executive officer of the State in which such population is located and local officials of such State recommend the designation of such population based on unusual local conditions which are a barrier to access to or the availability of personal health services.

SEC. 330A–1 OF THE PUBLIC HEALTH SERVICE ACT³

42 U.S.C. § 254c–1a

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.

³ Added by P.L. 111-148, § 5208: (a) PURPOSE.—The purpose of this section is to fund the development and operation of nurse-managed health clinics.

SUBPART II—NATIONAL HEALTH SERVICE CORPS PROGRAM

SEC. 332 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 254e

DESIGNATION OF HEALTH PROFESSIONAL SHORTAGE AREAS

(a)

- (1) For purposes of this subpart the term “health professional shortage area” means
 - (A) an area in an urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services) which the Secretary determines has a health manpower shortage,
 - (B) a population group which the Secretary determines has such a shortage, or
 - (C) a public or nonprofit private medical facility or other public facility which the Secretary determines has such a shortage. All Federally qualified health centers and rural health clinics, as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)), that meet the requirements of section 334 shall be automatically designated as having such a shortage. The Secretary shall not remove an area from the areas determined to be health professional shortage areas under subparagraph (A) of the preceding sentence until the Secretary has afforded interested persons and groups in such area an opportunity to provide data and information in support of the designation as a health professional shortage area or a population group described in subparagraph (B) of such sentence or a facility described in subparagraph (C) of such sentence, and has made a determination on the basis of the data and information submitted by such persons and groups and other data and information available to the Secretary.
 - (2) For purposes of this subsection, the term “medical facility” means a facility for the delivery of health services and includes—
 - (A) a hospital, State mental hospital, public health center, outpatient medical facility, rehabilitation facility, facility for long-term care, community mental health center, migrant health center, facility operated by a city or county health department, and community health center and which is not reasonably accessible to an adequately served area;
 - (B) such a facility of a State correctional institution or of the Indian Health Service, and a health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act;
 - (C) such a facility used in connection with the delivery of health services under section 321 (relating to hospitals), 322 (relating to care and treatment of persons under quarantine and others), 323 (relating to care and treatment of Federal prisoners), 324 (relating to examination and treatment of certain Federal employees), 325 (relating to examination of aliens), 326 (relating to services to certain Federal employees), 320 (relating to services for persons with Hansen’s disease), or 330(h) (relating to the provision of health services to homeless individuals); and
 - (D) a Federal medical facility.
 - (3) Homeless individuals (as defined in section 330(h)(5)), seasonal agricultural workers (as defined in section 330(g)(3)) and migratory agricultural workers (as so defined), and residents of public housing (as defined in section 3(b)(1) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(1))) may be population groups under paragraph (1).
- (b) The Secretary shall establish by regulation criteria for the designation of areas, population groups, medical facilities, and other public facilities, in the States, as health professional shortage areas. In establishing such criteria, the Secretary shall take into consideration the following:
- (1) The ratio of available health manpower to the number of individuals in an area or population group, or served by a medical facility or other public facility under consideration for designation.
 - (2) Indicators of a need, notwithstanding the supply of health manpower, for health services for the individuals in an area or population group or served by a medical facility or other public facility under consideration for designation.

- (3) The percentage of physicians serving an area, population group, medical facility, or other public facility under consideration for designation who are employed by hospitals and who are graduates of foreign medical schools.
- (c) In determining whether to make a designation, the Secretary shall take into consideration the following:
 - (1) The recommendations of the Governor of each State in which the area, population group, medical facility, or other public facility under consideration for designation is in whole or part located.
 - (2) The extent to which individuals who are
 - (A) residents of the area, members of the population group, or patients in the medical facility or other public facility under consideration for designation, and
 - (B) entitled to have payment made for medical services under title XVIII, XIX, or XXI of the Social Security Act, cannot obtain such services because of suspension of physicians from the programs under such titles.
- (d)
 - (1) In accordance with the criteria established under subsection (b) and the considerations listed in subsection (c), the Secretary shall designate health professional shortage areas in the States, publish a descriptive list of the areas, population groups, medical facilities, and other public facilities so designated, and at least annually review and, as necessary, revise such designations.
 - (2) For purposes of paragraph (1), a complete descriptive list shall be published in the Federal Register not later than July 1 of 1991 and each subsequent year.
- (e)
 - (1) Prior to the designation of a public facility, including a Federal medical facility, as a health professional shortage area, the Secretary shall give written notice of such proposed designation to the chief administrative officer of such facility and request comments within 30 days with respect to such designation.
 - (2) Prior to the designation of a health professional shortage area under this section, the Secretary shall, to the extent practicable, give written notice of the proposed designation of such area to appropriate public or private nonprofit entities which are located or have a demonstrated interest in such area and request comments from such entities with respect to the proposed designation of such area.
- (f) The Secretary shall give written notice of the designation of a health professional shortage area, not later than 60 days from the date of such designation, to—
 - (1) the Governor of each State in which the area, population group, medical facility, or other public facility so designated is in whole or part located; and
 - (2) appropriate public or nonprofit private entities which are located or which have a demonstrated interest in the area so designated.
- (g) Any person may recommend to the Secretary the designation of an area, population group, medical facility, or other public facility as a health professional shortage area.
- (h) The Secretary may conduct such information programs in areas, among population groups, and in medical facilities and other public facilities designated under this section as health professional shortage areas as may be necessary to inform public and nonprofit private entities which are located or have a demonstrated interest in such areas of the assistance available under this title by virtue of the designation of such areas.
- (i) **DISSEMINATION.**—The Administrator of the Health Resources and Services Administration shall disseminate information concerning the designation criteria described in subsection (b) to—
 - (1) the Governor of each State;
 - (2) the representative of any area, population group, or facility selected by any such Governor to receive such information;
 - (3) the representative of any area, population group, or facility that requests such information; and
 - (4) the representative of any area, population group, or facility determined by the Administrator to be likely to meet the criteria described in subsection (b).
- (j)

- (1) The Secretary shall submit the report described in paragraph (2) if the Secretary, acting through the Administrator of the Health Resources and Services Administration, issues—
 - (A) a regulation that revises the definition of a health professional shortage area for purposes of this section; or
 - (B) a regulation that revises the standards concerning priority of such an area under section 333A.
- (2) On issuing a regulation described in paragraph (1), the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that describes the regulation.
- (3) Each regulation described in paragraph (1) shall take effect 180 days after the committees described in paragraph (2) receive a report referred to in such paragraph describing the regulation.

NEGOTIATED RULEMAKING FOR DEVELOPMENT OF METHODOLOGY AND CRITERIA FOR DESIGNATING MEDICALLY UNDERSERVED POPULATIONS AND HEALTH PROFESSIONS SHORTAGE AREAS⁴

- (a) ESTABLISHMENT.—
 - (1) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall establish, through a negotiated rulemaking process under subchapter 3 of chapter 5 of title 5, United States Code, a comprehensive methodology and criteria for designation of—
 - (A) medically underserved populations in accordance with section 330(b)(3) of the Public Health Service Act (42 U.S.C. 254b(b)(3));
 - (B) health professions shortage areas under section 332 of the Public Health Service Act (42 U.S.C. 254e).
 - (2) FACTORS TO CONSIDER.—In establishing the methodology and criteria under paragraph (1), the Secretary—
 - (A) shall consult with relevant stakeholders who will be significantly affected by a rule (such as national, State and regional organizations representing affected entities), State health offices, community organizations, health centers and other affected entities, and other interested parties; and
 - (B) shall take into account—
 - (i) the timely availability and appropriateness of data used to determine a designation to potential applicants for such designations;
 - (ii) the impact of the methodology and criteria on communities of various types and on health centers and other safety net providers;
 - (iii) the degree of ease or difficulty that will face potential applicants for such designations in securing the necessary data; and
 - (iv) the extent to which the methodology accurately measures various barriers that confront individuals and population groups in seeking health care services.
- (b) PUBLICATION OF NOTICE.—In carrying out the rulemaking process under this subsection, the Secretary shall publish the notice provided for under section 564(a) of title 5, United States Code, by not later than 45 days after the date of the enactment of this Act.
- (c) TARGET DATE FOR PUBLICATION OF RULE.—As part of the notice under subsection (b), and for purposes of this subsection, the “target date for publication”, as referred to in section 564(a)(5) of title 5, United States Code, shall be July 1, 2010.
- (d) APPOINTMENT OF NEGOTIATED RULEMAKING COMMITTEE AND FACILITATOR.—The Secretary shall provide for—
 - (1) the appointment of a negotiated rulemaking committee under section 565(a) of title 5, United States Code, by not later than 30 days after the end of the comment period provided for under section 564(c) of such title; and
 - (2) the nomination of a facilitator under section 566(c) of such title 5 by not later than 10 days after the date of appointment of the committee.
- (e) PRELIMINARY COMMITTEE REPORT.—The negotiated rulemaking committee appointed under subsection (d) shall report to the Secretary, by not later than April 1, 2010, regarding the committee’s progress on achieving a consensus with regard to the rulemaking proceeding and whether such consensus is likely to occur

⁴ Added by P.L. 111-148, § 5602. Not codified in the Public Health Service Act. Delegated to HRSA/BHPr.

before one month before the target date for publication of the rule. If the committee reports that the committee has failed to make significant progress toward such consensus or is unlikely to reach such consensus by the target date, the Secretary may terminate such process and provide for the publication of a rule under this section through such other methods as the Secretary may provide.

- (f) **FINAL COMMITTEE REPORT.**—If the committee is not terminated under subsection (e), the rulemaking committee shall submit a report containing a proposed rule by not later than one month before the target publication date.
- (g) **INTERIM FINAL EFFECT.**—The Secretary shall publish a rule under this section in the Federal Register by not later than the target publication date. Such rule shall be effective and final immediately on an interim basis, but is subject to change and revision after public notice and opportunity for a period (of not less than 90 days) for public comment. In connection with such rule, the Secretary shall specify the process for the timely review and approval of applications for such designations pursuant to such rules and consistent with this section.
- (h) **PUBLICATION OF RULE AFTER PUBLIC COMMENT.**—The Secretary shall provide for consideration of such comments and republication of such rule by not later than 1 year after the target publication date.

SUBPART III—SCHOLARSHIP PROGRAM AND LOANREPAYMENT PROGRAM

SEC. 338I OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 254q–1

GRANTS TO STATES FOR LOAN REPAYMENT PROGRAMS

(a) IN GENERAL.—

- (1) **AUTHORITY FOR GRANTS.**—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to States for the purpose of assisting the States in operating programs described in paragraph (2) in order to provide for the increased availability of primary health care services in health professional shortage areas. The National Advisory Council established under section 337 shall advise the Administrator regarding the program under this section.
- (2) **LOAN REPAYMENT PROGRAMS.**—The programs referred to in paragraph (1) are, subject to subsection (c), programs of entering into contracts under which the State involved agrees to pay all or part of the principal, interest, and related expenses of the educational loans of health professionals in consideration of the professionals agreeing to provide primary health services in health professional shortage areas.
- (3) **DIRECT ADMINISTRATION BY STATE AGENCY.**—The Secretary may not make a grant under paragraph (1) unless the State involved agrees that the program operated with the grant will be administered directly by a State agency.

(b) REQUIREMENT OF MATCHING FUNDS.—

- (1) **IN GENERAL.**—The Secretary may not make a grant under subsection (a) unless the State agrees that, with respect to the costs of making payments on behalf of individuals under contracts made pursuant to paragraph (2) of such subsection, the State will make available (directly or through donations from public or private entities) non-Federal contributions in cash toward such costs in an amount equal to not less than \$1 for each \$1 of Federal funds provided in the grant.
- (2) **DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.**— In determining the amount of non-Federal contributions in cash that a State has provided pursuant to paragraph (1), the Secretary may not include any amounts provided to the State by the Federal Government.

(c) COORDINATION WITH FEDERAL PROGRAM.—

- (1) **ASSIGNMENTS FOR HEALTH PROFESSIONAL SHORTAGE AREAS UNDER FEDERAL PROGRAM.**—The Secretary may not make a grant under subsection (a) unless the State involved agrees that, in carrying out the program operated with the grant, the State will assign health professionals participating in the program only to public and nonprofit private entities located in and providing health services in health professional shortage areas.

- (2) **REMEDIES FOR BREACH OF CONTRACTS.**—The Secretary may not make a grant under subsection (a) unless the State involved agrees that the contracts provided by the State pursuant to paragraph (2) of such subsection will provide remedies for any breach of the contracts by the health professionals involved.
- (3) **LIMITATION REGARDING CONTRACT INDUCEMENTS.**—
- (A) Except as provided in subparagraph (B), the Secretary may not make a grant under subsection (a) unless the State involved agrees that the contracts provided by the State pursuant to paragraph (2) of such subsection will not be provided on terms that are more favorable to health professionals than the most favorable terms that the Secretary is authorized to provide for contracts under the Loan Repayment Program under section 338B, including terms regarding—
- (i) the annual amount of payments provided on behalf of the professionals regarding educational loans; and
- (ii) the availability of remedies for any breach of the contracts by the health professionals involved.
- (B) With respect to the limitation established in subparagraph (A) regarding the annual amount of payments that may be provided to a health professional under a contract provided by a State pursuant to subsection (a)(2), such limitation shall not apply with respect to a contract if—
- (i) the excess of such annual payments above the maximum amount authorized in section 338B(g)(2)(A) for annual payments regarding contracts is paid solely from non-Federal contributions under subsection (b); and
- (ii) the contract provides that the health professional involved will satisfy the requirement of obligated service under the contract solely through the provision of primary health services in a health professional shortage area that is receiving priority for purposes of section 333A(a)(1) and that is authorized to receive assignments under section 333 of individuals who are participating in the Scholarship Program under section 338A.
- (d) **RESTRICTIONS ON USE OF FUNDS.**—The Secretary may not make a grant under subsection (a) unless the State involved agrees that the grant will not be expended—
- (1) to conduct activities for which Federal funds are expended—
- (A) within the State to provide technical or other nonfinancial assistance under subsection (f) of section 330;
- (B) under a memorandum of agreement entered into with the State under subsection (h) of such section; or
- (C) under a grant under section 338J; or
- (2) for any purpose other than making payments on behalf of health professionals under contracts entered into pursuant to subsection (a)(2).
- (e) **REPORTS.**—The Secretary may not make a grant under subsection (a) unless the State involved agrees—
- (1) to submit to the Secretary such reports regarding the States loan repayment program, as are determined to be appropriate by the Secretary; and
- (2) to submit such a report not later than January 10 of each fiscal year immediately following any fiscal year for which the State has received such a grant.
- (f) **REQUIREMENT OF APPLICATION.**—The Secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out such subsection.
- (g) **NONCOMPLIANCE.**—
- (1) **IN GENERAL.**—The Secretary may not make payments under subsection (a) to a State for any fiscal year subsequent to the first fiscal year of such payments unless the Secretary determines that, for the immediately preceding fiscal year, the State has complied with each of the agreements made by the State under this section.
- (2) **REDUCTION IN GRANT RELATIVE TO NUMBER OF BREACHED CONTRACTS.**—
- (A) Before making a grant under subsection (a) to a State for a fiscal year, the Secretary shall determine the number of contracts provided by the State under paragraph (2) of such subsection with respect to

which there has been an initial breach by the health professionals involved during the fiscal year preceding the fiscal year for which the State is applying to receive the grant.

- (B) Subject to paragraph (3), in the case of a State with 1 or more initial breaches for purposes of subparagraph (A), the Secretary shall reduce the amount of a grant under subsection (a) to the State for the fiscal year involved by an amount equal to the sum of the expenditures of Federal funds made regarding the contracts involved and an amount representing interest on the amount of such expenditures, determined with respect to each contract on the basis of the maximum legal rate prevailing for loans made during the time amounts were paid under the contract, as determined by the Treasurer of the United States.
- (3) **WAIVER REGARDING REDUCTION IN GRANT.**—The Secretary may waive the requirement established in paragraph (2)(B) with respect to the initial breach of a contract if the Secretary determines that such breach by the health professional involved was attributable solely to the professional having a serious illness.
- (h) **DEFINITIONS.**—For purposes of this section, the term “State” means each of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands.
- (i) **AUTHORIZATION OF APPROPRIATIONS.**—
 - (1) **IN GENERAL.**—For the purpose of making grants under subsection (a), there are authorized to be appropriated \$12,000,000 for fiscal year 2008, and such sums as may be necessary for each of fiscal years 2009 through 2012.
 - (2) **AVAILABILITY.**—Amounts appropriated under paragraph (1) shall remain available until expended.

SUBPART V—HEALTHY COMMUNITIES ACCESS PROGRAM

SECTION 340A OF THE PUBLIC HEALTH SERVICE ACT⁵

42 U.S.C.A. § 256a

PATIENT NAVIGATOR GRANTS

- (a) **GRANTS.**—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to eligible entities for the development and operation of demonstration programs to provide patient navigator services to improve health care outcomes. The Secretary shall coordinate with, and ensure the participation of, the Indian Health Service, the National Cancer Institute, the Office of Rural Health Policy, and such other offices and agencies as deemed appropriate by the Secretary, regarding the design and evaluation of the demonstration programs.
- (b) **USE OF FUNDS.** The Secretary shall require each recipient of a grant under this section to use the grant to recruit, assign, train, and employ patient navigators who have direct knowledge of the communities they serve to facilitate the care of individuals, including by performing each of the following duties:
 - (1) Acting as contacts, including by assisting in the coordination of health care services and provider referrals, for individuals who are seeking prevention or early detection services for, or who following a screening or early detection service are found to have a symptom, abnormal finding, or diagnosis of, cancer or other chronic disease.
 - (2) Facilitating the involvement of community organizations in assisting individuals who are at risk for or who have cancer or other chronic diseases to receive better access to high-quality health care services (such as by creating partnerships with patient advocacy groups, charities, health care centers, community hospice centers, other health care providers, or other organizations in the targeted community).
 - (3) Notifying individuals of clinical trials and, on request, facilitating enrollment of eligible individuals in these trials.

⁵ Amended by P.L. 111-148, § 3510.

- (4) Anticipating, identifying, and helping patients to overcome barriers within the health care system to ensure prompt diagnostic and treatment resolution of an abnormal finding of cancer or other chronic disease.
 - (5) Coordinating with the relevant health insurance ombudsman programs to provide information to individuals who are at risk for or who have cancer or other chronic diseases about health coverage, including private insurance, health care savings accounts, and other publicly funded programs (such as Medicare, Medicaid, health programs operated by the Department of Veterans Affairs or the Department of Defense, the State children's health insurance program, and any private or governmental prescription assistance programs).
 - (6) Conducting ongoing outreach to health disparity populations, including the uninsured, rural populations, and other medically underserved populations, in addition to assisting other individuals who are at risk for or who have cancer or other chronic diseases to seek preventative care.
- (c) **PROHIBITIONS**
- (1) **Referral fees.** The Secretary shall require each recipient of a grant under this section to prohibit any patient navigator providing services under the grant from accepting any referral fee, kickback, or other thing of value in return for referring an individual to a particular health care provider.
 - (2) **Legal fees and costs.** The Secretary shall prohibit the use of any grant funds received under this section to pay any fees or costs resulting from any litigation, arbitration, mediation, or other proceeding to resolve a legal dispute.
- (d) **GRANT PERIOD**
- (1) **IN GENERAL.** Subject to paragraphs (2) and (3), the Secretary may award grants under this section for periods of not more than 3 years.
 - (2) **EXTENSIONS.** Subject to paragraph (3), the Secretary may extend the period of a grant under this section. Each such extension shall be for a period of not more than 1 year.
 - (3) **LIMITATIONS ON GRANT PERIOD.**-In carrying out this section, the Secretary shall ensure that the total period of a grant does not exceed 4 years.
- (e) **APPLICATION**
- (1) **IN GENERAL.** To seek a grant under this section, an eligible entity shall submit an application to the Secretary in such form, in such manner, and containing such information as the Secretary may require.
 - (2) **CONTENTS.** At a minimum, the Secretary shall require each such application to outline how the eligible entity will establish baseline measures and benchmarks that meet the Secretary's requirements to evaluate program outcomes.
 - (3) **MINIMUM CORE PROFICIENCIES.**-The Secretary shall not award a grant to an entity under this section unless such entity provides assurances that patient navigators recruited, assigned, trained, or employed using grant funds meet minimum core proficiencies, as defined by the entity that submits the application, that are tailored for the main focus or intervention of the navigator involved.
- (f) **UNIFORM BASELINE MEASURES.** The Secretary shall establish uniform baseline measures in order to properly evaluate the impact of the demonstration projects under this section.
- (g) **PREFERENCE.** In making grants under this section, the Secretary shall give preference to eligible entities that demonstrate in their applications plans to utilize patient navigator services to overcome significant barriers in order to improve health care outcomes in their respective communities.
- (h) **DUPLICATION OF SERVICES.** An eligible entity that is receiving Federal funds for activities described in subsection (b) of this section on the date on which the entity submits an application under subsection (e) of this section may not receive a grant under this section unless the entity can demonstrate that amounts received under the grant will be utilized to expand services or provide new services to individuals who would not otherwise be served.
- (i) **COORDINATION WITH OTHER PROGRAMS.** The Secretary shall ensure coordination of the demonstration grant program under this section with existing authorized programs in order to facilitate access to high-quality health care services.
- (j) **STUDY; REPORTS**

- (1) **FINAL REPORT BY SECRETARY.** Not later than 6 months after the completion of the demonstration grant program under this section, the Secretary shall conduct a study of the results of the program and submit to the Congress a report on such results that includes the following:
 - (A) An evaluation of the program outcomes, including—
 - (i) quantitative analysis of baseline and benchmark measures; and
 - (ii) aggregate information about the patients served and program activities.
 - (B) Recommendations on whether patient navigator programs could be used to improve patient outcomes in other public health areas.
- (2) **INTERIM REPORTS BY SECRETARY.** The Secretary may provide interim reports to the Congress on the demonstration grant program under this section at such intervals as the Secretary determines to be appropriate.
- (3) **REPORTS BY GRANTEEES.** The Secretary may require grant recipients under this section to submit interim and final reports on grant program outcomes.
- (k) **RULE OF CONSTRUCTION.** This section shall not be construed to authorize funding for the delivery of health care services (other than the patient navigator duties listed in subsection (b) of this section).
- (l) **DEFINITIONS.** In this section:
 - (1) The term “eligible entity” means a public or nonprofit private health center (including a Federally qualified health center (as that term is defined in section 1861(aa)(4) of the Social Security Act), a health facility operated by or pursuant to a contract with the Indian Health Service, a hospital, a cancer center, a rural health clinic, an academic health center, or a nonprofit entity that enters into a partnership or coordinates referrals with such a center, clinic, facility, or hospital to provide patient navigator services.
 - (2) The term “health disparity population” means a population that, as determined by the Secretary, has a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates as compared to the health status of the general population.
 - (3) The term “patient navigator” means an individual who has completed a training program approved by the Secretary to perform the duties listed in subsection (b) of this section.
- (m) **AUTHORIZATION OF APPROPRIATIONS**
 - (1) **IN GENERAL.** To carry out this section, there are authorized to be appropriated \$2,000,000 for fiscal year 2006, \$5,000,000 for fiscal year 2007, \$8,000,000 for fiscal year 2008, \$6,500,000 for fiscal year 2009, \$3,500,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2015.
 - (2) **AVAILABILITY.** The amounts appropriated pursuant to paragraph (1) shall remain available for obligation through the end of fiscal year 2015.

SUBPART IX—SUPPORT OF GRADUATE MEDICAL EDUCATION PROGRAMS IN CHILDREN’S HOSPITALS

SEC. 340E OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 256e

PROGRAM OF PAYMENTS TO CHILDREN’S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS

- (a) **PAYMENTS.**—The Secretary shall make two payments under this section to each children’s hospital for each of fiscal years 2000 through 2005 and each of fiscal years 2007 through 2011, one for the direct expenses and the other for indirect expenses associated with operating approved graduate medical residency training programs. The Secretary shall promulgate regulations pursuant to the rulemaking requirements of title 5, United States Code, which shall govern payments made under this subpart.
- (b) **AMOUNT OF PAYMENTS.**—

- (1) **IN GENERAL.**—Subject to paragraphs (2) and (3), the amounts payable under this section to a children’s hospital for an approved graduate medical residency training program for a fiscal year are each of the following amounts:
 - (A) **DIRECT EXPENSE AMOUNT.**—The amount determined under subsection (c) for direct expenses associated with operating approved graduate medical residency training programs.
 - (B) **INDIRECT EXPENSE AMOUNT.**—The amount determined under subsection (d) for indirect expenses associated with the treatment of more severely ill patients and the additional costs relating to teaching residents in such programs.
- (2) **CAPPED AMOUNT.**—
 - (A) **IN GENERAL.**—The total of the payments made to children’s hospitals under paragraph (1)(A) or paragraph (1)(B) in a fiscal year shall not exceed the funds appropriated under paragraph (1) or (2), respectively, of subsection (f) for such payments for that fiscal year.
 - (B) **PRO RATA REDUCTIONS OF PAYMENTS FOR DIRECT EXPENSES.**—If the Secretary determines that the amount of funds appropriated under subsection (f)(1) for a fiscal year is insufficient to provide the total amount of payments otherwise due for such periods under paragraph (1)(A), the Secretary shall reduce the amounts so payable on a pro rata basis to reflect such shortfall.
- (3) **ANNUAL REPORTING REQUIRED.**—
 - (A) **REDUCTION IN PAYMENT FOR FAILURE TO REPORT**
 - (i) **IN GENERAL.**—The amount payable under this section to a children’s hospital for a fiscal year (beginning with fiscal year 2008 and after taking into account paragraph (2)) shall be reduced by 25 percent if the Secretary determines that—
 - (I) the hospital has failed to provide the Secretary, as an addendum to the hospital’s application under this section for such fiscal year, the report required under subparagraph (B) for the previous fiscal year; or
 - (II) such report fails to provide the information required under any clause of such subparagraph.
 - (ii) **NOTICE AND OPPORTUNITY TO PROVIDE MISSING INFORMATION.**—Before imposing a reduction under clause (i) on the basis of a hospital’s failure to provide information described in clause (i)(II), the Secretary shall provide notice to the hospital of such failure and the Secretary’s intention to impose such reduction and shall provide the hospital with the opportunity to provide the required information within a period of 30 days beginning on the date of such notice. If the hospital provides such information within such period, no reduction shall be made under clause (i) on the basis of the previous failure to provide such information.
 - (B) **ANNUAL REPORT.**—The report required under this subparagraph for a children’s hospital for a fiscal year is a report that includes (in a form and manner specified by the Secretary) the following information for the residency academic year completed immediately prior to such fiscal year:
 - (i) The types of resident training programs that the hospital provided for residents described in subparagraph (C), such as general pediatrics, internal medicine/pediatrics, and pediatric subspecialties, including both medical subspecialties certified by the American Board of Pediatrics (such as pediatric gastroenterology) and non-medical subspecialties approved by other medical certification boards (such as pediatric surgery).
 - (ii) The number of training positions for residents described in subparagraph (C), the number of such positions recruited to fill, and the number of such positions filled.
 - (iii) The types of training that the hospital provided for residents described in subparagraph (C) related to the health care needs of different populations, such as children who are underserved for reasons of family income or geographic location, including rural and urban areas.
 - (iv) The changes in residency training for residents described in subparagraph (C) which the hospital has made during such residency academic year (except that the first report submitted by the hospital under this subparagraph shall be for such changes since the first year in which the hospital received payment under this section), including—

- (I) changes in curricula, training experiences, and types of training programs, and benefits that have resulted from such changes; and
- (II) changes for purposes of training the residents in the measurement and improvement of the quality and safety of patient care.
- (v) The numbers of residents described in subparagraph (C) who completed their residency training at the end of such residency academic year and care for children within the borders of the service area of the hospital or within the borders of the State in which the hospital is located. Such numbers shall be disaggregated with respect to residents who completed residencies in general pediatrics or internal medicine/pediatrics, subspecialty residencies, and dental residencies.
- (C) RESIDENTS.—The residents described in this subparagraph are those who—
 - (i) are in full-time equivalent resident training positions in any training program sponsored by the hospital; or
 - (ii) are in a training program sponsored by an entity other than the hospital, but who spend more than 75 percent of their training time at the hospital.
- (D) REPORT TO CONGRESS.—Not later than the end of fiscal year 2011, the Secretary, acting through the Administrator of the Health Resources and Services Administration, shall submit a report to the Congress—
 - (i) summarizing the information submitted in reports to the Secretary under subparagraph (B);
 - (ii) describing the results of the program carried out under this section; and
 - (iii) making recommendations for improvements to the program.
- (c) AMOUNT OF PAYMENT FOR DIRECT GRADUATE MEDICAL EDUCATION.—
 - (1) IN GENERAL.—The amount determined under this subsection for payments to a children’s hospital for direct graduate expenses relating to approved graduate medical residency training programs for a fiscal year is equal to the product of—
 - (A) the updated per resident amount for direct graduate medical education, as determined under paragraph (2); and
 - (B) the average number of full-time equivalent residents in the hospital’s graduate approved medical residency training programs (as determined under section 1886(h)(4) of the Social Security Act during the fiscal year.
 - (2) UPDATED PER RESIDENT AMOUNT FOR DIRECT GRADUATE MEDICAL EDUCATION.—The updated per resident amount for direct graduate medical education for a hospital for a fiscal year is an amount determined as follows:
 - (A) DETERMINATION OF HOSPITAL SINGLE PER RESIDENT AMOUNT.—The Secretary shall compute for each hospital operating an approved graduate medical education program (regardless of whether or not it is a children’s hospital) a single per resident amount equal to the average (weighted by number of full-time equivalent residents) of the primary care per resident amount and the non-primary care per resident amount computed under section 1886(h)(2) of the Social Security Act for cost reporting periods ending during fiscal year 1997.
 - (B) DETERMINATION OF WAGE AND NON-WAGE-RELATED PROPORTION OF THE SINGLE PER RESIDENT AMOUNT.—The Secretary shall estimate the average proportion of the single per resident amounts computed under subparagraph (A) that is attributable to wages and wage-related costs.
 - (C) STANDARDIZING PER RESIDENT AMOUNTS.—The Secretary shall establish a standardized per resident amount for each such hospital—
 - (i) by dividing the single per resident amount computed under subparagraph (A) into a wage-related portion and a non-wage-related portion by applying the proportion determined under subparagraph (B);
 - (ii) by dividing the wage-related portion by the factor applied under section 1886(d)(3)(E) of the Social Security Act for discharges occurring during fiscal year 1999 for the hospital’s area; and

- (iii) by adding the non-wage-related portion to the amount computed under clause (ii).
 - (D) DETERMINATION OF NATIONAL AVERAGE.—The Secretary shall compute a national average per resident amount equal to the average of the standardized per resident amounts computed under subparagraph (C) for such hospitals, with the amount for each hospital weighted by the average number of full-time equivalent residents at such hospital.
 - (E) APPLICATION TO INDIVIDUAL HOSPITALS.—The Secretary shall compute for each such hospital that is a children’s hospital a per resident amount—
 - (i) by dividing the national average per resident amount computed under subparagraph (D) into a wage-related portion and a non-wage-related portion by applying the proportion determined under subparagraph (B);
 - (ii) by multiplying the wage-related portion by the factor applied under section 1886(d)(3)(E) of the Social Security Act for discharges occurring during the preceding fiscal year for the hospital’s area; and
 - (iii) by adding the non-wage-related portion to the amount computed under clause (ii).
 - (F) UPDATING RATE.—The Secretary shall update such per resident amount for each such children’s hospital by the estimated percentage increase in the consumer price index for all urban consumers during the period beginning October 1997 and ending with the midpoint of the Federal fiscal year for which payments are made.
- (d) AMOUNT OF PAYMENT FOR INDIRECT MEDICAL EDUCATION.—
- (1) IN GENERAL.—The amount determined under this subsection for payments to a children’s hospital for indirect expenses associated with the treatment of more severely ill patients and the additional costs associated with the teaching of residents for a fiscal year is equal to an amount determined appropriate by the Secretary.
 - (2) FACTORS.—In determining the amount under paragraph (1), the Secretary shall—
 - (A) take into account variations in case mix among children’s hospitals and the ratio of the number of fulltime equivalent residents in the hospitals’ approved graduate medical residency training programs to beds (but excluding beds or bassinets assigned to healthy newborn infants); and
 - (B) assure that the aggregate of the payments for indirect expenses associated with the treatment of more severely ill patients and the additional costs related to the teaching of residents under this section in a fiscal year are equal to the amount appropriated for such expenses for the fiscal year involved under subsection (f)(2).
- (e) MAKING OF PAYMENTS.—
- (1) INTERIM PAYMENTS.—The Secretary shall determine, before the beginning of each fiscal year involved for which payments may be made for a hospital under this section, the amounts of the payments for direct graduate medical education and indirect medical education for such fiscal year and shall (subject to paragraph (2)) make the payments of such amounts in 12 equal interim installments during such period. Such interim payments to each individual hospital shall be based on the number of residents reported in the hospital’s most recently filed Medicare cost report prior to the application date for the Federal fiscal year for which the interim payment amounts are established. In the case of a hospital that does not report residents on a Medicare cost report, such interim payments shall be based on the number of residents trained during the hospital’s most recently completed Medicare cost report filing period.
 - (2) WITHHOLDING.—The Secretary shall withhold up to 25 percent from each interim installment for direct and indirect graduate medical education paid under paragraph (1) as necessary to ensure a hospital will not be overpaid on an interim basis.
 - (3) RECONCILIATION.—Prior to the end of each fiscal year, the Secretary shall determine any changes to the number of residents reported by a hospital in the application of the hospital for the current fiscal year to determine the final amount payable to the hospital for the current fiscal year for both direct expense and indirect expense amounts. Based on such determination, the Secretary shall recoup any overpayments made and pay any balance due to the extent possible. The final amount so determined shall be considered a final

intermediary determination for the purposes of section 1878 of the Social Security Act and shall be subject to administrative and judicial review under that section in the same manner as the amount of payment under section 1186(d) of such Act is subject to review under such section.

(f) **AUTHORIZATION OF APPROPRIATIONS.—**

(1) **DIRECT GRADUATE MEDICAL EDUCATION.—**

(A) **IN GENERAL.—**There are hereby authorized to be appropriated, out of any money in the Treasury not otherwise appropriated, for payments under subsection (b)(1)(A)—

(i) for fiscal year 2000, \$90,000,000;

(ii) for fiscal year 2001, \$95,000,000;

(iii) for each of the fiscal years 2002 through 2005, such sums as may be necessary; and

(iv) for each of fiscal years 2007 through 2011, \$110,000,000.

(B) **CARRYOVER OF EXCESS.—**The amounts appropriated under subparagraph (A) for fiscal year 2000 shall remain available for obligation through the end of fiscal year 2001.

(2) **INDIRECT MEDICAL EDUCATION.—**There are hereby authorized to be appropriated, out of any money in the Treasury not otherwise appropriated, for payments under subsection (b)(1)(B)—

(A) for fiscal year 2000, \$190,000,000;

(B) for fiscal year 2001, \$190,000,000;

(C) for each of the fiscal years 2002 through 2005, such sums as may be necessary; and

(D) for each of fiscal years 2007 through 2011, \$220,000,000.

(g) **DEFINITIONS.—**In this section:

(1) **APPROVED GRADUATE MEDICAL RESIDENCY TRAINING PROGRAM.—**The term “approved graduate medical residency training program” has the meaning given the term “approved medical residency training program” in section 1886(h)(5)(A) of the Social Security Act.

(2) **CHILDREN’S HOSPITAL.—**The term “children’s hospital” means a hospital with a Medicare payment agreement and which is excluded from the Medicare inpatient prospective payment system pursuant to section 1886(d)(1)(B)(iii) of the Social Security Act and its accompanying regulations.

(3) **DIRECT GRADUATE MEDICAL EDUCATION COSTS.—**The term “direct graduate medical education costs” has the meaning given such term in section 1886(h)(5)(C) of the Social Security Act.

SUBPART X—PRIMARY DENTAL PROGRAMS

SEC. 340F OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 256f

DESIGNATED DENTAL HEALTH PROFESSIONAL SHORTAGE AREA

In this subpart, the term “designated dental health professional shortage area” means an area, population group, or facility that is designated by the Secretary as a dental health professional shortage area under section 332 or designated by the applicable State as having a dental health professional shortage.

SEC. 340G OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 256g

GRANTS FOR INNOVATIVE PROGRAMS

(a) **GRANT PROGRAM AUTHORIZED.—**The Secretary, acting through the Administrator of the Health Resources and Services Administration, is authorized to award grants to States for the purpose of helping States develop and implement innovative programs to address the dental workforce needs of designated dental health professional shortage areas in a manner that is appropriate to the States’ individual needs.

(b) **STATE ACTIVITIES.—**A State receiving a grant under subsection (a) may use funds received under the grant for—

- (1) loan forgiveness and repayment programs for dentists who—
 - (A) agree to practice in designated dental health professional shortage areas;
 - (B) are dental school graduates who agree to serve as public health dentists for the Federal, State, or local government; and
 - (C) agree to—
 - (i) provide services to patients regardless of such patients' ability to pay; and
 - (ii) use a sliding payment scale for patients who are unable to pay the total cost of services;
 - (2) dental recruitment and retention efforts;
 - (3) grants and low-interest or no-interest loans to help dentists who participate in the medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) to establish or expand practices in designated dental health professional shortage areas by equipping dental offices or sharing in the overhead costs of such practices;
 - (4) the establishment or expansion of dental residency programs in coordination with accredited dental training institutions in States without dental schools;
 - (5) programs developed in consultation with State and local dental societies to expand or establish oral health services and facilities in designated dental health professional shortage areas, including services and facilities for children with special needs, such as—
 - (A) the expansion or establishment of a community-based dental facility, free-standing dental clinic, consolidated health center dental facility, school-linked dental facility, or United States dental school-based facility;
 - (B) the establishment of a mobile or portable dental clinic; and
 - (C) the establishment or expansion of private dental services to enhance capacity through additional equipment or additional hours of operation;
 - (6) placement and support of dental students, dental residents, and advanced dentistry trainees;
 - (7) continuing dental education, including distance-based education;
 - (8) practice support through teledentistry conducted in accordance with State laws;
 - (9) community-based prevention services such as water fluoridation and dental sealant programs;
 - (10) coordination with local educational agencies within the State to foster programs that promote children going into oral health or science professions;
 - (11) the establishment of faculty recruitment programs at accredited dental training institutions whose mission includes community outreach and service and that have a demonstrated record of serving underserved States;
 - (12) the development of a State dental officer position or the augmentation of a State dental office to coordinate oral health and access issues in the State; and
 - (13) any other activities determined to be appropriate by the Secretary.
- (c) APPLICATION.—
- (1) IN GENERAL.—Each State desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.
 - (2) ASSURANCES.—The application shall include assurances that the State will meet the requirements of subsection (d) and that the State possesses sufficient infrastructure to manage the activities to be funded through the grant and to evaluate and report on the outcomes resulting from such activities.
- (d) MATCHING REQUIREMENT.—The Secretary may not make a grant to a State under this section unless that State agrees that, with respect to the costs to be incurred by the State in carrying out the activities for which the grant was awarded, the State will provide non-Federal contributions in an amount equal to not less than 40 percent of Federal funds provided under the grant. The State may provide the contributions in cash or in kind, fairly evaluated, including plant, equipment, and services and may provide the contributions from State, local, or private sources.
- (e) REPORT.—Not later than 5 years after the date of enactment of the Health Care Safety Net Amendments of 2002, the Secretary shall prepare and submit to the appropriate committees of Congress a report containing data

relating to whether grants provided under this section have increased access to dental services in designated dental health professional shortage areas.

- (f) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section, \$25,000,000 for the 5-fiscal year period beginning with fiscal year 2008.

SEC. 340G–1 OF THE PUBLIC HEALTH SERVICE ACT⁶

42 U.S.C. § 256g–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.

⁶ Added by P.L. 111-148, § 5304: “Alternative Dental Health Care Providers Demonstration Project.”

- (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.

SUBPART XI—SUPPORT OF GRADUATE MEDICAL EDUCATION IN QUALIFIED TEACHING HEALTH CENTERS⁷

SEC. 340H OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 256h

PROGRAM OF PAYMENTS TO TEACHING HEALTH CENTERS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS

- (a) **PAYMENTS.**—Subject to subsection (h)(2), the Secretary shall make payments under this section for direct expenses and for indirect expenses to qualified teaching health centers that are listed as sponsoring institutions by the relevant accrediting body for expansion of existing or establishment of new approved graduate medical residency training programs.
- (b) **AMOUNT OF PAYMENTS.**—
 - (1) **IN GENERAL.**—Subject to paragraph (2), the amounts payable under this section to qualified teaching health centers for an approved graduate medical residency training program for a fiscal year are each of the following amounts:
 - (A) **DIRECT EXPENSE AMOUNT.**—The amount determined under subsection (c) for direct expenses associated with sponsoring approved graduate medical residency training programs.
 - (B) **INDIRECT EXPENSE AMOUNT.**—The amount determined under subsection (d) for indirect expenses associated with the additional costs relating to teaching residents in such programs.
 - (2) **CAPPED AMOUNT.**—
 - (A) **IN GENERAL.**—The total of the payments made to qualified teaching health centers under paragraph (1)(A) or paragraph (1)(B) in a fiscal year shall not exceed the amount of funds appropriated under subsection (g) for such payments for that fiscal year.
 - (B) **LIMITATION.**—The Secretary shall limit the funding of full-time equivalent residents in order to ensure the direct and indirect payments as determined under subsection (c) and (d) do not exceed the total amount of funds appropriated in a fiscal year under subsection (g).
- (c) **AMOUNT OF PAYMENT FOR DIRECT GRADUATE MEDICAL EDUCATION.**—
 - (1) **IN GENERAL.**—The amount determined under this subsection for payments to qualified teaching health centers for direct graduate expenses relating to approved graduate medical residency training programs for a fiscal year is equal to the product of—
 - (A) the updated national per resident amount for direct graduate medical education, as determined under paragraph (2); and
 - (B) the average number of full-time equivalent residents in the teaching health center’s graduate approved medical residency training programs as determined under section 1886(h)(4) of the Social Security Act (without regard to the limitation under subparagraph (F) of such section) during the fiscal year.

⁷ Added by P.L. 111-148, § 5508(c).

- (2) **UPDATED NATIONAL PER RESIDENT AMOUNT FOR DIRECT GRADUATE MEDICAL EDUCATION.**—The updated per resident amount for direct graduate medical education for a qualified teaching health center for a fiscal year is an amount determined as follows:
- (A) **DETERMINATION OF QUALIFIED TEACHING HEALTH CENTER PER RESIDENT AMOUNT.**—The Secretary shall compute for each individual qualified teaching health center a per resident amount—
- (i) by dividing the national average per resident amount computed under section 340E(c)(2)(D) into a wage-related portion and a non-wage related portion by applying the proportion determined under subparagraph (B);
 - (ii) by multiplying the wage-related portion by the factor applied under section 1886(d)(3)(E) of the Social Security Act (but without application of section 4410 of the Balanced Budget Act of 1997 (42 U.S.C. 1395ww note)) during the preceding fiscal year for the teaching health center’s area; and
 - (iii) by adding the non-wage-related portion to the amount computed under clause (ii).
- (B) **UPDATING RATE.**—The Secretary shall update such per resident amount for each such qualified teaching health center as determined appropriate by the Secretary.
- (d) **AMOUNT OF PAYMENT FOR INDIRECT MEDICAL EDUCATION.**—
- (1) **IN GENERAL.**—The amount determined under this subsection for payments to qualified teaching health centers for indirect expenses associated with the additional costs of teaching residents for a fiscal year is equal to an amount determined appropriate by the Secretary.
 - (2) **FACTORS.**—In determining the amount under paragraph (1), the Secretary shall—
 - (A) evaluate indirect training costs relative to supporting a primary care residency program in qualified teaching health centers; and
 - (B) based on this evaluation, assure that the aggregate of the payments for indirect expenses under this section and the payments for direct graduate medical education as determined under subsection (c) in a fiscal year do not exceed the amount appropriated for such expenses as determined in subsection (g).
 - (3) **INTERIM PAYMENT.**—Before the Secretary makes a payment under this subsection pursuant to a determination of indirect expenses under paragraph (1), the Secretary may provide to qualified teaching health centers a payment, in addition to any payment made under subsection (c), for expected indirect expenses associated with the additional costs of teaching residents for a fiscal year, based on an estimate by the Secretary.
- (e) **CLARIFICATION REGARDING RELATIONSHIP TO OTHER PAYMENTS FOR GRADUATE MEDICAL EDUCATION.**—Payments under this section—
- (1) shall be in addition to any payments—
 - (A) for the indirect costs of medical education under section 1886(d)(5)(B) of the Social Security Act;
 - (B) for direct graduate medical education costs under section 1886(h) of such Act; and
 - (C) for direct costs of medical education under section 1886(k) of such Act;
 - (2) shall not be taken into account in applying the limitation on the number of total full-time equivalent residents under subparagraphs (F) and (G) of section 1886(h)(4) of such Act and clauses (v), (vi)(I), and (vi)(II) of section 1886(d)(5)(B) of such Act for the portion of time that a resident rotates to a hospital; and
 - (3) shall not include the time in which a resident is counted toward full-time equivalency by a hospital under paragraph (2) or under section 1886(d)(5)(B)(iv) of the Social Security Act, section 1886(h)(4)(E) of such Act, or section 340E of this Act.
- (f) **RECONCILIATION.**—The Secretary shall determine any changes to the number of residents reported by a hospital in the application of the hospital for the current fiscal year to determine the final amount payable to the hospital for the current fiscal year for both direct expense and indirect expense amounts. Based on such determination, the Secretary shall recoup any overpayments made to pay any balance due to the extent possible. The final amount so determined shall be considered a final intermediary determination for the purposes of section 1878 of the Social Security Act and shall be subject to administrative and judicial review under that

section in the same manner as the amount of payment under section 1186(d) of such Act is subject to review under such section.

- (g) **FUNDING.**—To carry out this section, there are appropriated such sums as may be necessary, not to exceed \$230,000,000, for the period of fiscal years 2011 through 2015.
- (h) **ANNUAL REPORTING REQUIRED.**—
 - (1) **ANNUAL REPORT.**—The report required under this paragraph for a qualified teaching health center for a fiscal year is a report that includes (in a form and manner specified by the Secretary) the following information for the residency academic year completed immediately prior to such fiscal year:
 - (A) The types of primary care resident approved training programs that the qualified teaching health center provided for residents.
 - (B) The number of approved training positions for residents described in paragraph (4).
 - (C) The number of residents described in paragraph (4) who completed their residency training at the end of such residency academic year and care for vulnerable populations living in underserved areas.
 - (D) Other information as deemed appropriate by the Secretary.
 - (2) **AUDIT AUTHORITY; LIMITATION ON PAYMENT.**—
 - (A) **AUDIT AUTHORITY.**—The Secretary may audit a qualified teaching health center to ensure the accuracy and completeness of the information submitted in a report under paragraph (1).
 - (B) **LIMITATION ON PAYMENT.**—A teaching health center may only receive payment in a cost reporting period for a number of such resident positions that is greater than the base level of primary care resident positions, as determined by the Secretary. For purposes of this subparagraph, the ‘base level of primary care residents’ for a teaching health center is the level of such residents as of a base period.
 - (3) **REDUCTION IN PAYMENT FOR FAILURE TO REPORT.**—
 - (A) **IN GENERAL.**—The amount payable under this section to a qualified teaching health center for a fiscal year shall be reduced by at least 25 percent if the Secretary determines that—
 - (i) the qualified teaching health center has failed to provide the Secretary, as an addendum to the qualified teaching health center’s application under this section for such fiscal year, the report required under paragraph (1) for the previous fiscal year; or
 - (ii) such report fails to provide complete and accurate information required under any subparagraph of such paragraph.
 - (B) **NOTICE AND OPPORTUNITY TO PROVIDE ACCURATE AND MISSING INFORMATION.**—Before imposing a reduction under subparagraph (A) on the basis of a qualified teaching health center’s failure to provide complete and accurate information described in subparagraph (A)(ii), the Secretary shall provide notice to the teaching health center of such failure and the Secretary’s intention to impose such reduction and shall provide the teaching health center with the opportunity to provide the required information within the period of 30 days beginning on the date of such notice. If the teaching health center provides such information within such period, no reduction shall be made under subparagraph (A) on the basis of the previous failure to provide such information.
 - (4) **RESIDENTS.**—The residents described in this paragraph are those who are in part-time or full-time equivalent resident training positions at a qualified teaching health center in any approved graduate medical residency training program.
- (i) **REGULATIONS.**—The Secretary shall promulgate regulations to carry out this section.
- (j) **DEFINITIONS.**—In this section:
 - (1) **APPROVED GRADUATE MEDICAL RESIDENCY TRAINING PROGRAM.**—The term ‘approved graduate medical residency training program’ means a residency or other postgraduate medical training program—
 - (A) participation in which may be counted toward certification in a specialty or subspecialty and includes formal postgraduate training programs in geriatric medicine approved by the Secretary; and

- (B) that meets criteria for accreditation (as established by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or the American Dental Association).
- (2) PRIMARY CARE RESIDENCY PROGRAM.—The term ‘primary care residency program’ has the meaning given that term in section 749A.
- (3) QUALIFIED TEACHING HEALTH CENTER.—The term ‘qualified teaching health center’ has the meaning given the term ‘teaching health center’ in section 749A.

SUBPART XI—COMMUNITY-BASED COLLABORATIVE CARE NETWORK PROGRAM

SEC. 340H OF THE PUBLIC HEALTH SERVICE ACT⁸

42 U.S.C. § 256i

COMMUNITY-BASED COLLABORATIVE CARE NETWORK PROGRAM

- (a) IN GENERAL.—The Secretary may award grants to eligible entities to support community-based collaborative care networks that meet the requirements of subsection (b).
- (b) COMMUNITY-BASED COLLABORATIVE CARE NETWORKS.—
 - (1) DESCRIPTION.—A community-based collaborative care network (referred to in this section as a ‘network’) shall be a consortium of health care providers with a joint governance structure (including providers within a single entity) that provides comprehensive coordinated and integrated health care services (as defined by the Secretary) for low-income populations.
 - (2) REQUIRED INCLUSION.—A network shall include the following providers (unless such provider does not exist within the community, declines or refuses to participate, or places unreasonable conditions on their participation):
 - (A) A hospital that meets the criteria in section 1923(b)(1) of the Social Security Act; and
 - (B) All Federally qualified health centers (as defined in section 1861(aa) of the Social Security Act located in the community.
 - (3) PRIORITY.—In awarding grants, the Secretary shall give priority to networks that include—
 - (A) the capability to provide the broadest range of services to low-income individuals;
 - (B) the broadest range of providers that currently serve a high volume of low-income individuals; and
 - (C) a county or municipal department of health.
- (c) APPLICATION.—
 - (1) APPLICATION.—A network described in subsection (b) shall submit an application to the Secretary.
 - (2) RENEWAL.—In subsequent years, based on the performance of grantees, the Secretary may provide renewal grants to prior year grant recipients.
- (d) USE OF FUNDS.—
 - (1) USE BY GRANTEES.—Grant funds may be used for the following activities:
 - (A) Assist low-income individuals to—
 - (i) access and appropriately use health services;
 - (ii) enroll in health coverage programs; and
 - (iii) obtain a regular primary care provider or a medical home.
 - (B) Provide case management and care management.
 - (C) Perform health outreach using neighborhood health workers or through other means.
 - (D) Provide transportation.
 - (E) Expand capacity, including through telehealth, after-hours services or urgent care.
 - (F) Provide direct patient care services.

⁸ Added by P.L. 111-148, § 10333. Note that there are two subparts labeled “XI” and two sections labeled “330H.” This second § 330H is assigned to BPHC and OHRP, partnered with ASPE, SAMHSA and AOA.

- (2) GRANT FUNDS TO HRSA GRANTEES.—The Secretary may limit the percent of grant funding that may be spent on direct care services provided by grantees of programs administered by the Health Resources and Services Administration or impose other requirements on such grantees deemed necessary.
- (e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2011 through 2015.

TITLE VII—HEALTH PROFESSIONS EDUCATION

PART A—STUDENT LOANS

SUBPART I—INSURED HEALTH EDUCATION ASSISTANCE LOANS TO GRADUATE STUDENTS

SEC. 701 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292

STATEMENT OF PURPOSE

The purpose of this subpart is to enable the Secretary to provide a Federal program of student loan insurance for students in (and certain former students of) eligible institutions (as defined in section 719).

SEC. 702 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292a

SCOPE AND DURATION OF LOAN INSURANCE PROGRAM

- (a) **IN GENERAL.**—The total principal amount of new loans made and installments paid pursuant to lines of credit (as defined in section 719) to borrowers covered by Federal loan insurance under this subpart shall not exceed \$350,000,000 for fiscal year 1993, \$375,000,000 for fiscal year 1994, and \$425,000,000 for fiscal year 1995. If the total amount of new loans made and installments paid pursuant to lines of credit in any fiscal year is less than the ceiling established for such year, the difference between the loans made and installments paid and the ceiling shall be carried over to the next fiscal year and added to the ceiling applicable to that fiscal year, and if in any fiscal year no ceiling has been established, any difference carried over shall constitute the ceiling for making new loans (including loans to new borrowers) and paying installments for such fiscal year. Thereafter, Federal loan insurance pursuant to this subpart may be granted only for loans made (or for loan installments paid pursuant to lines of credit) to enable students, who have obtained prior loans insured under this subpart, to continue or complete their educational program or to obtain a loan under section 705(a)(1)(B) to pay interest on such prior loans; but no insurance may be granted for any loan made or installment paid after September 30, 1998. The total principal amount of Federal loan insurance available under this subsection shall be granted by the Secretary without regard to any apportionment for the purpose of chapter 15 of title 31, United States Code, and without regard to any similar limitation.
- (b) **CERTAIN LIMITATIONS AND PRIORITIES.**—
- (1) **LIMITATIONS REGARDING LENDERS, STATES, OR AREAS.**— The Secretary may, if necessary to assure an equitable distribution of the benefits of this subpart, assign, within the maximum amounts specified in subsection (a), Federal loan insurance quotas applicable to eligible lenders, or to States or areas, and may from time to time reassign unused portions of these quotas.
 - (2) **PRIORITY FOR CERTAIN LENDERS.**—In providing certificates of insurance under section 706 through comprehensive contracts, the Secretary shall give priority to eligible lenders that agree—
 - (A) to make loans to students at interest rates below the rates prevailing, during the period involved, for loans covered by Federal loan insurance pursuant to this subpart; or
 - (B) to make such loans under terms that are otherwise favorable to the student relative to the terms under which eligible lenders are generally making such loans during such period.
- (c) **AUTHORITY OF STUDENT LOAN MARKETING ASSOCIATION.**—
- (1) **IN GENERAL.**—Subject to paragraph (2), the Student Loan Marketing Association, established under part B of title IV of the Higher Education Act of 1965, is authorized to make advances on the security of, purchase, service, sell, consolidate, or otherwise deal in loans which are insured by the Secretary under this subpart, except that if any loan made under this subpart is included in a consolidated loan pursuant to the authority of the Association under part B of title IV of the Higher Education Act of 1965, the interest rate

on such consolidated loan shall be set at the weighted average interest rate of all such loans offered for consolidation and the resultant per centum shall be rounded downward to the nearest one-eighth of 1 per centum, except that the interest rate shall be no less than the applicable interest rate of the guaranteed student loan program established under part B of title IV of the Higher Education Act of 1965. In the case of such a consolidated loan, the borrower shall be responsible for any interest which accrues prior to the beginning of the repayment period of the loan, or which accrues during a period in which principal need not be paid (whether or not such principal is in fact paid) by reason of any provision of the Higher Education Act of 1965.

- (2) **APPLICABILITY OF CERTAIN FEDERAL REGULATIONS.**— With respect to Federal regulations for lenders, this subpart may not be construed to preclude the applicability of such regulations to the Student Loan Marketing Association or to any other entity in the business of purchasing student loans, including such regulations with respect to applications, contracts, and due diligence.

SEC. 703 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292b

LIMITATIONS ON INDIVIDUAL INSURED LOANS AND ON LOAN INSURANCE

- (a) **IN GENERAL.**—The total of the loans made to a student in any academic year or its equivalent (as determined by the Secretary) which may be covered by Federal loan insurance under this subpart may not exceed \$20,000 in the case of a student enrolled in a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, or podiatric medicine, and \$12,500 in the case of a student enrolled in a school of pharmacy, public health, allied health, or chiropractic, or a graduate program in health administration or behavioral and mental health practice, including clinical psychology. The aggregate insured unpaid principal amount for all such insured loans made to any borrower shall not at any time exceed \$80,000 in the case of a borrower who is or was a student enrolled in a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, or podiatric medicine, and \$50,000 in the case of a borrower who is or was a student enrolled in a school of pharmacy, public health, allied health, or chiropractic, or a graduate program in health administration or clinical psychology. The annual insurable limit per student shall not be exceeded by a line of credit under which actual payments by the lender to the borrower will not be made in any year in excess of the annual limit.
- (b) **EXTENT OF INSURANCE LIABILITY.**—The insurance liability on any loan insured by the Secretary under this subpart shall be 100 percent of the unpaid balance of the principal amount of the loan plus interest. The full faith and credit of the United States is pledged to the payment of all amounts which may be required to be paid under the provisions of section 707 or 714.

SEC. 704 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292c

SOURCES OF FUNDS

Loans made by eligible lenders in accordance with this subpart shall be insurable by the Secretary whether made from funds fully owned by the lender or from funds held by the lender in a trust or similar capacity and available for such loans.

SEC. 705 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292d

ELIGIBILITY OF BORROWERS AND TERMS OF INSURED LOANS

- (a) **IN GENERAL.**—A loan by an eligible lender shall be insurable by the Secretary under the provisions of this subpart only if—
- (1) made to—

- (A) a student who—
 - (i)
 - (I) has been accepted for enrollment at an eligible institution, or
 - (II) in the case of a student attending an eligible institution, is in good standing at that institution, as determined by the institution;
 - (ii) is or will be a full-time student at the eligible institution;
 - (iii) has agreed that all funds received under such loan shall be used solely for tuition, other reasonable educational expenses, including fees, books, and laboratory expenses, and reasonable living expenses, incurred by such students;
 - (iv) if required under section 3 of the Military Selective Service Act to present himself for and submit to registration under such section, has presented himself and submitted to registration under such section; and
 - (v) in the case of a pharmacy student, has satisfactorily completed three years of training; or
 - (B) an individual who—
 - (i) has previously had a loan insured under this subpart when the individual was a full-time student at an eligible institution;
 - (ii) is in a period during which, pursuant to paragraph (2), the principal amount of such previous loan need not be paid;
 - (iii) has agreed that all funds received under the proposed loan shall be used solely for repayment of interest due on previous loans made under this subpart; and
 - (iv) if required under section 3 of the Military Selective Service Act to present himself for and submit to registration under such section, has presented himself and submitted to registration under such section;
- (2) evidenced by a note or other written agreement which—
- (A) is made without security and without endorsement, except that if the borrower is a minor and such note or other written agreement executed by him would not, under the applicable law, create a binding obligation, an endorsement may be required;
 - (B) provides for repayment of the principal amount of the loan in installments over a period of not less than 10 years (unless sooner repaid) nor more than 25 years beginning not earlier than 9 months nor later than 12 months after the date of—
 - (i) the date on which—
 - (I) the borrower ceases to be a participant in an accredited internship or residency program of not more than four years in duration;
 - (II) the borrower completes the fourth year of an accredited internship or residency program of more than four years in duration; or
 - (III) the borrower, if not a participant in a program described in subclause (I) or (II), ceases to carry, at an eligible institution, the normal fulltime academic workload as determined by the institution; or
 - (ii) the date on which a borrower who is a graduate of an eligible institution ceases to be a participant in a fellowship training program not in excess of two years or a participant in a full-time educational activity not in excess of two years, which—
 - (I) is directly related to the health profession for which the borrower prepared at an eligible institution, as determined by the Secretary; and
 - (II) may be engaged in by the borrower during such a two-year period which begins within twelve months after the completion of the borrower's participation in a program described in subclause (I) or (II) of clause (i) or prior to the completion of the borrower's participation in such program, except as provided in subparagraph (C),
 except that the period of the loan may not exceed 33 years from the date of execution of the note or written agreement evidencing it, and except that the note or other written instrument may

- contain such provisions relating to repayment in the event of default in the payment of interest or in the payment of the costs of insurance premiums, or other default by the borrower, as may be authorized by regulations of the Secretary in effect at the time the loan is made;
- (C) provides that periodic installments of principal and interest need not be paid, but interest shall accrue, during any period
- (i) during which the borrower is pursuing a full-time course of study at an eligible institution (or at an institution defined by section 102(a) of the Higher Education Act of 1965);
 - (ii) not in excess of four years during which the borrower is a participant in an accredited internship or residency program (including any period in such a program described in subclause (I) or subclause (II) of subparagraph (B)(i));
 - (iii) not in excess of three years, during which the borrower is a member of the Armed Forces of the United States;
 - (iv) not in excess of three years during which the borrower is in service as a volunteer under the Peace Corps Act;
 - (v) not in excess of three years during which the borrower is a member of the National Health Service Corps;
 - (vi) not in excess of three years during which the borrower is in service as a full-time volunteer under title I of the Domestic Volunteer Service Act of 1973;
 - (vii) not in excess of 3 years, for a borrower who has completed an accredited internship or residency training program in osteopathic general practice, family medicine, general internal medicine, preventive medicine, or general pediatrics and who is practicing primary care;
 - (viii) not in excess of 1 year, for borrowers who are graduates of schools of chiropractic;
 - (ix) any period not in excess of two years which is described in subparagraph (B)(ii);
 - (x) not in excess of three years, during which the borrower is providing health care services to Indians through an Indian health program (as defined in section 108(a)(2)(A) of the Indian Health Care Improvement Act (25 U.S.C. 1616a(a)(2)(A))⁹; and
 - (xi) in addition to all other deferments for which the borrower is eligible under clauses (i) through (x), any period during which the borrower is a member of the Armed Forces on active duty during the Persian Gulf conflict, and any period described in clauses (i) through (xi) shall not be included in determining the 25-year period described in subparagraph (B);
- (D) provides for interest on the unpaid principal balance of the loan at a yearly rate, not exceeding the applicable maximum rate prescribed and defined by the Secretary (within the limits set forth in subsection (b)) on a national, regional, or other appropriate basis, which interest shall be compounded not more frequently than annually and payable in installments over the period of the loan except as provided in subparagraph (C), except that the note or other written agreement may provide that payment of any interest may be deferred until not later than the date upon which repayment of the first installment of principal falls due or the date repayment of principal is required to resume (whichever is applicable) and may further provide that, on such date, the amount of the interest which has so accrued may be added to the principal for the purposes of calculating a repayment schedule;
- (E) offers, in accordance with criteria prescribed by regulation by the Secretary, a schedule for repayment of principal and interest under which payment of a portion of the principal and interest otherwise payable at the beginning of the repayment period (as defined in such regulations) is deferred until a later time in the period;
- (F) entitles the borrower to accelerate without penalty repayment of the whole or any part of the loan;
- (G) provides that the check for the proceeds of the loan shall be made payable jointly to the borrower and the eligible institution in which the borrower is enrolled; and

⁹ So in law. Probably should include another closing parenthesis.

- (H) contains such other terms and conditions consistent with the provisions of this subpart and with the regulations issued by the Secretary pursuant to this subpart, as may be agreed upon by the parties to such loan, including, if agreed upon, a provision requiring the borrower to pay to the lender, in addition to principal and interest, amounts equal to the insurance premiums payable by the lender to the Secretary with respect to such loan; and
- (3) subject to the consent of the student and subject to applicable law, the eligible lender has obtained from the student appropriate demographic information regarding the student, including racial or ethnic background.
- (b) **LIMITATION ON RATE OF INTEREST.**—The rate of interest prescribed and defined by the Secretary for the purpose of subsection (a)(2)(D) may not exceed the average of the bond equivalent rates of the 91-day Treasury bills auctioned for the previous quarter plus 3 percentage points, rounded to the next higher one-eighth of 1 percent.
- (c) **MINIMUM ANNUAL PAYMENT BY BORROWER.**—The total of the payments by a borrower during any year or any repayment period with respect to the aggregate amount of all loans to that borrower which are insured under this subpart shall not be less than the annual interest on the outstanding principal, except as provided in subsection (a)(2)(C), unless the borrower, in the written agreement described in subsection (a)(2), agrees to make payments during any year or any repayment period in a lesser amount.
- (d) **APPLICABILITY OF CERTAIN LAWS ON RATE OR AMOUNT OF INTEREST.**—No provision of any law of the United States (other than subsections (a)(2)(D) and (b)) or of any State that limits the rate or amount of interest payable on loans shall apply to a loan insured under this subpart.
- (e) **DETERMINATION REGARDING FORBEARANCE.**—Any period of time granted to a borrower under this subpart in the form of forbearance on the loan shall not be included in the 25-year total loan repayment period under subsection (a)(2)(C).
- (f) **LOAN REPAYMENT SCHEDULE.**—Lenders and holders under this subpart shall offer borrowers graduated loan repayment schedules that, during the first 5 years of loan repayment, are based on the borrower’s debt-to-income ratio.
- (g) **RULE OF CONSTRUCTION REGARDING DETERMINATION OF NEED OF STUDENTS.**—With respect to any determination of the financial need of a student for a loan covered by Federal loan insurance under this subpart, this subpart may not be construed to limit the authority of any school to make such allowances for students with special circumstances as the school determines appropriate.
- (h) **DEFINITIONS.**—For purposes of this section:
- (1) The term “active duty” has the meaning given such term in section 101(18) of title 37, United States Code, except that such term does not include active duty for training.
 - (2) The term “Persian Gulf conflict” means the period beginning on August 2, 1990, and ending on the date thereafter prescribed by Presidential proclamation or by law.

SEC. 706 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292e

CERTIFICATE OF LOAN INSURANCE; EFFECTIVE DATE OF INSURANCE

(a) **IN GENERAL.**—

- (1) **AUTHORITY FOR ISSUANCE OF CERTIFICATE.**—If, upon application by an eligible lender, made upon such form, containing such information, and supported by such evidence as the Secretary may require, and otherwise in conformity with this section, the Secretary finds that the applicant has made a loan to an eligible borrower which is insurable under the provisions of this subpart, he may issue to the applicant a certificate of insurance covering the loan and setting forth the amount and terms of the insurance.
- (2) **EFFECTIVE DATE OF INSURANCE.**—Insurance evidenced by a certificate of insurance pursuant to subsection (a)(1) shall become effective upon the date of issuance of the certificate, except that the Secretary is authorized, in accordance with regulations, to issue commitments with respect to proposed

loans, or with respect to lines (or proposed lines) of credit, submitted by eligible lenders, and in that event, upon compliance with subsection (a)(1) by the lender, the certificate of insurance may be issued effective as of the date when any loan, or any payment by the lender pursuant to a line of credit, to be covered by such insurance is made to a student described in section 705(a)(1). Such insurance shall cease to be effective upon 60 days' default by the lender in the payment of any installment of the premiums payable pursuant to section 708.

- (3) **CERTAIN AGREEMENTS FOR LENDERS.**—An application submitted pursuant to subsection (a)(1) shall contain—
- (A) an agreement by the applicant to pay, in accordance with regulations, the premiums fixed by the Secretary pursuant to section 708; and
 - (B) an agreement by the applicant that if the loan is covered by insurance the applicant will submit such supplementary reports and statements during the effective period of the loan agreement, upon such forms, at such times, and containing such information as the Secretary may prescribe by or pursuant to regulation.
- (b) **AUTHORITY REGARDING COMPREHENSIVE INSURANCE COVERAGE.**—
- (1) **IN GENERAL.**—In lieu of requiring a separate insurance application and issuing a separate certificate of insurance for each loan made by an eligible lender as provided in subsection (a), the Secretary may, in accordance with regulations consistent with section 702, issue to any eligible lender applying therefor a certificate of comprehensive insurance coverage which shall, without further action by the Secretary, insure all insurable loans made by that lender, on or after the date of the certificate and before a specified cutoff date, within the limits of an aggregate maximum amount stated in the certificate. Such regulations may provide for conditioning such insurance, with respect to any loan, upon compliance by the lender with such requirements (to be stated or incorporated by reference in the certificate) as in the Secretary's judgment will best achieve the purpose of this subsection while protecting the financial interest of the United States and promoting the objectives of this subpart, including (but not limited to) provisions as to the reporting of such loans and information relevant thereto to the Secretary and as to the payment of initial and other premiums and the effect of default therein, and including provision for confirmation by the Secretary from time to time (through endorsement of the certificate) of the coverage of specific new loans by such certificate, which confirmation shall be incontestable by the Secretary in the absence of fraud or misrepresentation of fact or patent error.
 - (2) **LINES OF CREDIT BEYOND CUTOFF DATE.**—If the holder of a certificate of comprehensive insurance coverage issued under this subsection grants to a borrower a line of credit extending beyond the cutoff date specified in that certificate, loans or payments thereon made by the holder after that date pursuant to the line of credit shall not be deemed to be included in the coverage of that certificate except as may be specifically provided therein; but, subject to the limitations of section 702, the Secretary may, in accordance with regulations, make commitments to insure such future loans or payments, and such commitments may be honored either as provided in subsection (a) or by inclusion of such insurance in comprehensive coverage under this subsection for the period or periods in which such future loans or payments are made.
- (c) **ASSIGNMENT OF INSURANCE RIGHTS.**—The rights of an eligible lender arising under insurance evidenced by a certificate of insurance issued to it under this section may be assigned by such lender, subject to regulation by the Secretary, only to—
- (1) another eligible lender (including a public entity in the business of purchasing student loans); or
 - (2) the Student Loan Marketing Association.
- (d) **EFFECT OF REFINANCING OR CONSOLIDATION OF OBLIGATIONS.**— The consolidation of the obligations of two or more federally insured loans obtained by a borrower in any fiscal year into a single obligation evidenced by a single instrument of indebtedness or the refinancing of a single loan shall not affect the insurance by the United States. If the loans thus consolidated are covered by separate certificates of insurance issued under subsection (a), the Secretary may upon surrender of the original certificates issue a new

certificate of insurance in accordance with that subsection upon the consolidated obligation. If the loans thus consolidated are covered by a single comprehensive certificate issued under subsection (b), the Secretary may amend that certificate accordingly.

- (e) **RULE OF CONSTRUCTION REGARDING CONSOLIDATION OF DEBTS AND REFINANCING.**— Nothing in this section shall be construed to preclude the lender and the borrower, by mutual agreement, from consolidating all of the borrower’s loans insured under this subpart into a single instrument (or, if the borrower obtained only 1 loan insured under this subpart, refinancing the loan 1 time) under the terms applicable to an insured loan made at the same time as the consolidation. The lender or loan holder should provide full information to the borrower concerning the advantages and disadvantages of loan consolidation or refinancing. Nothing in this section shall be construed to preclude the consolidation of the borrower’s loans insured under this subpart under section 428C of the Higher Education Act of 1965. Any loans insured pursuant to this subpart that are consolidated under section 428C of such Act shall not be eligible for special allowance payments under section 438 of such Act.

SEC. 707 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292f

DEFAULT OF BORROWER

- (a) **CONDITIONS FOR PAYMENT TO BENEFICIARY.**—

(1) **IN GENERAL.**—Upon default by the borrower on any loan covered by Federal loan insurance pursuant to this subpart, and after a substantial collection effort (including, subject to subsection (h), commencement and prosecution of an action) as determined under regulations of the Secretary, the insurance beneficiary shall promptly notify the Secretary and the Secretary shall, if requested (at that time or after further collection efforts) by the beneficiary, or may on his own motion, if the insurance is still in effect, pay to the beneficiary the amount of the loss sustained by the insured upon that loan as soon as that amount has been determined, except that, if the insurance beneficiary including any servicer of the loan is not designated for “exceptional performance”, as set forth in paragraph (2), the Secretary shall pay to the beneficiary a sum equal to 98 percent of the amount of the loss sustained by the insured upon that loan.

- (2) **EXCEPTIONAL PERFORMANCE.**—

- (A) **AUTHORITY.**—Where the Secretary determines that an eligible lender, holder, or servicer has a compliance performance rating that equals or exceeds 97 percent, the Secretary shall designate that eligible lender, holder, or servicer, as the case may be, for exceptional performance.
- (B) **COMPLIANCE PERFORMANCE RATING.**—For purposes of subparagraph (A), a compliance performance rating is determined with respect to compliance with due diligence in the disbursement, servicing, and collection of loans under this subpart for each year for which the determination is made. Such rating shall be equal to the percentage of all due diligence requirements applicable to each loan, on average, as established by the Secretary, with respect to loans serviced during the period by the eligible lender, holder, or servicer.
- (C) **ANNUAL AUDITS FOR LENDERS, HOLDERS, AND SERVICERS.**—Each eligible lender, holder, or servicer desiring a designation under subparagraph (A) shall have an annual financial and compliance audit conducted with respect to the loan portfolio of such eligible lender, holder, or servicer, by a qualified independent organization from a list of qualified organizations identified by the Secretary and in accordance with standards established by the Secretary. The standards shall measure the lender’s, holder’s, or servicer’s compliance with due diligence standards and shall include a defined statistical sampling technique designed to measure the performance rating of the eligible lender, holder, or servicer for the purpose of this section. Each eligible lender, holder, or servicer shall submit the audit required by this section to the Secretary.

- (D) SECRETARY'S DETERMINATIONS.—The Secretary shall make the determination under subparagraph (A) based upon the audits submitted under this paragraph and any information in the possession of the Secretary or submitted by any other agency or office of the Federal Government.
 - (E) QUARTERLY COMPLIANCE AUDIT.—To maintain its status as an exceptional performer, the lender, holder, or servicer shall undergo a quarterly compliance audit at the end of each quarter (other than the quarter in which status as an exceptional performer is established through a financial and compliance audit, as described in subparagraph (C)), and submit the results of such audit to the Secretary. The compliance audit shall review compliance with due diligence requirements for the period beginning on the day after the ending date of the previous audit, in accordance with standards determined by the Secretary.
 - (F) REVOCATION AUTHORITY.—The Secretary shall revoke the designation of a lender, holder, or servicer under subparagraph (A) if any quarterly audit required under subparagraph (E) is not received by the Secretary by the date established by the Secretary or if the audit indicates the lender, holder, or servicer has failed to meet the standards for designation as an exceptional performer under subparagraph (A). A lender, holder, or servicer receiving a compliance audit not meeting the standard for designation as an exceptional performer may reapply for designation under subparagraph (A) at any time.
 - (G) DOCUMENTATION.—Nothing in this section shall restrict or limit the authority of the Secretary to require the submission of claims documentation evidencing servicing performed on loans, except that the Secretary may not require exceptional performers to submit greater documentation than that required for lenders, holders, and servicers not designated under subparagraph (A).
 - (H) COST OF AUDITS.—Each eligible lender, holder, or servicer shall pay for all the costs associated with the audits required under this section.
 - (I) ADDITIONAL REVOCATION AUTHORITY.—Notwithstanding any other provision of this section, a designation under subparagraph (A) may be revoked at any time by the Secretary if the Secretary determines that the eligible lender, holder, or servicer has failed to maintain an overall level of compliance consistent with the audit submitted by the eligible lender, holder, or servicer under this paragraph or if the Secretary asserts that the lender, holder, or servicer may have engaged in fraud in securing designation under subparagraph (A) or is failing to service loans in accordance with program requirements.
 - (J) NONCOMPLIANCE.—A lender, holder, or servicer designated under subparagraph (A) that fails to service loans or otherwise comply with applicable program regulations shall be considered in violation of the Federal False Claims Act.
- (b) SUBROGATION.—Upon payment by the Secretary of the amount of the loss pursuant to subsection (a), the United States shall be subrogated for all of the rights of the holder of the obligation upon the insured loan and shall be entitled to an assignment of the note or other evidence of the insured loan by the insurance beneficiary. If the net recovery made by the Secretary on a loan after deduction of the cost of that recovery (including reasonable administrative costs) exceeds the amount of the loss, the excess shall be paid over to the insured. The Secretary may sell without recourse to eligible lenders (or other entities that the Secretary determines are capable of dealing in such loans) notes or other evidence of loans received through assignment under the first sentence.
 - (c) FORBEARANCE.—Nothing in this section or in this subpart shall be construed to preclude any forbearance for the benefit of the borrower which may be agreed upon by the parties to the insured loan and approved by the Secretary or to preclude forbearance by the Secretary in the enforcement of the insured obligation after payment on that insurance.
 - (d) REASONABLE CARE AND DILIGENCE REGARDING LOANS.— Nothing in this section or in this subpart shall be construed to excuse the eligible lender or holder of a federally insured loan from exercising reasonable care and diligence in the making of loans under the provisions of this subpart and from exercising a substantial effort in the collection of loans under the provisions of this subpart. If the Secretary, after reasonable notice and

opportunity for hearing to an eligible lender, finds that the lender has failed to exercise such care and diligence, to exercise such substantial efforts, to make the reports and statements required under section 706(a)(3), or to pay the required Federal loan insurance premiums, he shall disqualify that lender from obtaining further Federal insurance on loans granted pursuant to this subpart until he is satisfied that its failure has ceased and finds that there is reasonable assurance that the lender will in the future exercise necessary care and diligence, exercise substantial effort, or comply with such requirements, as the case may be.

(e) **DEFINITIONS.**—For purposes of this section:

- (1) The term “insurance beneficiary” means the insured or its authorized assignee in accordance with section 706(c).
- (2) The term “amount of the loss” means, with respect to a loan, unpaid balance of the principal amount and interest on such loan, less the amount of any judgment collected pursuant to default proceedings commenced by the eligible lender or holder involved.
- (3) The term “default” includes only such defaults as have existed for 120 days.
- (4) The term “servicer” means any agency acting on behalf of the insurance beneficiary.

(f) **REDUCTIONS IN FEDERAL REIMBURSEMENTS OR PAYMENTS FOR DEFAULTING**

BORROWERS.—The Secretary shall, after notice and opportunity for a hearing, cause to be reduced Federal reimbursements or payments for health services under any Federal law to borrowers who are practicing their professions and have defaulted on their loans insured under this subpart in amounts up to the remaining balance of such loans. Procedures for reduction of payments under the medicare program are provided under section 1892 of the Social Security Act. Notwithstanding such section 1892, any funds recovered under this subsection shall be deposited in the insurance fund established under section 710.

(g) **CONDITIONS FOR DISCHARGE OF DEBT IN BANKRUPTCY.**— Notwithstanding any other provision of Federal or State law, a debt that is a loan insured under the authority of this subpart may be released by a discharge in bankruptcy under any chapter of title 11, United States Code, only if such discharge is granted—

- (1) after the expiration of the seven-year period beginning on the first date when repayment of such loan is required, exclusive of any period after such date in which the obligation to pay installments on the loan is suspended;
- (2) upon a finding by the Bankruptcy Court that the nondischarge of such debt would be unconscionable; and
- (3) upon the condition that the Secretary shall not have waived the Secretary’s rights to apply subsection (f) to the borrower and the discharged debt.

(h) **REQUIREMENT REGARDING ACTIONS FOR DEFAULT.**—

(1) **IN GENERAL.**—With respect to the default by a borrower on any loan covered by Federal loan insurance under this subpart, the Secretary shall, under subsection (a), require an eligible lender or holder to commence and prosecute an action for such default unless—

(A) in the determination of the Secretary—

- (i) the eligible lender or holder has made reasonable efforts to serve process on the borrower involved and has been unsuccessful with respect to such efforts, or
- (ii) prosecution of such an action would be fruitless because of the financial or other circumstances of the borrower;

(B) for such loans made before the date of the enactment of the Health Professions Reauthorization Act of 1988, the loan involved was made in an amount of less than \$5,000; or

(C) for such loans made after such date, the loan involved was made in an amount of less than \$2,500.

(2) **RELATIONSHIP TO CLAIM FOR PAYMENT.**—With respect to an eligible lender or holder that has commenced an action pursuant to subsection (a), the Secretary shall make the payment required in such subsection, or deny the claim for such payment, not later than 60 days after the date on which the Secretary determines that the lender or holder has made reasonable efforts to secure a judgment and collect on the judgment entered into pursuant to this subsection.

(3) **STATE COURT JUDGMENTS.**—With respect to any State court judgment that is obtained by a lender or holder against a borrower for default on a loan insured under this subpart and that is subrogated to the

United States under subsection (b), any United States attorney may register such judgment with the Federal courts for enforcement.

- (i) **INAPPLICABILITY OF FEDERAL AND STATE STATUTE OF LIMITATIONS ON ACTIONS FOR LOAN COLLECTION.**—Notwithstanding any other provision of Federal or State law, there shall be no limitation on the period within which suit may be filed, a judgment may be enforced, or an offset, garnishment, or other action may be initiated or taken by the Secretary, the Attorney General, or other administrative head of another Federal agency, as the case may be, for the repayment of the amount due from a borrower on a loan made under this subpart that has been assigned to the Secretary under subsection (b).
- (j) **SCHOOL COLLECTION ASSISTANCE.**—An institution or postgraduate training program attended by a borrower may assist in the collection of any loan of that borrower made under this subpart which becomes delinquent, including providing information concerning the borrower to the Secretary and to past and present lenders and holders of the borrower’s loans, contacting the borrower in order to encourage repayment, and withholding services in accordance with regulations issued by the Secretary under section 715(a)(7). The institution or postgraduate training program shall not be subject to section 809 of the Fair Debt Collection Practices Act for purposes of carrying out activities authorized by this section.

SEC. 708 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292g

RISK-BASED PREMIUMS

- (a) **AUTHORITY.**—With respect to a loan made under this subpart on or after January 1, 1993, the Secretary, in accordance with subsection (b), shall assess a risk-based premium on an eligible borrower and, if required under this section, an eligible institution that is based on the default rate of the eligible institution involved (as defined in section 719).
- (b) **ASSESSMENT OF PREMIUM.**—Except as provided in subsection (d)(2), the risk-based premium to be assessed under subsection (a) shall be as follows:
 - (1) **LOW-RISK RATE.**—With respect to an eligible borrower seeking to obtain a loan for attendance at an eligible institution that has a default rate of not to exceed five percent, such borrower shall be assessed a risk-based premium in an amount equal to 6 percent of the principal amount of the loan.
 - (2) **MEDIUM-RISK RATE.**—
 - (A) **IN GENERAL.**—With respect to an eligible borrower seeking to obtain a loan for attendance at an eligible institution that has a default rate of in excess of five percent but not to exceed 10 percent—
 - (i) such borrower shall be assessed a risk-based premium in an amount equal to 8 percent of the principal amount of the loan; and
 - (ii) such institution shall be assessed a risk-based premium in an amount equal to 5 percent of the principal amount of the loan.
 - (B) **DEFAULT MANAGEMENT PLAN.**—An institution of the type described in subparagraph (A) shall prepare and submit to the Secretary for approval, an annual default management plan, that shall specify the detailed short-term and long-term procedures that such institution will have in place to minimize defaults on loans to borrowers under this subpart. Under such plan the institution shall, among other measures, provide an exit interview to all borrowers that includes information concerning repayment schedules, loan deferments, forbearance, and the consequences of default.
 - (3) **HIGH-RISK RATE.**—
 - (A) **IN GENERAL.**—With respect to an eligible borrower seeking to obtain a loan for attendance at an eligible institution that has a default rate of in excess of 10 percent but not to exceed 20 percent—
 - (i) such borrower shall be assessed a risk-based premium in an amount equal to 8 percent of the principal amount of the loan; and
 - (ii) such institution shall be assessed a risk-based premium in an amount equal to 10 percent of the principal amount of the loan.

- (B) **DEFAULT MANAGEMENT PLAN.**—An institution of the type described in subparagraph (A) shall prepare and submit to the Secretary for approval a plan that meets the requirements of paragraph (2)(B).
- (4) **INELIGIBILITY.**—An individual shall not be eligible to obtain a loan under this subpart for attendance at an institution that has a default rate in excess of 20 percent.
- (c) **REDUCTION OF RISK-BASED PREMIUM.**—Lenders shall reduce by 50 percent the risk-based premium to eligible borrowers if a credit worthy parent or other responsible party co-signs the loan note.
- (d) **ADMINISTRATIVE WAIVERS.**—
 - (1) **HEARING.**—The Secretary shall afford an institution not less than one hearing, and may consider mitigating circumstances, prior to making such institution ineligible for participation in the program under this subpart.
 - (2) **EXCEPTIONS.**—In carrying out this section with respect to an institution, the Secretary may grant an institution a waiver of requirements of paragraphs (2) through (4) of subsection (b) if the Secretary determines that the default rate for such institution is not an accurate indicator because the volume of the loans under this subpart made by such institution has been insufficient.
 - (3) **TRANSITION FOR CERTAIN INSTITUTIONS.**—During the 3- year period beginning on the effective date of the Health Professions Education Extension Amendments of 1992—
 - (A) subsection (b)(4) shall not apply with respect to any eligible institution that is a Historically Black College or University; and
 - (B) any such institution that has a default rate in excess of 20 percent, and any eligible borrower seeking a loan for attendance at the institution, shall be subject to subsection (b)(3) to the same extent and in the same manner as eligible institutions and borrowers described in such subsection.
- (e) **PAYOFF TO REDUCE RISK CATEGORY.**—An institution may pay off the outstanding principal and interest owed by the borrowers of such institution who have defaulted on loans made under this subpart in order to reduce the risk category of the institution.

SEC. 709 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292h

OFFICE FOR HEALTH EDUCATION ASSISTANCE LOAN DEFAULT REDUCTION

- (a) **ESTABLISHMENT.**—The Secretary shall establish, within the Division of Student Assistance of the Bureau of Health Professions, an office to be known as the Office for Health Education Assistance Loan Default Reduction (in this section referred to as the “Office”).
- (b) **PURPOSE AND FUNCTIONS.**—It shall be the purpose of the Office to achieve a reduction in the number and amounts of defaults on loans guaranteed under this subpart. In carrying out such purpose the Office shall—
 - (1) conduct analytical and evaluative studies concerning loans and loan defaults;
 - (2) carry out activities designed to reduce loan defaults;
 - (3) respond to special circumstances that may exist in the financial lending environment that may lead to loan defaults;
 - (4) coordinate with other Federal entities that are involved with student loan programs, including—
 - (A) with respect to the Department of Education, in the development of a single student loan application form, a single student loan deferment form, a single disability form, and a central student loan database; and
 - (B) with respect to the Department of Justice, in the recovery of payments from health professionals who have defaulted on loans guaranteed under this subpart; and
 - (5) provide technical assistance to borrowers, lenders, holders, and institutions concerning deferments and collection activities.
- (c) **ADDITIONAL DUTIES.**—In conjunction with the report submitted under subsection (b), the Office shall—

- (1) compile, and publish in the Federal Register, a list of the borrowers who are in default under this subpart; and
 - (2) send the report and notices of default with respect to these borrowers to relevant Federal agencies and to schools, school associations, professional and specialty associations, State licensing boards, hospitals with which such borrowers may be associated, and any other relevant organizations.
- (d) ALLOCATION OF FUNDS FOR OFFICE.—In the case of amounts reserved under section 710(a)(2)(B) for obligation under this subsection, the Secretary may obligate the amounts for the purpose of administering the Office, including 7 full-time equivalent employment positions for such Office. With respect to such purpose, amounts made available under the preceding sentence are in addition to amounts made available to the Health Resources and Services Administration for program management for the fiscal year involved. With respect to such employment positions, the positions are in addition to the number of full-time equivalent employment positions that otherwise is authorized for the Department of Health and Human Services for the fiscal year involved.

SEC. 710 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292i

INSURANCE ACCOUNT

(a) IN GENERAL.—

- (1) ESTABLISHMENT.—There is hereby established a student loan insurance account (in this section referred to as the “Account”) which shall be available without fiscal year limitation to the Secretary for making payments in connection with the collection and default of loans insured under this subpart by the Secretary.

- (2) FUNDING.—

- (A) Except as provided in subparagraph (B), all amounts received by the Secretary as premium charges for insurance and as receipts, earnings, or proceeds derived from any claim or other assets acquired by the Secretary in connection with his operations under this subpart, and any other moneys, property, or assets derived by the Secretary from the operations of the Secretary in connection with this section, shall be deposited in the Account.

- (B) With respect to amounts described in subparagraph (A) that are received by the Secretary for fiscal year 1993 and subsequent fiscal years, the Secretary may, before depositing such amounts in the Account, reserve from the amounts each such fiscal year not more than \$1,000,000 for obligation under section 709(d).

- (3) EXPENDITURES.—All payments in connection with the default of loans insured by the Secretary under this subpart shall be paid from the Account.

- (b) CONTINGENT AUTHORITY FOR ISSUANCE OF NOTES OR OTHER OBLIGATIONS.—If at any time the moneys in the Account are insufficient to make payments in connection with the collection or default of any loan insured by the Secretary under this subpart, the Secretary of the Treasury may lend the Account such amounts as may be necessary to make the payments involved, subject to the Federal Credit Reform Act of 1990.

Sec. 711 PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292j

POWERS AND RESPONSIBILITIES OF SECRETARY

- (a) IN GENERAL.—In the performance of, and with respect to, the functions, powers, and duties vested in the Secretary by this subpart, the Secretary is authorized as follows:

- (1) To prescribe such regulations as may be necessary to carry out the purposes of this subpart.
- (2) To sue and be sued in any district court of the United States. Such district courts shall have jurisdiction of civil actions arising under this subpart without regard to the amount in controversy, and any action instituted under this subsection by or against the Secretary shall survive notwithstanding any change in the

person occupying the office of Secretary or any vacancy in that office. No attachment, injunction, garnishment, or other similar process, mesne or final, shall be issued against the Secretary or property under the control of the Secretary. Nothing herein shall be constructed to except litigation arising out of activities under this subpart from the application of sections 517 and 547 of title 28 of the United States Code.

- (3) To include in any contract for Federal loan insurance such terms, conditions, and covenants relating to repayment of principal and payments of interest, relating to his obligations and rights and to those of eligible lenders, and borrowers in case of default, and relating to such other matters as the Secretary determines to be necessary to assure that the purposes of this subpart will be achieved. Any term, condition, and covenant made pursuant to this paragraph or any other provisions of this subpart may be modified by the Secretary if the Secretary determines that modification is necessary to protect the financial interest of the United States.
 - (4) Subject to the specific limitations in the subpart, to consent to the modification of any note or other instrument evidencing a loan which has been insured by him under this subpart (including modifications with respect to the rate of interest, time of payment of any installment of principal and interest or any portion thereof, or any other provision).
 - (5) To enforce, pay, compromise, waive, or release any right, title, claim, lien, or demand, however acquired, including any equity or any right or¹⁰ redemption.
- (b) ANNUAL BUDGET; ACCOUNTS.—The Secretary shall, with respect to the financial operations arising by reason of this subpart—
- (1) prepare annually and submit a budget program as provided for wholly owned Government corporations by the Government Corporation Control Act; and
 - (2) maintain with respect to insurance under this subpart an integral set of accounts.

SEC. 712 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292k

PARTICIPATION BY FEDERAL CREDIT UNIONS IN FEDERAL, STATE, AND PRIVATE STUDENT LOAN INSURANCE PROGRAMS

Notwithstanding any other provision of law, Federal credit unions shall, pursuant to regulations of the Administrator of the National Credit Union Administration, have power to make insured loans to eligible students in accordance with the provisions of this subpart relating to Federal insured loans.

SEC. 713 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292l

DETERMINATION OF ELIGIBLE STUDENTS

For purposes of determining eligible students under this part, in the case of a public school in a State that offers an accelerated, integrated program of study combining undergraduate premedical education and medical education leading to advanced entry, by contractual agreement, into an accredited four-year school of medicine which provides the remaining training leading to a degree of doctor of medicine, whenever in this part a provision refers to a student at a school of medicine, such reference shall include only a student enrolled in any of the last four years of such accelerated, integrated program of study.

¹⁰ So in law. See section 102 of Public Law 102–408 (106 Stat. 1994). Probably should be “right of redemption”.

SEC. 714 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292m

REPAYMENT BY SECRETARY OF LOANS OF DECEASED OR DISABLED BORROWERS

If a borrower who has received a loan dies or becomes permanently and totally disabled (as determined in accordance with regulations of the Secretary), the Secretary shall discharge the borrower's liability on the loan by repaying the amount owed on the loan from the account established under section 710.

SEC. 715 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292n

ADDITIONAL REQUIREMENTS FOR INSTITUTIONS AND LENDERS

- (a) **IN GENERAL.**—Notwithstanding any other provision of this subpart, the Secretary is authorized to prescribe such regulations as may be necessary to provide for—
- (1) a fiscal audit of an eligible institution with regard to any funds obtained from a borrower who has received a loan insured under this subpart;
 - (2) the establishment of reasonable standards of financial responsibility and appropriate institutional capability for the administration by an eligible institution of a program of student financial aid with respect to funds obtained from a student who has received a loan insured under this subpart;
 - (3) the limitation, suspension, or termination of the eligibility under this subpart of any otherwise eligible institution, whenever the Secretary has determined, after notice and affording an opportunity for hearing, that such institution has violated or failed to carry out any regulation prescribed under this subpart;
 - (4) the collection of information from the borrower, lender, or eligible institution to assure compliance with the provisions of section 705;
 - (5) the assessing of tuition or fees to borrowers in amounts that are the same or less than the amount of tuition and fees assessed to non-borrowers;
 - (6) the submission, by the institution or the lender to the Office of Health Education Assistance Loan Default Reduction, of information concerning each loan made under this subpart, including the date when each such loan was originated, the date when each such loan is sold, the identity of the loan holder and information concerning a change in the borrower's status;
 - (7) the withholding of services, including academic transcripts, financial aid transcripts, and alumni services, by an institution from a borrower upon the default of such borrower of a loan under this subpart, except in case of a borrower who has filed for bankruptcy; and
 - (8) the offering, by the lender to the borrower, of a variety of repayment options, including fixed-rate, graduated repayment with negative amortization permitted, and income dependent payments for a limited period followed by level monthly payments.
- (b) **RECORDING BY INSTITUTION OF INFORMATION ON STUDENTS.**— The Secretary shall require an eligible institution to record, and make available to the lender and to the Secretary upon request, the name, address, postgraduate destination, and other reasonable identifying information for each student of such institution who has a loan insured under this subpart.
- (c) **WORKSHOP FOR STUDENT BORROWERS.**—Each participating eligible institution must have, at the beginning of each academic year, a workshop concerning the provisions of this subpart that all student borrowers shall be required to attend.

SEC. 719 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292o

DEFINITIONS

For purposes of this subpart:

- (1) The term “eligible institution” means, with respect to a fiscal year, a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatric medicine, pharmacy, public health, allied health, or chiropractic, or a graduate program in health administration or behavioral and mental health practice, including clinical psychology.
- (2) The term “eligible lender” means an eligible institution that became a lender under this subpart prior to September 15, 1992, an agency or instrumentality of a State, a financial or credit institution (including an insurance company) which is subject to examination and supervision by an agency of the United States or of any State, a pension fund approved by the Secretary for this purpose, or a nonprofit private entity designated by the State, regulated by the State, and approved by the Secretary.
- (3) The term “line of credit” means an arrangement or agreement between the lender and the borrower whereby a loan is paid out by the lender to the borrower in annual installments, or whereby the lender agrees to make, in addition to the initial loan, additional loans in subsequent years.
- (4) The term “school of allied health” means a program in a school of allied health (as defined in section 799) which leads to a masters’ degree or a doctoral degree.
- (5)
 - (A) The term “default rate”, in the case of an eligible entity, means the percentage constituted by the ratio of—
 - (i) the principal amount of loans insured under this subpart—
 - (I) that are made with respect to the entity and that enter repayment status after April 7, 1987; and
 - (II) for which amounts have been paid under section 707(a) to insurance beneficiaries, exclusive of any loan for which amounts have been so paid as a result of the death or total and permanent disability of the borrower; exclusive of any loan for which the borrower begins payments to the Secretary on the loan pursuant to section 707(b) and maintains payments for 12 consecutive months in accordance with the agreement involved (with the loan subsequently being included or excluded, as the case may be, as amounts paid under section 707(a) according to whether further defaults occur and whether with respect to the default involved compliance with such requirement regarding 12 consecutive months occurs); and exclusive of any loan on which payments may not be recovered by reason of the obligation under the loan being discharged in bankruptcy under title 11, United States Code; to
 - (ii) the total principal amount of loans insured under this subpart that are made with respect to the entity and that enter repayment status after April 7, 1987.
 - (B) For purposes of subparagraph (A), a loan insured under this subpart shall be considered to have entered repayment status if the applicable period described in subparagraph (B) of section 705(a)(2) regarding the loan has expired (without regard to whether any period described in subparagraph (C) of such section is applicable regarding the loan).
 - (C) For purposes of subparagraph (A), the term “eligible entity” means an eligible institution, an eligible lender, or a holder, as the case may be.
 - (D) For purposes of subparagraph (A), a loan is made with respect to an eligible entity if—
 - (i) in the case of an eligible institution, the loan was made to students of the institution;
 - (ii) in the case of an eligible lender, the loan was made by the lender; and
 - (iii) in the case of a holder, the loan was purchased by the holder.

SEC. 720 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292p

AUTHORIZATION OF APPROPRIATIONS

- (a) IN GENERAL.—For fiscal year 1993 and subsequent fiscal years, there are authorized to be appropriated such sums as may be necessary for the adequacy of the student loan insurance account under this subpart and for the purpose of administering this subpart.
- (b) AVAILABILITY OF SUMS.—Sums appropriated under subsection (a) shall remain available until expended.

SUBPART II—FEDERALLY-SUPPORTED STUDENT LOAN FUNDS

SEC. 721 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292q

AGREEMENTS FOR OPERATION OF SCHOOL LOAN FUNDS

- (a) FUND AGREEMENTS.—The Secretary is authorized to enter into an agreement for the establishment and operation of a student loan fund in accordance with this subpart with any public or other nonprofit school of medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, or veterinary medicine.
- (b) REQUIREMENTS.—Each agreement entered into under this section shall—
 - (1) provide for establishment of a student loan fund by the school;
 - (2) provide for deposit in the fund of—
 - (A) the Federal capital contributions to the fund;
 - (B) an amount equal to not less than one-ninth of such Federal capital contributions, contributed by such institution;
 - (C) collections of principal and interest on loans made from the fund;
 - (D) collections pursuant to section 722(j); and
 - (E) any other earnings of the fund;
 - (3) provide that the fund shall be used only for loans to students of the school in accordance with the agreement and for costs of collection of such loans and interest thereon;
 - (4) provide that loans may be made from such funds only to students pursuing a full-time course of study at the school leading to a degree of doctor of medicine, doctor of dentistry or an equivalent degree, doctor of osteopathy, bachelor of science in pharmacy or an equivalent degree, doctor of pharmacy or an equivalent degree, doctor of podiatric medicine or an equivalent degree, doctor of optometry or an equivalent degree, or doctor of veterinary medicine or an equivalent degree;
 - (5) provide that the school shall advise, in writing, each applicant for a loan from the student loan fund of the provisions of section 722 under which outstanding loans from the student loan fund may be paid (in whole or in part) by the Secretary; and
 - (6) contain such other provisions as are necessary to protect the financial interests of the United States.
- (c) FAILURE OF SCHOOL TO COLLECT LOANS.—
 - (1) IN GENERAL.—Any standard established by the Secretary by regulation for the collection by schools of medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, or veterinary medicine of loans made pursuant to loan agreements under this subpart shall provide that the failure of any such school to collect such loans shall be measured in accordance with this subsection. This subsection may not be construed to require such schools to reimburse the student loan fund under this subpart for loans that became uncollectible prior to August 1985 or to penalize such schools with respect to such loans.
 - (2) EXTENT OF FAILURE.—The measurement of a school's failure to collect loans made under this subpart shall be the ratio (stated as a percentage) that the defaulted principal amount outstanding of such school bears to the matured loans of such school.
 - (3) DEFINITIONS.—For purposes of this subsection:
 - (A) The term “default” means the failure of a borrower of a loan made under this subpart to—

- (i) make an installment payment when due; or
 - (ii) comply with any other term of the promissory note for such loan, except that a loan made under this subpart shall not be considered to be in default if the loan is discharged in bankruptcy or if the school reasonably concludes from written contracts with the borrower that the borrower intends to repay the loan.
- (B) The term “defaulted principal amount outstanding” means the total amount borrowed from the loan fund of a school that has reached the repayment stage (minus any principal amount repaid or canceled) on loans—
- (i) repayable monthly and in default for at least 120 days; and
 - (ii) repayable less frequently than monthly and in default for at least 180 days;
- (C) The term “grace period” means the period of one year beginning on the date on which the borrower ceases to pursue a full-time course of study at a school of medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, or veterinary medicine; and
- (D) The term “matured loans” means the total principal amount of all loans made by a school under this subpart minus the total principal amount of loans made by such school to students who are—
- (i) enrolled in a full-time course of study at such school; or
 - (ii) in their grace period.

SEC. 722 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292r

LOAN PROVISIONS

(a) AMOUNT OF LOAN.—

- (1) IN GENERAL.—Loans from a student loan fund (established under an agreement with a school under section 721) may not, subject to paragraph (2), exceed for any student for a school year (or its equivalent) the cost of attendance (including tuition, other reasonable educational expenses, and reasonable living costs) for that year at the educational institution attended by the student (as determined by such educational institution).
- (2) THIRD AND FOURTH YEARS OF MEDICAL SCHOOL.—For purposes of paragraph (1), the amount of the loan may, in the case of the third or fourth year of a student at a school of medicine or osteopathic medicine, be increased to the extent necessary to pay the balances of loans that, from sources other than the student loan fund under section 721, were made to the individual for attendance at the school. The authority to make such an increase is subject to the school and the student agreeing that such amount (as increased) will be expended to pay such balances.

(b) TERMS AND CONDITIONS.—Subject to section 723, any such loans shall be made on such terms and conditions as the school may determine, but may be made only to a student—

- (1) who is in need of the amount thereof to pursue a fulltime course of study at the school leading to a degree of doctor of medicine, doctor of dentistry or an equivalent degree, doctor of osteopathy, bachelor of science in pharmacy or an equivalent degree, doctor of pharmacy or an equivalent degree, doctor of podiatric medicine or an equivalent degree, doctor of optometry or an equivalent degree, or doctor of veterinary medicine or an equivalent degree; and
- (2) who, if required under section 3 of the Military Selective Service Act to present himself for and submit to registration under such section, has presented himself and submitted to registration under such section.

(c) REPAYMENT; EXCLUSIONS FROM REPAYMENT PERIOD.—Such loans shall be repayable in equal or graduated periodic installments (with the right of the borrower to accelerate repayment) over the period of not less than 10 years nor more than 25 years, at the discretion of the institution, which begins one year after the student ceases to pursue a full-time course of study at a school of medicine, osteopathic medicine, dentistry, pharmacy, podiatry, optometry, or veterinary medicine, excluding from such period—

- (1) all periods—

- (A) not in excess of three years of active duty performed by the borrower as a member of a uniformed service;
 - (B) not in excess of three years during which the borrower serves as a volunteer under the Peace Corps Act;
 - (C) during which the borrower participates in advanced professional training, including internships and residencies; and
 - (D) during which the borrower is pursuing a full-time course of study at such a school; and
- (2) a period—
- (A) not in excess of two years during which a borrower who is a full-time student in such a school leaves the school, with the intent to return to such school as a fulltime student, in order to engage in a full-time educational activity which is directly related to the health profession for which the borrower is preparing, as determined by the Secretary; or
 - (B) not in excess of two years during which a borrower who is a graduate of such a school is a participant in a fellowship training program or a full-time educational activity which—
 - (i) is directly related to the health profession for which such borrower prepared at such school, as determined by the Secretary; and
 - (ii) may be engaged in by the borrower during such a two-year period which begins within twelve months after the completion of the borrower’s participation in advanced professional training described in paragraph (1)(C) or prior to the completion of such borrower’s participation in such training.
- (d) CANCELLATION OF LIABILITY.—The liability to repay the unpaid balance of such a loan and accrued interest thereon shall be canceled upon the death of the borrower, or if the Secretary determines that he has become permanently, and totally disabled.
- (e) RATE OF INTEREST.—Such loans shall bear interest, on the unpaid balance of the loan, computed only for periods for which the loan is repayable, at the rate of 5 percent per year.
- (f) SECURITY OR ENDORSEMENT.—Loans shall be made under this subpart without security or endorsement, except that if the borrower is a minor and the note or other evidence of obligation executed by him would not, under the applicable law, create a binding obligation, either security or endorsement may be required.
- (g) TRANSFERRING AND ASSIGNING LOANS.—No note or other evidence of a loan made under this subpart may be transferred or assigned by the school making the loan except that, if the borrowers transfer to another school participating in the program under this subpart, such note or other evidence of a loan may be transferred to such other school.
- (h) CHARGE WITH RESPECT TO INSURANCE FOR CERTAIN CANCELLATIONS.— Subject to regulations of the Secretary, a school may assess a charge with respect to loans made this¹¹ subpart to cover the costs of insuring against cancellation of liability under subsection (d).
- (i) CHARGE WITH RESPECT TO LATE PAYMENTS.—Subject to regulations of the Secretary, and in accordance with this section, a school shall assess a charge with respect to a loan made under this subpart for failure of the borrower to pay all or any part of an installment when it is due and, in the case of a borrower who is entitled to deferment of the loan under subsection (c), for any failure to file timely and satisfactory evidence of such entitlement. No such charge may be made if the payment of such installment or the filing of such evidence is made within 60 days after the date on which such installment or filing is due. The amount of any such charge may not exceed an amount equal to 6 percent of the amount of such installment. The school may elect to add the amount of any such charge to the principal amount of the loan as of the first day after the day on which such installment or evidence was due, or to make the amount of the charge payable to the school not later than the due date of the next installment after receipt by the borrower of notice of the assessment of the charge.

¹¹ So in law. See section 102 of Public Law 102–408 (106 Stat. 1994). Probably should be “made under this subpart”.

- (j) **AUTHORITY OF SCHOOLS REGARDING RATE OF PAYMENT.**—A school may provide, in accordance with regulations of the Secretary, that during the repayment period of a loan from a loan fund established pursuant to an agreement under this subpart payments of principal and interest by the borrower with respect to all the outstanding loans made to him from loan funds so established shall be at a rate equal to not less than \$40 per month.
- (k) **AUTHORITY REGARDING REPAYMENTS BY SECRETARY.**—Upon application by a person who received, and is under an obligation to repay, any loan made to such person as a health professions student to enable him to study medicine, osteopathy, dentistry, veterinary medicine, optometry, pharmacy, or podiatry, the Secretary may undertake to repay (without liability to the applicant) all or any part of such loan, and any interest or portion thereof outstanding thereon, upon his determination, pursuant to regulations establishing criteria therefor, that the applicant—
 - (1) failed to complete such studies leading to his first professional degree;
 - (2) is in exceptionally needy circumstances;
 - (3) is from a low-income or disadvantaged family as those terms may be defined by such regulations; and
 - (4) has not resumed, or cannot reasonably be expected to resume, the study of medicine, osteopathy, dentistry, veterinary medicine, optometry, pharmacy, or podiatric medicine, within two years following the date upon which he terminated such studies.
- (l) **COLLECTION EFFORTS BY SECRETARY.**—The Secretary is authorized to attempt to collect any loan which was made under this subpart, which is in default, and which was referred to the Secretary by a school with which the Secretary has an agreement under this subpart, on behalf of that school under such terms and conditions as the Secretary may prescribe (including reimbursement from the school’s student loan fund for expenses the Secretary may reasonably incur in attempting collection), but only if the school has complied with such requirements as the Secretary may specify by regulation with respect to the collection of loans under this subpart. A loan so referred shall be treated as a debt subject to section 5514 of title 5, United States Code. Amounts collected shall be deposited in the school’s student loan fund. Whenever the Secretary desires the institution of a civil action regarding any such loan, the Secretary shall refer the matter to the Attorney General for appropriate action.
- (m) **ELIMINATION OF STATUTE OF LIMITATION FOR LOAN COLLECTIONS.**—
 - (1) **PURPOSE.**—It is the purpose of this subsection to ensure that obligations to repay loans under this section are enforced without regard to any Federal or State statutory, regulatory, or administrative limitation on the period within which debts may be enforced.
 - (2) **PROHIBITION.**—Notwithstanding any other provision of Federal or State law, no limitation shall terminate the period within which suit may be filed, a judgment may be enforced, or an offset, garnishment, or other action may be initiated or taken by a school that has an agreement with the Secretary pursuant to section 721 that is seeking the repayment of the amount due from a borrower on a loan made under this subpart after the default of the borrower on such loan.

SEC. 723 OF THE PUBLIC HEALTH SERVICE ACT¹²

42 U.S.C. § 292s

MEDICAL SCHOOLS AND PRIMARY HEALTH CARE

(a) REQUIREMENTS FOR STUDENTS

- (1) **IN GENERAL.**-- Subject to the provisions of this subsection, in the case of student loan funds established under section 721 by schools of medicine or osteopathic medicine, each agreement entered into under such section with such a school shall provide (in addition to the provisions required in subsection (b) of such section) that the school will make a loan from such fund to a student only if the student agrees—

¹² Amended by P.L. 111-148, § 5201(a).

- (A) to enter and complete a residency training program in primary health care not later than 4 years after the date on which the student graduates from such school; and
 - (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.
- (2) INAPPLICABILITY TO CERTAIN STUDENTS
- (A) The requirement established in paragraph (1) regarding the student loan fund of a school does not apply to a student if—
 - (i) the first loan to the student from such fund is made before July 1, 1993; or
 - (ii) the loan is made from—
 - (I) a Federal capital contribution under section 721 that is made from amounts appropriated under section 724(f) (in this section referred to as an “exempt Federal capital contribution”); or
 - (II) a school contribution made under section 721 pursuant to such a Federal capital contribution (in this section referred to as an “exempt school contribution”).
 - (B) A Federal capital contribution under section 721 may not be construed as being an exempt Federal capital contribution if the contribution was made from amounts appropriated before October 1, 1990. A school contribution under section 721 may not be construed as being an exempt school contribution if the contribution was made pursuant to a Federal capital contribution under such section that was made from amounts appropriated before such date.
- (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.
- (4) WAIVERS
- (A) With respect to the obligation of an individual under an agreement made under paragraph (1) as a student, the Secretary shall provide for the partial or total waiver or suspension of the obligation whenever compliance by the individual is impossible, or would involve extreme hardship to the individual, and if enforcement of the obligation with respect to the individual would be unconscionable.
 - (B) For purposes of subparagraph (A), the obligation of an individual shall be waived if—
 - (i) the status of the individual as a student of the school involved is terminated before graduation from the school, whether voluntarily or involuntarily; and
 - (ii) the individual does not, after such termination, resume attendance at the school or begin attendance at any other school of medicine or osteopathic medicine.
 - (C) If an individual resumes or begins attendance for purposes of subparagraph (B), the obligation of the individual under the agreement under paragraph (1) shall be considered to have been suspended for the period in which the individual was not in attendance.
 - (D) This paragraph may not be construed as authorizing the waiver or suspension of the obligation of a student to repay, in accordance with section 722, loans from student loan funds under section 721.
- (b) REQUIREMENTS FOR SCHOOLS
- (1) IN GENERAL. Subject to the provisions of this subsection, in the case of student loan funds established under section 721 by schools of medicine or osteopathic medicine, each agreement entered into under such section with such a school shall provide (in addition to the provisions required in subsection (b) of such section) that, for the 1-year period ending on June 30, 1997;¹³ and for the 1-year period ending on June 30 of each subsequent fiscal year, the school will meet not less than 1 of the conditions described in paragraph

¹³ So in law. See section 2014(c)(2)(A)(i) of Public Law 103-43 (107 Stat.216). The semicolon probably should be a comma.

- (2) with respect to graduates of the school whose date of graduation from the school occurred approximately 4 years before the end of the 1-year period involved.
- (2) DESCRIPTION OF CONDITIONS. With respect to graduates described in paragraph (1) (in this paragraph referred to as “designated graduates”), the conditions referred to in such paragraph for a school for a 1-year period are as follows:
- (A) Not less than 50 percent of designated graduates of the school meet the criterion of either being in a residency training program in primary health care, or being engaged in a practice in such care (having completed such a program).
- (B) Not less than 25 percent of the designated graduates of the school meet such criterion, and such percentage is not less than 5 percentage points above the percentage of such graduates meeting such criterion for the preceding 1-year period.
- (C) In the case of schools of medicine or osteopathic medicine with student loans funds under section 721, the school involved is at or above the 75th percentile of such schools whose designated graduates meet such criterion.
- (3) DETERMINATIONS BY SECRETARY. Not later than 90 days after the close of each 1-year period described in paragraph (1), the Secretary shall make a determination of whether the school involved has for such period complied with such paragraph and shall in writing inform the school of the determination. Such determination shall be made only after consideration of the report submitted to the Secretary by the school under paragraph (6).
- (4) NONCOMPLIANCE BY SCHOOL
- (A)
- (i) Subject to subparagraph (C), each agreement under section 721 with a school of medicine or osteopathic medicine shall provide that, if the school fails to comply with paragraph (1) for a 1-year period under such paragraph, the school—
- (I) will pay to the Secretary the amount applicable under subparagraph (B) for the period; and
- (II) will pay such amount not later than 90 days after the school is informed under paragraph (3) of the determination of the Secretary regarding such period.
- (ii) Any amount that a school is required to pay under clause (i) may be paid from the student loan fund of the school under section 721.
- (B) For purposes of subparagraph (A), the amount applicable for a school, subject to subparagraph (C), is—
- (i) for the 1-year period ending June 30, 1997, an amount equal to 10 percent of the income received during such period by the student loan fund of the school under section 721;
- (ii) for the 1-year period ending June 30, 1998, an amount equal to 20 percent of the income received during such period by the student loan fund; and
- (iii) for any subsequent 1-year period under paragraph (1), an amount equal to 30 percent of the income received during such period by the student loan fund.
- (C) In determining the amount of income that a student loan fund has received for purposes of subparagraph (B), the Secretary shall exclude any income derived from exempt contributions. Payments made to the Secretary under subparagraph (A) may not be made with such contributions or with income derived from such contributions.
- (5) EXPENDITURE OF PAYMENTS
- (A) Amounts paid to the Secretary under paragraph (4) shall be expended to make Federal capital contributions to student loan funds under section 721 of schools that are in compliance with paragraph (1).
- (B) A Federal capital contribution under section 721 may not be construed as being an exempt Federal capital contribution if the contribution is made from payments under subparagraph (A). A school contribution under such section may not be construed as being an exempt school contribution if the contribution is made pursuant to a Federal capital contribution from such payments.

- (6) **REPORTS BY SCHOOLS.** Each agreement under section 721 with a school of medicine or osteopathic medicine shall provide that the school will submit to the Secretary a report for each 1-year period under paragraph (1) that provides such information as the Secretary determines to be necessary for carrying out this subsection. Each such report shall include statistics concerning the current training or practice status of all graduates of such school whose date of graduation from the school occurred approximately 4 years before the end of the 1-year period involved.
- (c) **DEFINITIONS.**--For purposes of this section:
- (1) The term “exempt contributions” means exempt Federal capital contributions and exempt school contributions.
 - (2) The term “exempt Federal capital contribution” means a Federal capital contribution described in subclause (I) of subsection (a)(2)(A)(ii) of this section.
 - (3) The term “exempt school contribution” means a school contribution described in subclause (II) of subsection (a)(2)(A)(ii) of this section.
 - (4) The term “income”, with respect to a student fund under section 721, means payments of principal and interest on any loan made from the fund, and any other earnings of the fund.
 - (5) The term “primary health care” means family medicine, general internal medicine, general pediatrics, preventive medicine, or osteopathic general practice.
- (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.

P. L. 111-248 § 5201(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. 724 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292t

INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS

- (a) **FUND AGREEMENTS REGARDING CERTAIN AMOUNTS.**—With respect to amounts appropriated under subsection (f), each agreement entered into under section 721 with a school shall provide (in addition to the provisions required in subsection (b) of such section) that—
- (1) any Federal capital contribution made to the student loan fund of the school from such amounts, together with the school contribution appropriate under subsection (b)(2)(B) of such section to the amount of the Federal capital contribution, will be utilized only for the purpose of—
 - (A) making loans to individuals from disadvantaged backgrounds; and
 - (B) the costs of the collection of the loans and interest on the loans; and
 - (2) collections of principal and interest on loans made pursuant to paragraph (1), and any other earnings of the student loan fund attributable to amounts that are in the fund pursuant to such paragraph, will be utilized only for the purpose described in such paragraph.
- (b) **MINIMUM QUALIFICATIONS FOR SCHOOLS.**—The Secretary may not make a Federal capital contribution for purposes of subsection (a) for a fiscal year unless the health professions school involved—
- (1) is carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including racial and ethnic minorities; and
 - (2) is carrying out a program for recruiting and retaining minority faculty.

- (c) **CERTAIN AGREEMENTS REGARDING EDUCATION OF STUDENTS; DATE CERTAIN FOR COMPLIANCE.**—The Secretary may not make a Federal capital contribution for purposes of subsection (a) for a fiscal year unless the health professions school involved agrees—
- (1) to ensure that adequate instruction regarding minority health issues is provided for in the curricula of the school;
 - (2) with respect to health clinics providing services to a significant number of individuals who are from disadvantaged backgrounds, including members of minority groups, to enter into arrangements with 1 or more such clinics for the purpose of providing students of the school with experience in providing clinical services to such individuals;
 - (3) with respect to public or nonprofit private secondary educational institutions and undergraduate institutions of higher education, to enter into arrangements with 1 or more such institutions for the purpose of carrying out programs regarding the educational preparation of disadvantaged students, including minority students, to enter the health professions and regarding the recruitment of such individuals into the health professions;
 - (4) to establish a mentor program for assisting disadvantaged students, including minority students, regarding the completion of the educational requirements for degrees from the school;
 - (5) to be carrying out each of the activities specified in any of paragraphs (1) through (4) by not later than 1 year after the date on which the first Federal capital contribution is made to the school for purposes of subsection (a); and
 - (6) to continue carrying out such activities, and the activities specified in paragraphs (1) and (2) of subsection (b), throughout the period during which the student loan fund established pursuant to section 721(b) is in operation.
- (d) **AVAILABILITY OF OTHER AMOUNTS.**—With respect to Federal capital contributions to student loan funds under agreements under section 721(b), any such contributions made before October 1, 1990, together with the school contributions appropriate under paragraph (2)(B) of such section to the amount of the Federal capital contributions, may be utilized for the purpose of making loans to individuals from disadvantaged backgrounds, subject to section 723(a)(2)(B).
- (e) **DEFINITION.**—For purposes of this section, the term “disadvantaged”, with respect to an individual, shall be defined by the Secretary.
- (f) **AUTHORIZATION OF APPROPRIATIONS.**—
- (1) ¹⁴**IN GENERAL.**—With respect to making Federal capital contributions to student loan funds for purposes of subsection (a), there is authorized to be appropriated for such contributions \$8,000,000 for each of the fiscal years 1998 through 2002.
 - (2) **SPECIAL CONSIDERATION FOR CERTAIN SCHOOLS.**—In making Federal capital contributions to student loan funds for purposes of subsection (a), the Secretary shall give special consideration to health professions schools that have enrollments of underrepresented minorities above the national average for health professions schools.

SEC. 725 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292u

ADMINISTRATIVE PROVISIONS

The Secretary may agree to modifications of agreements or loans made under this subpart, and may compromise, waive, or release any right, title, claim, or demand of the United States arising or acquired under this subpart.

¹⁴ Effective October 1, 2002, this paragraph is repealed by section 132(b) of Public Law 105–392 (112 Stat. 3575).

SEC. 726 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292v

PROVISION BY SCHOOLS OF INFORMATION TO STUDENTS

- (a) **IN GENERAL.**—With respect to loans made by a school under this subpart after June 30, 1986, each school, in order to carry out the provisions of sections 721 and 722, shall, at any time such school makes such a loan to a student under this subpart, provide thorough and adequate loan information on loans made under this subpart to the student. The loan information required to be provided to the student by this subsection shall include—
- (1) the yearly and cumulative maximum amounts that may be borrowed by the student;
 - (2) the terms under which repayment of the loan will begin;
 - (3) the maximum number of years in which the loan must be repaid;
 - (4) the interest rate that will be paid by the borrower and the minimum amount of the required monthly payment;
 - (5) the amount of any other fees charged to the borrower by the lender;
 - (6) any options the borrower may have for deferral, cancellation, prepayment, consolidation, or other refinancing of the loan;
 - (7) a definition of default on the loan and a specification of the consequences which will result to the borrower if the borrower defaults, including a description of any arrangements which may be made with credit bureau organizations;
 - (8) to the extent practicable, the effect of accepting the loan on the eligibility of the borrower for other forms of student assistance; and
 - (9) a description of the actions that may be taken by the Federal Government to collect the loan, including a description of the type of information concerning the borrower that the Federal Government may disclose to
 - (A) officers, employees, or agents of the Department of Health and Human Services,
 - (B) officers, employees, or agents of schools with which the Secretary has an agreement under this subpart, or
 - (C) any other person involved in the collection of a loan under this subpart.
- (b) **STATEMENT REGARDING LOAN.**—Each school shall, immediately prior to the graduation from such school of a student who receives a loan under this subpart after June 30, 1986, provide such student with a statement specifying—
- (1) each amount borrowed by the student under this subpart;
 - (2) the total amount borrowed by the student under this subpart; and
 - (3) a schedule for the repayment of the amounts borrowed under this subpart, including the number, amount, and frequency of payments to be made.

SEC. 727 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292w

PROCEDURES FOR APPEAL OF TERMINATION OF AGREEMENTS

In any case in which the Secretary intends to terminate an agreement with a school under this subpart, the Secretary shall provide the school with a written notice specifying such intention and stating that the school may request a formal hearing with respect to such termination. If the school requests such a hearing within 30 days after the receipt of such notice, the Secretary shall provide such school with a hearing conducted by an administrative law judge.

SEC. 728 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292x

DISTRIBUTION OF ASSETS FROM LOAN FUNDS

- (a) **DISTRIBUTION AFTER TERMINATION OF FUND.**—If a school terminates a loan fund established under an agreement pursuant to section 721(b), or if the Secretary for good cause terminates the agreement with the school, there shall be a capital distribution as follows:
- (1) The Secretary shall first be paid an amount which bears the same ratio to such balance in such fund on the date of termination of the fund as the total amount of the Federal capital contributions to such fund by the Secretary pursuant to section 721(b)(2)(A) bears to the total amount in such fund derived from such Federal capital contributions and from funds deposited therein pursuant to section 721(b)(2)(B).
 - (2) The remainder of such balance shall be paid to the school.
- (b) **PAYMENT OF PROPORTIONATE SHARE TO SECRETARY.**—If a capital distribution is made under subsection (a), the school involved shall, after the capital distribution, pay to the Secretary, not less often than quarterly, the same proportionate share of amounts received by the school in payment of principal or interest on loans made from the loan fund established pursuant to section 721(b) as was determined by the Secretary under subsection (a).

SEC. 735¹⁵ OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 292y

GENERAL PROVISIONS

- (a) **DATE CERTAIN FOR APPLICATIONS.**—The Secretary shall from time to time set dates by which schools must file applications for Federal capital contributions.
- (b) **CONTINGENT REDUCTION IN ALLOTMENTS.**—If the total of the amounts requested for any fiscal year in such applications exceeds the amounts appropriated under this section for that fiscal year, the allotment to the loan fund of each such school shall be reduced to whichever of the following is the smaller: (A) the amount requested in its application; or (B) an amount which bears the same ratio to the amounts appropriated as the number of students estimated by the Secretary to be enrolled in such school during such fiscal year bears to the estimated total number of students in all such schools during such year. Amounts remaining after allotment under the preceding sentence shall be reallocated in accordance with clause (B) of such sentence among schools whose applications requested more than the amounts so allotted to their loan funds, but with such adjustments as may be necessary to prevent the total allotted to any such school's loan fund from exceeding the total so requested by it.
- (c) **ALLOTMENT OF EXCESS FUNDS.**—Funds available in any fiscal year for payment to schools under this subpart which are in excess of the amount appropriated pursuant to this section for that year shall be allotted among schools in such manner as the Secretary determines will best carry out the purposes of this subpart.
- (d) **PAYMENT OF INSTALLMENTS TO SCHOOLS.**—Allotments to a loan fund of a school shall be paid to it from time to time in such installments as the Secretary determines will not result in unnecessary accumulations in the loan fund at such school.
- (e) **DISPOSITION OF FUNDS RETURNED TO SECRETARY.**—
- (1) **EXPENDITURE FOR FEDERAL CAPITAL CONTRIBUTIONS.**— Subject to section 723(b)(5), any amounts from student loan funds under section 721 that are returned to the Secretary by health professions schools shall be expended to make Federal capital contributions to such funds.
 - (2) **DATE CERTAIN FOR CONTRIBUTIONS.**—Amounts described in paragraph (1) that are returned to the Secretary shall be obligated before the end of the succeeding fiscal year.
 - (3) **PREFERENCE IN MAKING CONTRIBUTIONS.**—In making Federal capital contributions to student loans funds under section 721 for a fiscal year from amounts described in paragraph (1), the Secretary shall

¹⁵ Title VII does not have sections 729 through 734. See section 102 of Public Law 102–408 (106 Stat. 1994, 2021).

give preference to health professions schools of the same disciplines as the health professions schools returning such amounts for the period during which the amounts expended for such contributions were received by the Secretary. Any such amounts that, prior to being so returned, were available only for the purpose of loans under this subpart to individuals from disadvantaged backgrounds shall be available only for such purpose.

(f) **FUNDING FOR CERTAIN MEDICAL SCHOOLS.—**

(1) **AUTHORIZATION OF APPROPRIATIONS.—**For the purpose of making Federal capital contributions to student loan funds established under section 721 by schools of medicine or osteopathic medicine, there is authorized to be appropriated \$10,000,000 for each of the fiscal years 1994 through 1996.

(2) **MINIMUM REQUIREMENTS.—**

(A) Subject to subparagraph (B), the Secretary may make a Federal capital contribution pursuant to paragraph (1) only if the school of medicine or osteopathic medicine involved meets the conditions described in subparagraph (A) of section 723(b)(2) or the conditions described in subparagraph (C) of such section.

(B) For purposes of subparagraph (A), the conditions referred to in such subparagraph shall be applied with respect to graduates of the school involved whose date of graduation occurred approximately 3 years before June 30 of the fiscal year preceding the fiscal year for which the Federal capital contribution involved is made.

PART B—HEALTH PROFESSIONS TRAINING FOR DIVERSITY

SEC. 736 OF THE PUBLIC HEALTH SERVICE ACT¹⁶

42 U.S.C. § 293

CENTERS OF EXCELLENCE

(a) **IN GENERAL.—**The Secretary shall make grants to, and enter into contracts with, designated health professions schools described in subsection (c) of this section, and other public and nonprofit health or educational entities, for the purpose of assisting the schools in supporting programs of excellence in health professions education for under-represented minority individuals.

(b) **REQUIRED USE OF FUNDS.—**The Secretary may not make a grant under subsection (a) of this section unless the designated health professions school involved agrees, subject to subsection (c)(1)(C) of this section, to expend the grant—

- (1) to develop a large competitive applicant pool through linkages with institutions of higher education, local school districts, and other community-based entities and establish an education pipeline for health professions careers;
- (2) to establish, strengthen, or expand programs to enhance the academic performance of under-represented minority students attending the school;
- (3) to improve the capacity of such school to train, recruit, and retain under-represented minority faculty including the payment of such stipends and fellowships as the Secretary may determine appropriate;
- (4) to carry out activities to improve the information resources, clinical education, curricula and cultural competence of the graduates of the school, as it relates to minority health issues;
- (5) to facilitate faculty and student research on health issues particularly affecting under-represented minority groups, including research on issues relating to the delivery of health care;
- (6) to carry out a program to train students of the school in providing health services to a significant number of under-represented minority individuals through training provided to such students at community-based health facilities that—
 - (A) provide such health services; and

¹⁶ Amended by P.L. 111-148, § 5401.

- (B) are located at a site remote from the main site of the teaching facilities of the school; and
- (7) to provide stipends as the Secretary determines appropriate, in amounts as the Secretary determines appropriate.

(c) CENTERS OF EXCELLENCE

(1) DESIGNATED SCHOOLS

- (A) IN GENERAL.--The designated health professions schools referred to in subsection (a) of this section are such schools that meet each of the conditions specified in subparagraphs (B) and (C), and that—
 - (i) meet each of the conditions specified in paragraph (2)(A);
 - (ii) meet each of the conditions specified in paragraph (3);
 - (iii) meet each of the conditions specified in paragraph (4); or
 - (iv) meet each of the conditions specified in paragraph (5).
- (B) GENERAL CONDITIONS.--The conditions specified in this subparagraph are that a designated health professions school—
 - (i) has a significant number of under-represented minority individuals enrolled in the school, including individuals accepted for enrollment in the school;
 - (ii) has been effective in assisting under-represented minority students of the school to complete the program of education and receive the degree involved;
 - (iii) has been effective in recruiting under-represented minority individuals to enroll in and graduate from the school, including providing scholarships and other financial assistance to such individuals and encouraging under-represented minority students from all levels of the educational pipeline to pursue health professions careers; and
 - (iv) has made significant recruitment efforts to increase the number of under-represented minority individuals serving in faculty or administrative positions at the school.
- (C) CONSORTIUM.--The condition specified in this subparagraph is that, in accordance with subsection (e)(1) of this section, the designated health profession school involved has with other health profession schools (designated or otherwise) formed a consortium to carry out the purposes described in subsection (b) of this section at the schools of the consortium.
- (D) APPLICATION OF CRITERIA TO OTHER PROGRAMS.--In the case of any criteria established by the Secretary for purposes of determining whether schools meet the conditions described in subparagraph (B), this section may not, with respect to racial and ethnic minorities, be construed to authorize, require, or prohibit the use of such criteria in any program other than the program established in this section.

(2) CENTERS OF EXCELLENCE AT CERTAIN HISTORICALLY BLACK COLLEGES AND UNIVERSITIES

- (A) CONDITIONS.--The conditions specified in this subparagraph are that a designated health professions school—
 - (i) is a school described in section 799B(1); and
 - (ii) received a contract under section 788B for fiscal year 1987, as such section was in effect for such fiscal year.
- (B) USE OF GRANT.--In addition to the purposes described in subsection (b) of this section, a grant under subsection (a) of this section to a designated health professions school meeting the conditions described in subparagraph (A) may be expended—
 - (i) to develop a plan to achieve institutional improvements, including financial independence, to enable the school to support programs of excellence in health professions education for under-represented minority individuals; and
 - (ii) to provide improved access to the library and informational resources of the school.

- (C) EXCEPTION.--The requirements of paragraph (1)(C) shall not apply to a historically black college or university that receives funding under paragraphs (2) or (5).¹⁷
- (3) HISPANIC CENTERS OF EXCELLENCE.--The conditions specified in this paragraph are that—
- (A) with respect to Hispanic individuals, each of clauses (i) through (iv) of paragraph (1)(B) applies to the designated health professions school involved;
 - (B) the school agrees, as a condition of receiving a grant under subsection (a) of this section, that the school will, in carrying out the duties described in subsection (b) of this section, give priority to carrying out the duties with respect to Hispanic individuals; and
 - (C) the school agrees, as a condition of receiving a grant under subsection (a) of this section, that—
 - (i) the school will establish an arrangement with 1 or more public or nonprofit community based Hispanic serving organizations, or public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Hispanic individuals, the purposes of which will be to carry out a program—
 - (I) to identify Hispanic students who are interested in a career in the health profession involved; and
 - (II) to facilitate the educational preparation of such students to enter the health professions school; and
 - (ii) the school will make efforts to recruit Hispanic students, including students who have participated in the undergraduate or other matriculation program carried out under arrangements established by the school pursuant to clause (i)(II) and will assist Hispanic students regarding the completion of the educational requirements for a degree from the school.
- (4) NATIVE AMERICAN CENTERS OF EXCELLENCE.--Subject to subsection (e) of this section, the conditions specified in this paragraph are that—
- (A) with respect to Native Americans, each of clauses (i) through (iv) of paragraph (1)(B) applies to the designated health professions school involved;
 - (B) the school agrees, as a condition of receiving a grant under subsection (a) of this section, that the school will, in carrying out the duties described in subsection (b) of this section, give priority to carrying out the duties with respect to Native Americans; and
 - (C) the school agrees, as a condition of receiving a grant under subsection (a) of this section, that—
 - (i) the school will establish an arrangement with 1 or more public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Native Americans, the purpose of which arrangement will be to carry out a program—
 - (I) to identify Native American students, from the institutions of higher education referred to in clause (i), who are interested in health professions careers; and
 - (II) to facilitate the educational preparation of such students to enter the designated health professions school; and
 - (ii) the designated health professions school will make efforts to recruit Native American students, including students who have participated in the undergraduate program carried out under arrangements established by the school pursuant to clause (i) and will assist Native American students regarding the completion of the educational requirements for a degree from the designated health professions school.
- (5) OTHER CENTERS OF EXCELLENCE.--The conditions specified in this paragraph are—
- (A) with respect to other centers of excellence, the conditions described in clauses (i) through (iv) of paragraph (1)(B); and
 - (B) that the health professions school involved has an enrollment of under-represented minorities above the national average for such enrollments of health professions schools.

¹⁷ So in law. Probably should read “paragraph (2) or (5)”.

(d) DESIGNATION AS CENTER OF EXCELLENCE

- (1) IN GENERAL.--Any designated health professions school receiving a grant under subsection (a) of this section and meeting the conditions described in paragraph (2) or (5) of subsection (c) of this section shall, for purposes of this section, be designated by the Secretary as a Center of Excellence in Under-Represented Minority Health Professions Education.
- (2) HISPANIC CENTERS OF EXCELLENCE.--Any designated health professions school receiving a grant under subsection (a) of this section and meeting the conditions described in subsection (c)(3) of this section shall, for purposes of this section, be designated by the Secretary as a Hispanic Center of Excellence in Health Professions Education.
- (3) NATIVE AMERICAN CENTERS OF EXCELLENCE.--Any designated health professions school receiving a grant under subsection (a) of this section and meeting the conditions described in subsection (c)(4) of this section shall, for purposes of this section, be designated by the Secretary as a Native American Center of Excellence in Health Professions Education. Any consortium receiving such a grant pursuant to subsection (e) of this section shall, for purposes of this section, be so designated.

(e) AUTHORITY REGARDING NATIVE AMERICAN CENTERS OF EXCELLENCE.--With respect to meeting the conditions specified in subsection (c)(4) of this section, the Secretary may make a grant under subsection (a) of this section to a designated health professions school that does not meet such conditions if—

- (1) the school has formed a consortium in accordance with subsection (d)(1) of this section; and
- (2) the schools of the consortium collectively meet such conditions, without regard to whether the schools individually meet such conditions.

(f) DURATION OF GRANT.--The period during which payments are made under a grant under subsection (a) of this section may not exceed 5 years. Such payments shall be subject to annual approval by the Secretary and to the availability of appropriations for the fiscal year involved to make the payments.

(g) DEFINITIONS.--In this section:

- (1) Designated health professions school
 - (A) In general.--The term “health professions school” means, except as provided in subparagraph (B), a school of medicine, a school of osteopathic medicine, a school of dentistry, a school of pharmacy, or a graduate program in behavioral or mental health.
 - (B) Exception.--The definition established in subparagraph (A) shall not apply to the use of the term “designated health professions school” for purposes of subsection (c)(2) of this section.
- (2) Program of excellence.--The term “program of excellence” means any program carried out by a designated health professions school with a grant made under subsection (a) of this section, if the program is for purposes for which the school involved is authorized in subsection (b) or (c) of this section to expend the grant.
- (3) Native Americans.--The term “Native Americans” means American Indians, Alaskan Natives, Aleuts, and Native Hawaiians.

(h) FORMULA FOR ALLOCATIONS.-

- (1) ALLOCATIONS.--Based on the amount appropriated under subsection (i) for a fiscal year, the following subparagraphs shall apply as appropriate:
 - (A) IN GENERAL.--If the amounts appropriated under subsection (i) for a fiscal year are \$24,000,000 or less-
 - (i) the Secretary shall make available \$12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A); and
 - (ii) and available after grants are made with funds under clause (i), the Secretary shall make available-
 - (I) 60 percent of such amount for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting the conditions under subsection (e)); and
 - (II) 40 percent of such amount for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5).

- (B) FUNDING IN EXCESS OF \$24,000,000.-If amounts appropriated under subsection (i) for a fiscal year exceed \$24,000,000 but are less than \$30,000,000-
 - (i) 80 percent of such excess amounts shall be made available for grants under subsection (a) to health professions schools that meet the requirements described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e)); and
 - (ii) 20 percent of such excess amount shall be made available for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5).
- (C) FUNDING IN EXCESS OF \$30,000,000.-If amounts appropriated under subsection (i) for a fiscal year exceed \$30,000,000 but are less than \$40,000,000, the Secretary shall make available-
 - (i) not less than \$12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A);
 - (ii) not less than \$12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e));
 - (iii) not less than \$6,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5); and
 - (iv) after grants are made with funds under clauses (i) through (iii), any remaining excess amount for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (2)(A), (3), (4), or (5) of subsection (c).
- (D) FUNDING IN EXCESS OF \$40,000,000.-If amounts appropriated under subsection (i) for a fiscal year are \$40,000,000 or more, the Secretary shall make available-
 - (i) not less than \$16,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A);
 - (ii) not less than \$16,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e));
 - (iii) not less than \$8,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5); and
 - (iv) after grants are made with funds under clauses (i) through (iii), any remaining funds for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (2)(A), (3), (4), or (5) of subsection (c).
- (2) NO LIMITATION.- Nothing in this subsection shall be construed as limiting the centers of excellence referred to in this section to the designated amount, or to preclude such entities from competing for grants under this section.
- (3) MAINTENANCE OF EFFORT.-
 - (A) IN GENERAL.- With respect to activities for which a grant made under this part are authorized to be expended, the Secretary may not make such a grant to a center of excellence for any fiscal year unless the center agrees to maintain expenditures for non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the center for the fiscal year preceding the fiscal year for which the school receives the grant.
 - (B) USE OF FEDERAL FUNDS.- With respect to any Federal amounts received by a center of excellence and available for carrying out activities for which a grant under this part is authorized to be expended, the center shall, before expending the grant, expend the Federal amounts obtained from sources other than the grant, unless given prior approval from the Secretary.
- (i) AUTHORIZATION OF APPROPRIATIONS.-There are authorized to be appropriated to carry out this section-
 - (1) \$50,000,000 for each of the fiscal years 2010 through 2015; and
 - (2) and such sums as are necessary for each subsequent fiscal year.

SEC. 737 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 293a

SCHOLARSHIPS FOR DISADVANTAGED STUDENTS

- (a) **IN GENERAL.**—The Secretary may make a grant to an eligible entity (as defined in subsection (d)(1)) under this section for the awarding of scholarships by schools to any full-time student who is an eligible individual as defined in subsection (d). Such scholarships may be expended only for tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in the attendance of such school.
- (b) **PREFERENCE IN PROVIDING SCHOLARSHIPS.**—The Secretary may not make a grant to an entity under subsection (a) unless the health professions and nursing schools involved agree that, in providing scholarships pursuant to the grant, the schools will give preference to students for whom the costs of attending the schools would constitute a severe financial hardship and, notwithstanding other provisions of this section, to former recipients of scholarships under sections 736 and 740(d)(2)(B) (as such sections existed on the day before the date of enactment of this section).
- (c) **AMOUNT OF AWARD.**—In awarding grants to eligible entities that are health professions and nursing schools, the Secretary shall give priority to eligible entities based on the proportion of graduating students going into primary care, the proportion of underrepresented minority students, and the proportion of graduates working in medically underserved communities.
- (d) **DEFINITIONS.**—In this section:
 - (1) **ELIGIBLE ENTITIES.**—The term “eligible entities” means an entity that—
 - (A) is a school of medicine, osteopathic medicine, dentistry, nursing (as defined in section 801), pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, or allied health, a school offering a graduate program in behavioral and mental health practice, or an entity providing programs for the training of physician assistants; and
 - (B) is carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups.
 - (2) **ELIGIBLE INDIVIDUAL.**—The term “eligible individual” means an individual who—
 - (A) is from a disadvantaged background;
 - (B) has a financial need for a scholarship; and
 - (C) is enrolled (or accepted for enrollment) at an eligible health professions or nursing school as a full-time student in a program leading to a degree in a health profession or nursing.

SEC. 738 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 293b

LOAN REPAYMENTS AND FELLOWSHIPS REGARDING FACULTY POSITIONS

- (a) **LOAN REPAYMENTS.**—
 - (1) **ESTABLISHMENT OF PROGRAM.**—The Secretary shall establish a program of entering into contracts with individuals described in paragraph (2) under which the individuals agree to serve as members of the faculties of schools described in paragraph (3) in consideration of the Federal Government agreeing to pay, for each year of such service, not more than \$30,000¹⁸ of the principal and interest of the educational loans of such individuals.
 - (2) **ELIGIBLE INDIVIDUALS.**—The individuals referred to in paragraph (1) are individuals from disadvantaged backgrounds who—
 - (A) have a degree in medicine, osteopathic medicine, dentistry, nursing, or another health profession;
 - (B) are enrolled in an approved graduate training program in medicine, osteopathic medicine, dentistry, nursing, or other health profession; or
 - (C) are enrolled as full-time students—

¹⁸ Amended by P.L. 111-148, § 5402(a)

- (i) in an accredited (as determined by the Secretary) school described in paragraph (3); and
 - (ii) in the final year of a course of a study or program, offered by such institution and approved by the Secretary, leading to a degree from such a school.
- (3) **ELIGIBLE HEALTH PROFESSIONS SCHOOLS.**—The schools described in this paragraph are schools of medicine, nursing (as schools of nursing are defined in section 801), osteopathic medicine, dentistry, pharmacy, allied health, podiatric medicine, optometry, veterinary medicine, or public health, schools offering physician assistant education programs,¹⁹ or schools offering graduate programs in behavioral and mental health.
- (4) **REQUIREMENTS REGARDING FACULTY POSITIONS.**—The Secretary may not enter into a contract under paragraph (1) unless—
 - (A) the individual involved has entered into a contract with a school described in paragraph (3) to serve as a member of the faculty of the school for not less than 2 years; and
 - (B) the contract referred to in subparagraph (A) provides that—
 - (i) the school will, for each year for which the individual will serve as a member of the faculty under the contract with the school, make payments of the principal and interest due on the educational loans of the individual for such year in an amount equal to the amount of such payments made by the Secretary for the year;
 - (ii) the payments made by the school pursuant to clause (i) on behalf of the individual will be in addition to the pay that the individual would otherwise receive for serving as a member of such faculty; and
 - (iii) the school, in making a determination of the amount of compensation to be provided by the school to the individual for serving as a member of the faculty, will make the determination without regard to the amount of payments made (or to be made) to the individual by the Federal Government under paragraph (1).
- (5) **APPLICABILITY OF CERTAIN PROVISIONS.**—The provisions of sections 338C, 338G, and 338I shall apply to the program established in paragraph (1) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III, including the applicability of provisions regarding reimbursements for increased tax liability and regarding bankruptcy.
- (6) **WAIVER REGARDING SCHOOL CONTRIBUTIONS.**—The Secretary may waive the requirement established in paragraph (4)(B) if the Secretary determines that the requirement will impose an undue financial hardship on the school involved.
- (b) **FELLOWSHIPS.**—
 - (1) **IN GENERAL.**—The Secretary may make grants to and enter into contracts with eligible entities to assist such entities in increasing the number of underrepresented minority individuals who are members of the faculty of such schools.
 - (2) **APPLICATIONS.**—To be eligible to receive a grant or contract under this subsection, an entity shall provide an assurance, in the application submitted by the entity, that—
 - (A) amounts received under such a grant or contract will be used to award a fellowship to an individual only if the individual meets the requirements of paragraphs (3) and (4); and
 - (B) each fellowship awarded pursuant to the grant or contract will include—
 - (i) a stipend in an amount not exceeding 50 percent of the regular salary of a similar faculty member for not to exceed 3 years of training; and
 - (ii) an allowance for other expenses, such as travel to professional meetings and costs related to specialized training.
 - (3) **ELIGIBILITY.**—To be eligible to receive a grant or contract under paragraph (1), an applicant shall demonstrate to the Secretary that such applicant has or will have the ability to—

¹⁹ Amended by P.L. 111-148, § 10501(b).

- (A) identify, recruit and select underrepresented minority individuals who have the potential for teaching, administration, or conducting research at a health professions institution;
 - (B) provide such individuals with the skills necessary to enable them to secure a tenured faculty position at such institution, which may include training with respect to pedagogical skills, program administration, the design and conduct of research, grants writing, and the preparation of articles suitable for publication in peer reviewed journals;
 - (C) provide services designed to assist such individuals in their preparation for an academic career, including the provision of counselors; and
 - (D) provide health services to rural or medically underserved populations.
- (4) REQUIREMENTS.—To be eligible to receive a grant or contract under paragraph (1) an applicant shall—
- (A) provide an assurance that such applicant will make available (directly through cash donations) \$1 for every \$1 of Federal funds received under this section for the fellowship;
 - (B) provide an assurance that institutional support will be provided for the individual for the second and third years at a level that is equal to the total amount of institutional funds provided in the year in which the grant or contract was awarded;
 - (C) provide an assurance that the individual that will receive the fellowship will be a member of the faculty of the applicant school; and
 - (D) provide an assurance that the individual that will receive the fellowship will have, at a minimum, appropriate advanced preparation (such as a master’s or doctoral degree) and special skills necessary to enable such individual to teach and practice.
- (5) DEFINITION.—For purposes of this subsection, the term “underrepresented minority individuals” means individuals who are members of racial or ethnic minority groups that are underrepresented in the health professions including nursing.

SEC. 739 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 293c

EDUCATIONAL ASSISTANCE IN THE HEALTH PROFESSIONS REGARDING INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS

(a) IN GENERAL.—

- (1) AUTHORITY FOR GRANTS.—For the purpose of assisting individuals from disadvantaged backgrounds, as determined in accordance with criteria prescribed by the Secretary, to undertake education to enter a health profession, the Secretary may make grants to and enter into contracts with schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, and podiatric medicine, public and nonprofit private schools that offer graduate programs in behavioral and mental health, programs for the training of physician assistants, and other public or private nonprofit health or educational entities to assist in meeting the costs described in paragraph (2).
- (2) AUTHORIZED EXPENDITURES.—A grant or contract under paragraph (1) may be used by the entity to meet the cost of—
 - (A) identifying, recruiting, and selecting individuals from disadvantaged backgrounds, as so determined, for education and training in a health profession;
 - (B) facilitating the entry of such individuals into such a school;
 - (C) providing counseling, mentoring, or other services designed to assist such individuals to complete successfully their education at such a school;
 - (D) providing, for a period prior to the entry of such individuals into the regular course of education of such a school, preliminary education and health research training designed to assist them to complete successfully such regular course of education at such a school, or referring such individuals to institutions providing such preliminary education;

- (E) publicizing existing sources of financial aid available to students in the education program of such a school or who are undertaking training necessary to qualify them to enroll in such a program;
 - (F) paying such scholarships as the Secretary may determine for such individuals for any period of health professions education at a health professions school;
 - (G) paying such stipends as the Secretary may approve for such individuals for any period of education in student-enhancement programs (other than regular courses), except that such a stipend may not be provided to an individual for more than 12 months, and such a stipend shall be in an amount determined appropriate by the Secretary (notwithstanding any other provision of law regarding the amount of stipends);
 - (H) carrying out programs under which such individuals gain experience regarding a career in a field of primary health care through working at facilities of public or private nonprofit community-based providers of primary health services; and
 - (I) conducting activities to develop a larger and more competitive applicant pool through partnerships with institutions of higher education, school districts, and other community-based entities.
- (3) DEFINITION.—In this section, the term “regular course of education of such a school” as used in subparagraph (D) includes a graduate program in behavioral or mental health.
- (b) REQUIREMENTS FOR AWARDS.—In making awards to eligible entities under subsection (a)(1), the Secretary shall give preference to approved applications for programs that involve a comprehensive approach by several public or nonprofit private health or educational entities to establish, enhance and expand educational programs that will result in the development of a competitive applicant pool of individuals from disadvantaged backgrounds who desire to pursue health professions careers. In considering awards for such a comprehensive partnership approach, the following shall apply with respect to the entity involved:
- (1) The entity shall have a demonstrated commitment to such approach through formal agreements that have common objectives with institutions of higher education, school districts, and other community-based entities.
 - (2) Such formal agreements shall reflect the coordination of educational activities and support services, increased linkages, and the consolidation of resources within a specific geographic area.
 - (3) The design of the educational activities involved shall provide for the establishment of a competitive health professions applicant pool of individuals from disadvantaged backgrounds by enhancing the total preparation (academic and social) of such individuals to pursue a health professions career.
 - (4) The programs or activities under the award shall focus on developing a culturally competent health care workforce that will serve the unserved and underserved populations within the geographic area.
- (c) EQUITABLE ALLOCATION OF FINANCIAL ASSISTANCE.—The Secretary, to the extent practicable, shall ensure that services and activities under subsection (a) are adequately allocated among the various racial and ethnic populations who are from disadvantaged backgrounds.
- (d) MATCHING REQUIREMENTS.—The Secretary may require that an entity that applies for a grant or contract under subsection (a), provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant or contract. As determined by the Secretary, such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

SEC. 740 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 293d

AUTHORIZATION OF APPROPRIATION

- (a) SCHOLARSHIPS.—There are authorized to be appropriated to carry out section 737, \$51,000,000 for fiscal year 2010, and such sums as may be necessary for each of the fiscal years 2011 through 2014.²⁰ Of the amount

²⁰ Amended by P.L. 111-148, § 5402(b).

appropriated in any fiscal year, the Secretary shall ensure that not less than 16 percent shall be distributed to schools of nursing.

- (b) **LOAN REPAYMENTS AND FELLOWSHIPS.**—For the purpose of carrying out section 738, there is authorized to be appropriated, \$5,000,000 for each of the fiscal years 2010 through 2014.²¹
- (c) **EDUCATIONAL ASSISTANCE IN HEALTH PROFESSIONS REGARDING INDIVIDUALS FOR DISADVANTAGED BACKGROUNDS.**—For the purpose of grants and contracts under section 739(a)(1), there is authorized to be appropriated \$60,000,000 for fiscal year 2010 and such sums as may be necessary for each of the fiscal years 2011 through 2014.²² The Secretary may use not to exceed 20 percent of the amount appropriated for a fiscal year under this subsection to provide scholarships under section 739(a)(2)(F).
- (d) **REPORT.**—Not later than 6 months after the date of enactment of this part, the Secretary shall prepare and submit to the appropriate committees of Congress a report concerning the efforts of the Secretary to address the need for a representative mix of individuals from historically minority health professions schools, or from institutions or other entities that historically or by geographic location have a demonstrated record of training or educating underrepresented minorities, within various health professions disciplines, on peer review councils.

SEC. 741 OF THE PUBLIC HEALTH SERVICE ACT²³

42 U.S.C. § 293e

GRANTS FOR HEALTH PROFESSIONS EDUCATION

- (a) **CULTURAL COMPETENCY, PREVENTION, AND PUBLIC HEALTH AND INDIVIDUALS WITH DISABILITY GRANTS.**-
 - (1) **IN GENERAL.**--The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make awards of grants, contracts, or cooperative agreements to public and nonprofit private entities (including tribal entities) for the development, evaluation, and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs, and for other purposes determined as appropriate by the Secretary.
 - (2) **ELIGIBLE ENTITIES.**--Unless specifically required otherwise in this subchapter, the Secretary shall accept applications for grants or contracts under this section from health professions schools, academic health centers, State or local governments, or other appropriate public or private nonprofit entities (or consortia of entities, including entities promoting multidisciplinary approaches) for funding and participation in health professions training activities. The Secretary may accept applications from for-profit private entities as determined appropriate by the Secretary.
- (b) **COLLABORATION.**-In carrying out subsection (a), the Secretary shall collaborate with health professional societies, licensing and accreditation entities, health professional schools, and experts in minority health and cultural competency, prevention, and public health and disability groups, community-based organizations, other organizations as determined appropriate by the Secretary. The Secretary shall coordinate with curricula and research and demonstration projects developed under section 807.
- (c) **DISSEMINATION.**-
 - (1) **IN GENERAL.**-Model curricula developed under this section shall be disseminated through the Internet Clearinghouse under section 270 and such other means as determined appropriate by the Secretary.
 - (2) **EVALUATION.**-The Secretary shall evaluate the adoption and the implementation of cultural competency, prevention, and public health, and working with individuals with a disability training curricula, and the facilitate inclusion of these competency measures in quality measurement systems as appropriate.

²¹ Amended by P.L. 111-148, § 5402(c).

²² Amended by P.L. 111-148, § 5402(d).

²³ Amended by P.L. 111-148, § 5307(a).

- (d) AUTHORIZATION OF APPROPRIATIONS.-There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2010 through 2015.

PART C—TRAINING IN FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PHYSICIAN ASSISTANTS, GENERAL DENTISTRY, AND PEDIATRIC DENTISTRY

SUBPART I—MEDICAL TRAINING GENERALLY²⁴

SEC. 747 OF THE PHS ACT²⁵

42 U.S.C. § 293k

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

²⁴ Subpart title added by P.L. 111-148, § 10501(l).

²⁵ Amended by P.L. 111-148, § 5301.

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;

(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. 747A OF THE PUBLIC HEALTH SERVICE ACT²⁶

42 U.S.C. § 293k-1

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.
- (b) ELIGIBILITY.—To be eligible to receive a grant under this section, an entity shall—
 - (1) be an institution of higher education (as defined in section 102 of the Higher Education Act of 1965 (20 U.S.C. 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. 748 OF THE PUBLIC HEALTH SERVICE ACT²⁷

42 U.S.C. § 293k-2

TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY

- (a) 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—

²⁶ Added by P.L. 111-148, § 5302.

²⁷ Added by P.L. 111-148, § 5303.

- (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. 749 OF THE PUBLIC HEALTH SERVICE ACT²⁸

42 U.S.C. § 2931

ADVISORY COMMITTEE ON TRAINING IN PRIMARY CARE MEDICINE AND DENTISTRY

- (a) ESTABLISHMENT.—The Secretary shall establish an advisory committee to be known as the Advisory Committee on Training in Primary Care Medicine and Dentistry (in this section referred to as the “Advisory Committee”).
- (b) COMPOSITION.—
 - (1) IN GENERAL.—The Secretary shall determine the appropriate number of individuals to serve on the Advisory Committee. Such individuals shall not be officers or employees of the Federal Government.
 - (2) APPOINTMENT.—Not later than 90 days after the date of enactment of this Act²⁹, the Secretary shall appoint the members of the Advisory Committee from among individuals who are health professionals. In making such appointments, the Secretary shall ensure a fair balance between the health professions, that at least 75 percent of the members of the Advisory Committee are health professionals, a broad geographic representation of members and a balance between urban and rural members. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved.
 - (3) MINORITY REPRESENTATION.—In appointing the members of the Advisory Committee under paragraph (2), the Secretary shall ensure the adequate representation of women and minorities.

²⁸ Amended by P.L. 111-148, § 5103(d) and renumbered by § 5303.

²⁹ So in law. The reference to “this Act” means the Public Health Service Act, which was enacted July 1, 1944. Probably should be a reference to the Health Professions Education Partnerships Act of 1998, which added section 748. That Act is Public Law 105–392, enacted November 13, 1998. (Section 102(4) of that Public Law (112 Stat. 3539) added section 748.)

- (c) TERMS.—
- (1) IN GENERAL.—A member of the Advisory Committee shall be appointed for a term of 3 years, except that of the members first appointed—
 - (A) 1/3 of such members shall serve for a term of 1 year;
 - (B) 1/3 of such members shall serve for a term of 2 years; and
 - (C) 1/3 of such members shall serve for a term of 3 years.
 - (2) VACANCIES.—
 - (A) IN GENERAL.—A vacancy on the Advisory Committee shall be filled in the manner in which the original appointment was made and shall be subject to any conditions which applied with respect to the original appointment.
 - (B) FILLING UNEXPIRED TERM.—An individual chosen to fill a vacancy shall be appointed for the unexpired term of the member replaced.
- (d) DUTIES.—The Advisory Committee shall—
- (1) provide advice and recommendations to the Secretary concerning policy and program development and other matters of significance concerning the activities under section 747;
 - (2) not later than 3 years after the date of enactment of this section, and annually thereafter, prepare and submit to the Secretary, and the Committee on Labor and Human Resources of the Senate, and the Committee on Commerce of the House of Representatives, a report describing the activities of the Committee, including findings and recommendations made by the Committee concerning the activities under section 747; and
 - (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.
- (e) MEETINGS AND DOCUMENTS.—
- (1) MEETINGS.—The Advisory Committee shall meet not less than 2 times each year. Such meetings shall be held jointly with other related entities established under this title where appropriate.
 - (2) DOCUMENTS.—Not later than 14 days prior to the convening of a meeting under paragraph (1), the Advisory Committee shall prepare and make available an agenda of the matters to be considered by the Advisory Committee at such meeting. At any such meeting, the Advisory Council³⁰ shall distribute materials with respect to the issues to be addressed at the meeting. Not later than 30 days after the adjourning of such a meeting, the Advisory Committee shall prepare and make available a summary of the meeting and any actions taken by the Committee based upon the meeting.
- (f) COMPENSATION AND EXPENSES.—
- (1) COMPENSATION.—Each member of the Advisory Committee shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Committee.
 - (2) EXPENSES.—The members of the Advisory Committee shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Committee.
- (g) FACIA.—The Federal Advisory Committee Act shall apply to the Advisory Committee under this section only to the extent that the provisions of such Act do not conflict with the requirements of this section.

³⁰ So in law. Probably should be “Advisory Committee”. See section 102(4) of Public Law 105–392 (112 Stat. 3539).

SEC. 749A OF THE PUBLIC HEALTH SERVICE ACT³¹

42 U.S.C. 2931-1

TEACHING HEALTH CENTERS DEVELOPMENT GRANTS

- (a) PROGRAM AUTHORIZED.—The Secretary may award grants under this section to teaching health centers for the purpose of establishing new accredited or expanded primary care residency programs.
- (b) AMOUNT AND DURATION.—Grants awarded under this section shall be for a term of not more than 3 years and the maximum award may not be more than \$500,000.
- (c) USE OF FUNDS.—Amounts provided under a grant under this section shall be used to cover the costs of—
 - (1) establishing or expanding a primary care residency training program described in subsection (a), including costs associated with—
 - (A) curriculum development;
 - (B) recruitment, training and retention of residents and faculty;
 - (C) accreditation by the Accreditation Council for Graduate Medical Education (ACGME), the American Dental Association (ADA), or the American Osteopathic Association (AOA); and
 - (D) faculty salaries during the development phase; and
 - (2) technical assistance provided by an eligible entity.
- (d) APPLICATION.—A teaching health center seeking a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.
- (e) PREFERENCE FOR CERTAIN APPLICATIONS.—In selecting recipients for grants under this section, the Secretary shall give preference to any such application that documents an existing affiliation agreement with an area health education center program as defined in sections 751 and 799B.
- (f) DEFINITIONS.—In this section:
 - (1) ELIGIBLE ENTITY.—The term ‘eligible entity’ means an organization capable of providing technical assistance including an area health education center program as defined in sections 751 and 799B.
 - (2) PRIMARY CARE RESIDENCY PROGRAM.—The term ‘primary care residency program’ means an approved graduate medical residency training program (as defined in section 340H) in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics.
 - (3) TEACHING HEALTH CENTER.—
 - (A) IN GENERAL.—The term ‘teaching health center’ means an entity that—
 - (i) is a community based, ambulatory patient care center; and
 - (ii) operates a primary care residency program.
 - (B) INCLUSION OF CERTAIN ENTITIES.—Such term includes the following:
 - (i) A Federally qualified health center (as defined in section 1905(l)(2)(B), of the Social Security Act).
 - (ii) A community mental health center (as defined in section 1861(ff)(3)(B) of the Social Security Act).
 - (iii) A rural health clinic, as defined in section 1861(aa) of the Social Security Act.
 - (iv) A health center operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act).
 - (v) An entity receiving funds under title X of the Public Health Service Act.
- (g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated, \$25,000,000 for fiscal year 2010, \$50,000,000 for fiscal year 2011, \$50,000,000 for fiscal year 2012, and such sums as may be necessary for each fiscal year thereafter to carry out this section. Not to exceed \$5,000,000 annually may be used for technical assistance program grants.

³¹ Added by P.L. 111-148, § 5508(a).

SUBPART II—TRAINING IN UNDERSERVED COMMUNITIES³²

SEC. 749B OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 293m

RURAL PHYSICIAN TRAINING GRANTS

- (a) **IN GENERAL.**—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall establish a grant program for the purposes of assisting eligible entities in recruiting students most likely to practice medicine in underserved rural communities, providing rural-focused training and experience, and increasing the number of recent allopathic and osteopathic medical school graduates who practice in underserved rural communities.
- (b) **ELIGIBLE ENTITIES.**—In order to be eligible to receive a grant under this section, an entity shall—
- (1) be a school of allopathic or osteopathic medicine accredited by a nationally recognized accrediting agency or association approved by the Secretary for this purpose, or any combination or consortium of such schools; and
 - (2) submit an application to the Secretary that includes a certification that such entity will use amounts provided to the institution as described in subsection (d)(1).
- (c) **PRIORITY.**—In awarding grant funds under this section, the Secretary shall give priority to eligible entities that—
- (1) demonstrate a record of successfully training students, as determined by the Secretary, who practice medicine in underserved rural communities;
 - (2) demonstrate that an existing academic program of the eligible entity produces a high percentage, as determined by the Secretary, of graduates from such program who practice medicine in underserved rural communities;
 - (3) demonstrate rural community institutional partnerships, through such mechanisms as matching or contributory funding, documented in-kind services for implementation, or existence of training partners with interprofessional expertise in community health center training locations or other similar facilities; or
 - (4) submit, as part of the application of the entity under subsection (b), a plan for the long-term tracking of where the graduates of such entity practice medicine.
- (d) **USE OF FUNDS.**—
- (1) **ESTABLISHMENT.**—An eligible entity receiving a grant under this section shall use the funds made available under such grant to establish, improve, or expand a rural-focused training program (referred to in this section as the ‘Program’) meeting the requirements described in this subsection and to carry out such program.
 - (2) **STRUCTURE OF PROGRAM.**—An eligible entity shall—
 - (A) enroll no fewer than 10 students per class year into the Program; and
 - (B) develop criteria for admission to the Program that gives priority to students—
 - (i) who have originated from or lived for a period of 2 or more years in an underserved rural community; and
 - (ii) who express a commitment to practice medicine in an underserved rural community.
 - (3) **CURRICULA.**—The Program shall require students to enroll in didactic coursework and clinical experience particularly applicable to medical practice in underserved rural communities, including—
 - (A) clinical rotations in underserved rural communities, and in applicable specialties, or other coursework or clinical experience deemed appropriate by the Secretary; and
 - (B) in addition to core school curricula, additional coursework or training experiences focused on medical issues prevalent in underserved rural communities.
 - (4) **RESIDENCY PLACEMENT ASSISTANCE.**—Where available, the Program shall assist all students of the Program in obtaining clinical training experiences in locations with postgraduate programs offering

³² Added by P.L. 111-148, § 10501(l).

residency training opportunities in underserved rural communities, or in local residency training programs that support and train physicians to practice in underserved rural communities.

- (5) **PROGRAM STUDENT COHORT SUPPORT.**—The Program shall provide and require all students of the Program to participate in group activities designed to further develop, maintain, and reinforce the original commitment of such students to practice in an underserved rural community.
- (e) **ANNUAL REPORTING.**—An eligible entity receiving a grant under this section shall submit an annual report to the Secretary on the success of the Program, based on criteria the Secretary determines appropriate, including the residency program selection of graduating students who participated in the Program.
- (f) **REGULATIONS.**—Not later than 60 days after the date of enactment of this section, the Secretary shall by regulation define ‘underserved rural community’ for purposes of this section.
- (g) **SUPPLEMENT NOT SUPPLANT.**—Any eligible entity receiving funds under this section shall use such funds to supplement, not supplant, any other Federal, State, and local funds that would otherwise be expended by such entity to carry out the activities described in this section.
- (h) **MAINTENANCE OF EFFORT.**—With respect to activities for which funds awarded under this section are to be expended, the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives a grant under this section.
- (i) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated \$4,000,000 for each of the fiscal years 2010 through 2013.

PART D—INTERDISCIPLINARY, COMMUNITYBASED LINKAGES

SEC. 750 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 294

GENERAL PROVISIONS

- (a) **COLLABORATION.**—To be eligible to receive assistance under this part, an academic institution shall use such assistance in collaboration with 2 or more disciplines.
- (b) **ACTIVITIES.**—An entity shall use assistance under this part to carry out innovative demonstration projects for strategic workforce supplementation activities as needed to meet national goals for interdisciplinary, community-based linkages. Such assistance may be used consistent with this part—
- (1) to develop and support training programs;
 - (2) for faculty development;
 - (3) for model demonstration programs;
 - (4) for the provision of stipends for fellowship trainees;
 - (5) to provide technical assistance; and
 - (6) for other activities that will produce outcomes consistent with the purposes of this part.

SEC. 751 OF THE PUBLIC HEALTH SERVICE ACT³³

42 U.S.C. § 294a

AREA HEALTH EDUCATION CENTERS

- (a) **ESTABLISHMENT OF AWARDS.**—The Secretary shall make the following 2 types of awards in accordance with this section:
- (1) **INFRASTRUCTURE DEVELOPMENT AWARD.**—The Secretary shall make awards to eligible entities to enable such entities to initiate health care workforce educational programs to continue to carry out

³³ Amended by P.L. 111-148, § 5403(a).

comparable programs that are operating at the time the award is made by planning, developing, operating, and evaluating an area health education center program.

- (2) **POINT OF SERVICE MAINTENANCE AND ENHANCEMENT AWARD.**—The Secretary shall make awards to eligible entities to maintain and improve the effectiveness and capabilities of an existing area health education center program, and make other modifications to the program that are appropriate due to changes in demographics, needs of the populations served, or other similar issues affecting the area health education center program. For the purposes of this section, the term ‘Program’ refers to the area health education center program.

(b) **ELIGIBLE ENTITIES; APPLICATION.**—

(1) **ELIGIBLE ENTITIES.**—

(A) **INFRASTRUCTURE DEVELOPMENT.**—For purposes of subsection (a)(1), the term ‘eligible entity’ means a school of medicine or osteopathic medicine, an incorporated consortium of such schools, or the parent institutions of such a school. With respect to a State in which no area health education center program is in operation, the Secretary may award a grant or contract under subsection (a)(1) to a school of nursing.

(B) **POINT OF SERVICE MAINTENANCE AND ENHANCEMENT.**— For purposes of subsection (a)(2), the term ‘eligible entity’ means an entity that has received funds under this section, is operating an area health education center program, including an area health education center or centers, and has a center or centers that are no longer eligible to receive financial assistance under subsection (a)(1).

- (2) **APPLICATION.**—An eligible entity desiring to receive an award 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.

(c) **USE OF FUNDS.**—

- (1) **REQUIRED ACTIVITIES.**—An eligible entity shall use amounts awarded under a grant under subsection (a)(1) or (a)(2) to carry out the following activities:

(A) Develop and implement strategies, in coordination with the applicable one-stop delivery system under section 134(c) of the Workforce Investment Act of 1998, to recruit individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health professions, and support such individuals in attaining such careers.

(B) Develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas for the purpose of developing and maintaining a diverse health care workforce that is prepared to deliver high-quality care, with an emphasis on primary care, in underserved areas or for health disparity populations, in collaboration with other Federal and State health care workforce development programs, the State workforce agency, and local workforce investment boards, and in health care safety net sites.

(C) Prepare individuals to more effectively provide health services to underserved areas and health disparity populations through field placements or preceptorships in conjunction with community-based organizations, accredited primary care residency training programs, Federally qualified health centers, rural health clinics, public health departments, or other appropriate facilities.

(D) Conduct and participate in interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professionals, or other health professionals, as practicable.

(E) Deliver or facilitate continuing education and information dissemination programs for health care professionals, with an emphasis on individuals providing care in underserved areas and for health disparity populations.

(F) Propose and implement effective program and outcomes measurement and evaluation strategies.

(G) Establish a youth public health program to expose and recruit high school students into health careers, with a focus on careers in public health.

- (2) **INNOVATIVE OPPORTUNITIES.**—An eligible entity may use amounts awarded under a grant under subsection (a)(1) or subsection (a)(2) to carry out any of the following activities:
- (A) Develop and implement innovative curricula in collaboration with community-based accredited primary care residency training programs, Federally qualified health centers, rural health clinics, behavioral and mental health facilities, public health departments, or other appropriate facilities, with the goal of increasing the number of primary care physicians and other primary care providers prepared to serve in underserved areas and health disparity populations.
 - (B) Coordinate community-based participatory research with academic health centers, and facilitate rapid flow and dissemination of evidence-based health care information, research results, and best practices to improve quality, efficiency, and effectiveness of health care and health care systems within community settings.
 - (C) Develop and implement other strategies to address identified workforce needs and increase and enhance the health care workforce in the area served by the area health education center program.
- (d) **REQUIREMENTS.**—
- (1) **AREA HEALTH EDUCATION CENTER PROGRAM.**—In carrying out this section, the Secretary shall ensure the following:
 - (A) An entity that receives an award under this section shall conduct at least 10 percent of clinical education required for medical students in community settings that are removed from the primary teaching facility of the contracting institution for grantees that operate a school of medicine or osteopathic medicine. In States in which an entity that receives an award under this section is a nursing school or its parent institution, the Secretary shall alternatively ensure that—
 - (i) the nursing school conducts at least 10 percent of clinical education required for nursing students in community settings that are remote from the primary teaching facility of the school; and
 - (ii) the entity receiving the award maintains a written agreement with a school of medicine or osteopathic medicine to place students from that school in training sites in the area health education center program area.
 - (B) An entity receiving funds under subsection (a)(2) does not distribute such funding to a center that is eligible to receive funding under subsection (a)(1).
 - (2) **AREA HEALTH EDUCATION CENTER.**—The Secretary shall ensure that each area health education center program includes at least 1 area health education center, and that each such center—
 - (A) is a public or private organization whose structure, governance, and operation is independent from the awardee and the parent institution of the awardee;
 - (B) is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities;
 - (C) designates an underserved area or population to be served by the center which is in a location removed from the main location of the teaching facilities of the schools participating in the program with such center and does not duplicate, in whole or in part, the geographic area or population served by any other center;
 - (D) fosters networking and collaboration among communities and between academic health centers and community- based centers;
 - (E) serves communities with a demonstrated need of health professionals in partnership with academic medical centers;
 - (F) addresses the health care workforce needs of the communities served in coordination with the public workforce investment system; and
 - (G) has a community-based governing or advisory board that reflects the diversity of the communities involved.
- (e) **MATCHING FUNDS.**—With respect to the costs of operating a program through a grant under this section, to be eligible for financial assistance under this section, an entity shall make available (directly or through

contributions from State, county or municipal governments, or the private sector) recurring non-Federal contributions in cash or in kind, toward such costs in an amount that is equal to not less than 50 percent of such costs. At least 25 percent of the total required non-Federal contributions shall be in cash. An entity may apply to the Secretary for a waiver of not more than 75 percent of the matching fund amount required by the entity for each of the first 3 years the entity is funded through a grant under subsection (a)(1).

- (f) **LIMITATION.**—Not less than 75 percent of the total amount provided to an area health education center program under subsection (a)(1) or (a)(2) shall be allocated to the area health education centers participating in the program under this section. To provide needed flexibility to newly funded area health education center programs, the Secretary may waive the requirement in the sentence for the first 2 years of a new area health education center program funded under subsection (a)(1).
- (g) **AWARD.**—An award to an entity under this section shall be not less than \$250,000 annually per area health education center included in the program involved. If amounts appropriated to carry out this section are not sufficient to comply with the preceding sentence, the Secretary may reduce the per center amount provided for in such sentence as necessary, provided the distribution established in subsection (j)(2) is maintained.
- (h) **PROJECT TERMS.**—
 - (1) **IN GENERAL.**—Except as provided in paragraph (2), the period during which payments may be made under an award under subsection (a)(1) may not exceed—
 - (A) in the case of a program, 12 years; or
 - (B) in the case of a center within a program, 6 years.
 - (2) **EXCEPTION.**—The periods described in paragraph (1) shall not apply to programs receiving point of service maintenance and enhancement awards under subsection (a)(2) to maintain existing centers and activities.
- (i) **INAPPLICABILITY OF PROVISION.**—Notwithstanding any other provision of this title, section 791(a) shall not apply to an area health education center funded under this section.
- (j) **AUTHORIZATION OF APPROPRIATIONS.**—
 - (1) **IN GENERAL.**—There is authorized to be appropriated to carry out this section \$125,000,000 for each of the fiscal years 2010 through 2014.
 - (2) **REQUIREMENTS.**—Of the amounts appropriated for a fiscal year under paragraph (1)—
 - (A) not more than 35 percent shall be used for awards under subsection (a)(1);
 - (B) not less than 60 percent shall be used for awards under subsection (a)(2);
 - (C) not more than 1 percent shall be used for grants and contracts to implement outcomes evaluation for the area health education centers; and
 - (D) not more than 4 percent shall be used for grants and contracts to provide technical assistance to entities receiving awards under this section.
 - (3) **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.
- (k) **SENSE OF CONGRESS.**—It is the sense of the Congress that every State have an area health education center program in effect under this section.

SEC. 752 OF THE PUBLIC HEALTH SERVICE ACT³⁴

42 U.S.C.A. § 294b

CONTINUING EDUCATION SUPPORT FOR HEALTH PROFESSIONALS SERVING IN UNDERSERVED COMMUNITIES

- (a) **IN GENERAL.**—The Secretary shall make grants to, and enter into contracts with, eligible entities to improve health care, increase retention, increase representation of minority faculty members, enhance the practice

³⁴ Amended by P.L. 111-148, § 5403(b).

environment, and provide information dissemination and educational support to reduce professional isolation through the timely dissemination of research findings using relevant resources.

- (b) **ELIGIBLE ENTITIES.**--For purposes of this section, the term 'eligible entity' means an entity described in section 799(b).
- (c) **APPLICATION.**--An eligible entity desiring to receive an award 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.
- (d) **USE OF FUNDS.**--An eligible entity shall use amounts awarded under a grant or contract under this section to provide innovative supportive activities to enhance education through distance learning, continuing educational activities, collaborative conferences, and electronic and telelearning activities, with priority for primary care.
- (e) **AUTHORIZATION.**--There is authorized to be appropriated to carry out this section \$5,000,000 for each of the fiscal years 2010 through 2014, and such sums as may be necessary for each subsequent fiscal year.

SEC. 753 OF THE PUBLIC HEALTH SERVICE ACT³⁵

42 U.S.C. § 294c

EDUCATION AND TRAINING RELATING TO GERIATRICS

(a) GERIATRIC EDUCATION CENTERS

- (1) **IN GENERAL.**--The Secretary shall award grants or contracts under this section to entities described in paragraphs (1), (3), or (4) of section 799B and section 801(2), for the establishment or operation of geriatric education centers.
- (2) **REQUIREMENTS.**--A geriatric education center is a program that—
 - (A) improves the training of health professionals in geriatrics, including geriatric residencies, traineeships, or fellowships;
 - (B) develops and disseminates curricula relating to the treatment of the health problems of elderly individuals;
 - (C) supports the training and retraining of faculty to provide instruction in geriatrics;
 - (D) supports continuing education of health professionals who provide geriatric care; and
 - (E) provides students with clinical training in geriatrics in nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers.

(b) GERIATRIC TRAINING REGARDING PHYSICIANS AND DENTISTS

- (1) **IN GENERAL.**--The Secretary may make grants to, and enter into contracts with, schools of medicine, schools of osteopathic medicine, teaching hospitals, and graduate medical education programs, for the purpose of providing support (including residencies, traineeships, and fellowships) for geriatric training projects to train physicians, dentists and behavioral and mental health professionals who plan to teach geriatric medicine, geriatric behavioral or mental health, or geriatric dentistry.
- (2) **REQUIREMENTS.**--Each project for which a grant or contract is made under this subsection shall—
 - (A) be staffed by full-time teaching physicians who have experience or training in geriatric medicine or geriatric behavioral or mental health;
 - (B) be staffed, or enter into an agreement with an institution staffed by full-time or part-time teaching dentists who have experience or training in geriatric dentistry;
 - (C) be staffed, or enter into an agreement with an institution staffed by full-time or part-time teaching behavioral mental health professionals who have experience or training in geriatric behavioral or mental health;
 - (D) be based in a graduate medical education program in internal medicine or family medicine or in a department of geriatrics or behavioral or mental health;
 - (E) provide training in geriatrics and exposure to the physical and mental disabilities of elderly individuals through a variety of service rotations, such as geriatric consultation services, acute care services, dental

³⁵ Amended by P.L. 111-148, § 5305(a) and (b).

- services, geriatric behavioral or mental health units, day and home care programs, rehabilitation services, extended care facilities, geriatric ambulatory care and comprehensive evaluation units, and community care programs for elderly mentally retarded individuals; and
- (F) provide training in geriatrics through one or both of the training options described in subparagraphs (A) and (B) of paragraph (3).
- (3) TRAINING OPTIONS.--The training options referred to in subparagraph (F) of paragraph (2) shall be as follows:
- (A) A 1-year retraining program in geriatrics for—
- (i) physicians who are faculty members in departments of internal medicine, family medicine, gynecology, geriatrics, and behavioral or mental health at schools of medicine and osteopathic medicine;
 - (ii) dentists who are faculty members at schools of dentistry or at hospital departments of dentistry; and
 - (iii) behavioral or mental health professionals who are faculty members in departments of behavioral or mental health; and
- (B) A 2-year internal medicine or family medicine fellowship program providing emphasis in geriatrics, which shall be designed to provide training in clinical geriatrics and geriatrics research for—
- (i) physicians who have completed graduate medical education programs in internal medicine, family medicine, behavioral or mental health, neurology, gynecology, or rehabilitation medicine;
 - (ii) dentists who have demonstrated a commitment to an academic career and who have completed postdoctoral dental training, including postdoctoral dental education programs or who have relevant advanced training or experience; and
 - (iii) behavioral or mental health professionals who have completed graduate medical education programs in behavioral or mental health.
- (4) DEFINITIONS.--For purposes of this subsection:
- (A) The term “graduate medical education program” means a program sponsored by a school of medicine, a school of osteopathic medicine, a hospital, or a public or private institution that—
- (i) offers postgraduate medical training in the specialties and subspecialties of medicine; and
 - (ii) has been accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association through its Committee on Postdoctoral Training.
- (B) The term “post-doctoral dental education program” means a program sponsored by a school of dentistry, a hospital, or a public or private institution that—
- (i) offers post-doctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency; and
 - (ii) has been accredited by the Commission on Dental Accreditation.
- (c) GERIATRIC FACULTY FELLOWSHIPS
- (1) ESTABLISHMENT OF PROGRAM.--The Secretary shall establish a program to provide Geriatric Academic Career Awards to eligible individuals to promote the career development of such individuals as academic geriatricians.
- (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 [be] 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 additional 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; and
 - (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.
- (5) **AMOUNT AND TERM**
- (A) **AMOUNT.**--The amount of an Award under this section for individuals who are physicians shall equal \$50,000 for fiscal year 1998, adjusted for subsequent fiscal years to reflect the increase in the Consumer Price Index. The Secretary shall determine the amount of an Award under this section for individuals who are not physicians.
 - (B) **TERM.**--The term of any Award made under this subsection shall not exceed 5 years.
 - (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.
- (6) **SERVICE REQUIREMENT**--An individual who receives an Award under this subsection shall provide training in clinical geriatrics, including the training of interdisciplinary teams of health care professionals. The provision of such training shall constitute at least 75 percent of the obligations of such individual under the Award.
- (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.
- (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.

SEC. 754 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 294d

QUENTIN N. BURDICK PROGRAM FOR RURAL INTERDISCIPLINARY TRAINING

- (a) **GRANTS.**—The Secretary may make grants or contracts under this section to help entities fund authorized activities under an application approved under subsection (c).
- (b) **USE OF AMOUNTS.**—
 - (1) **IN GENERAL.**—Amounts provided under subsection (a) shall be used by the recipients to fund interdisciplinary training projects designed to—
 - (A) use new and innovative methods to train health care practitioners to provide services in rural areas;
 - (B) demonstrate and evaluate innovative interdisciplinary methods and models designed to provide access to cost-effective comprehensive health care;
 - (C) deliver health care services to individuals residing in rural areas;
 - (D) enhance the amount of relevant research conducted concerning health care issues in rural areas; and
 - (E) increase the recruitment and retention of health care practitioners from rural areas and make rural practice a more attractive career choice for health care practitioners.
 - (2) **METHODS.**—A recipient of funds under subsection (a) may use various methods in carrying out the projects described in paragraph (1), including—
 - (A) the distribution of stipends to students of eligible applicants;
 - (B) the establishment of a post-doctoral fellowship program;
 - (C) the training of faculty in the economic and logistical problems confronting rural health care delivery systems; or
 - (D) the purchase or rental of transportation and telecommunication equipment where the need for such equipment due to unique characteristics of the rural area is demonstrated by the recipient.
 - (3) **ADMINISTRATION.**—
 - (A) **IN GENERAL.**—An applicant shall not use more than 10 percent of the funds made available to such applicant under subsection (a) for administrative expenses.
 - (B) **TRAINING.**—Not more than 10 percent of the individuals receiving training with funds made available to an applicant under subsection (a) shall be trained as doctors of medicine or doctors of osteopathy.
 - (C) **LIMITATION.**—An institution that receives a grant under this section shall use amounts received under such grant to supplement, not supplant, amounts made available by such institution for activities of the type described in subsection (b)(1) in the fiscal year preceding the year for which the grant is received.
- (c) **APPLICATIONS.**—Applications submitted for assistance under this section shall—
 - (1) be jointly submitted by at least two eligible applicants with the express purpose of assisting individuals in academic institutions in establishing long-term collaborative relationships with health care providers in rural areas; and
 - (2) designate a rural health care agency or agencies for clinical treatment or training, including hospitals, community health centers, migrant health centers, rural health clinics, community behavioral and mental health centers, long-term care facilities, Native Hawaiian health centers, or facilities operated by the Indian

Health Service or an Indian tribe or tribal organization or Indian organization under a contract with the Indian Health Service under the Indian Self-Determination Act.

- (d) DEFINITIONS.—For the purposes of this section, the term “rural” means geographic areas that are located outside of standard metropolitan statistical areas.

SEC. 755 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 294e

ALLIED HEALTH AND OTHER DISCIPLINES

- (a) IN GENERAL.—The Secretary may make grants or contracts under this section to help entities fund activities of the type described in subsection (b).
- (b) ACTIVITIES.—Activities of the type described in this subsection include the following:
- (1) Assisting entities in meeting the costs associated with expanding or establishing programs that will increase the number of individuals trained in allied health professions. Programs and activities funded under this paragraph may include—
 - (A) those that expand enrollments in allied health professions with the greatest shortages or whose services are most needed by the elderly;
 - (B) those that provide rapid transition training programs in allied health fields to individuals who have baccalaureate degrees in health-related sciences;
 - (C) those that establish community-based allied health training programs that link academic centers to rural clinical settings;
 - (D) those that provide career advancement training for practicing allied health professionals;
 - (E) those that expand or establish clinical training sites for allied health professionals in medically underserved or rural communities in order to increase the number of individuals trained;
 - (F) those that develop curriculum that will emphasize knowledge and practice in the areas of prevention and health promotion, geriatrics, long-term care, home health and hospice care, and ethics;
 - (G) those that expand or establish interdisciplinary training programs that promote the effectiveness of allied health practitioners in geriatric assessment and the rehabilitation of the elderly;
 - (H) those that expand or establish demonstration centers to emphasize innovative models to link allied health clinical practice, education, and research;
 - (I) those that provide financial assistance (in the form of traineeships) to students who are participants in any such program; and
 - (i) who plan to pursue a career in an allied health field that has a demonstrated personnel shortage; and
 - (ii) who agree upon completion of the training program to practice in a medically underserved community;that shall be utilized to assist in the payment of all or part of the costs associated with tuition, fees and such other stipends as the Secretary may consider necessary; and
 - (J) those to meet the costs of projects to plan, develop, and operate or maintain graduate programs in behavioral and mental health practice.
 - (2) Planning and implementing projects in preventive and primary care training for podiatric physicians in approved or provisionally approved residency programs that shall provide financial assistance in the form of traineeships to residents who participate in such projects and who plan to specialize in primary care.
 - (3) Carrying out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment for spinal and lower-back conditions.

SEC. 756 OF THE PUBLIC HEALTH SERVICE ACT³⁶

42 U.S.C. § 294e-1

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 pre-service 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—

³⁶ Added by P.L. 111-148, § 5306(a)

- (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 pre-service 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
 - (4) \$5,000,000 for training in paraprofessional child and adolescent work in subsection (a)(4).

SEC. 757 OF THE PUBLIC HEALTH SERVICE ACT^{37,38}

42 U.S.C. § 294f

ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES

- (a) **ESTABLISHMENT.**—The Secretary shall establish an advisory committee to be known as the Advisory Committee on Interdisciplinary, Community-Based Linkages (in this section referred to as the “Advisory Committee”).
- (b) **COMPOSITION**
 - (1) **IN GENERAL.**—The Secretary shall determine the appropriate number of individuals to serve on the Advisory Committee. Such individuals shall not be officers or employees of the Federal Government.
 - (2) **APPOINTMENT.**—Not later than 90 days after November 13, 1998, the Secretary shall appoint the members of the Advisory Committee from among individuals who are health professionals from schools of the types described in sections 751(b)(1)(A), 753(b), and 755(b). In making such appointments, the Secretary shall ensure a fair balance between the health professions, that at least 75 percent of the members of the Advisory Committee are health professionals, a broad geographic representation of members and a balance between urban and rural members. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved.
 - (3) **MINORITY REPRESENTATION.**—In appointing the members of the Advisory Committee under paragraph (2), the Secretary shall ensure the adequate representation of women and minorities.
- (c) **TERMS**
 - (1) **IN GENERAL.**—A member of the Advisory Committee shall be appointed for a term of 3 years, except that of the members first appointed—
 - (A) 1/3 of the members shall serve for a term of 1 year;
 - (B) 1/3 of the members shall serve for a term of 2 years; and
 - (C) 1/3 of the members shall serve for a term of 3 years.
 - (2) **VACANCIES**

³⁷ Amended by P.L. 111-148, §§ 5103, 5306.

³⁸ Former § 757 of the PHS Act (Authorization of Appropriations) repealed by P.L. 111-148, § 5306.

- (A) IN GENERAL.--A vacancy on the Advisory Committee shall be filled in the manner in which the original appointment was made and shall be subject to any conditions which applied with respect to the original appointment.
- (B) FILLING UNEXPIRED TERM.--An individual chosen to fill a vacancy shall be appointed for the unexpired term of the member replaced.
- (d) DUTIES.--The Advisory Committee shall—
 - (1) provide advice and recommendations to the Secretary concerning policy and program development and other matters of significance concerning the activities under this part;
 - (2) not later than 3 years after November 13, 1998, and annually thereafter, prepare and submit to the Secretary, and the Committee on Labor and Human Resources of the Senate, and the Committee on Commerce of the House of Representatives, a report describing the activities of the Committee, including findings and recommendations made by the Committee concerning the activities under this part;
 - (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.
- (e) MEETINGS AND DOCUMENTS
 - (1) MEETINGS.--The Advisory Committee shall meet not less than 3 times each year. Such meetings shall be held jointly with other related entities established under this subchapter where appropriate.
 - (2) DOCUMENTS.--Not later than 14 days prior to the convening of a meeting under paragraph (1), the Advisory Committee shall prepare and make available an agenda of the matters to be considered by the Advisory Committee at such meeting. At any such meeting, the Advisory Council shall distribute materials with respect to the issues to be addressed at the meeting. Not later than 30 days after the adjourning of such a meeting, the Advisory Committee shall prepare and make available a summary of the meeting and any actions taken by the Committee based upon the meeting.
- (f) COMPENSATION AND EXPENSES
 - (1) COMPENSATION.--Each member of the Advisory Committee shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of Title 5 for each day (including travel time) during which such member is engaged in the performance of the duties of the Committee.
 - (2) EXPENSES.--The members of the Advisory Committee shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of Title 5 while away from their homes or regular places of business in the performance of services for the Committee.
- (g) FACAA.--The Federal Advisory Committee Act shall apply to the Advisory Committee under this section only to the extent that the provisions of such Act do not conflict with the requirements of this section.

SEC. 759 OF THE PUBLIC HEALTH SERVICE ACT³⁹

42 U.S.C. § 294i

PROGRAM FOR EDUCATION AND TRAINING IN PAIN CARE

- (a) IN GENERAL.—The Secretary may make awards of grants, cooperative agreements, and contracts to health professions schools, hospices, and other public and private entities for the development and implementation of programs to provide education and training to health care professionals in pain care.
- (b) CERTAIN TOPICS.—An award may be made under subsection (a) only if the applicant for the award agrees that the program carried out with the award will include information and education on—

³⁹ Added by P.L. 111-148, § 4305(c).

- (1) recognized means for assessing, diagnosing, treating, and managing pain and related signs and symptoms, including the medically appropriate use of controlled substances;
 - (2) applicable laws, regulations, rules, and policies on controlled substances, including the degree to which misconceptions and concerns regarding such laws, regulations, rules, and policies, or the enforcement thereof, may create barriers to patient access to appropriate and effective pain care;
 - (3) interdisciplinary approaches to the delivery of pain care, including delivery through specialized centers providing comprehensive pain care treatment expertise;
 - (4) cultural, linguistic, literacy, geographic, and other barriers to care in underserved populations; and
 - (5) recent findings, developments, and improvements in the provision of pain care.
- (c) **EVALUATION OF PROGRAMS.**—The Secretary shall (directly or through grants or contracts) provide for the evaluation of programs implemented under subsection (a) in order to determine the effect of such programs on knowledge and practice of pain care.
- (d) **PAIN CARE DEFINED.**—For purposes of this section the term ‘pain care’ means the assessment, diagnosis, treatment, or management of acute or chronic pain regardless of causation or body location.
- (e) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section, such sums as may be necessary for each of the fiscal years 2010 through 2012. Amounts appropriated under this subsection shall remain available until expended.

42 U.S.C. § 294j note⁴⁰

DEMONSTRATION PROGRAM TO INTEGRATE QUALITY IMPROVEMENT AND PATIENT SAFETY TRAINING INTO CLINICAL EDUCATION OF HEALTH PROFESSIONALS

- (a) **IN GENERAL.**—The Secretary may award grants to eligible entities or consortia under this section to carry out demonstration projects to develop and implement academic curricula that integrates quality improvement and patient safety in the clinical education of health professionals. Such awards shall be made on a competitive basis and pursuant to peer review.
- (b) **ELIGIBILITY.**—To be eligible to receive a grant under subsection (a), an entity or consortium shall—
- (1) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require;
 - (2) be or include—
 - (A) a health professions school;
 - (B) a school of public health;
 - (C) a school of social work;
 - (D) a school of nursing;
 - (E) a school of pharmacy;
 - (F) an institution with a graduate medical education program; or
 - (G) a school of health care administration;
 - (3) collaborate in the development of curricula described in subsection (a) with an organization that accredits such school or institution;
 - (4) provide for the collection of data regarding the effectiveness of the demonstration project; and
 - (5) provide matching funds in accordance with subsection (c).
- (c) **MATCHING FUNDS.**—
- (1) **IN GENERAL.**—The Secretary may award a grant to an entity or consortium under this section only if the entity or consortium agrees to make available non-Federal contributions toward the costs of the program to be funded under the grant in an amount that is not less than \$1 for each \$5 of Federal funds provided under the grant.

⁴⁰ Added by P.L. 111-148, § 3508. Not codified in the Public Health Service Act. This section is delegated to HRSA/BHPr, and follows the previous section in the U.S. Code. It was therefore placed here.

- (2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions under paragraph (1) may be in cash or in-kind, fairly evaluated, including equipment or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such contributions.
- (d) EVALUATION.—The Secretary shall take such action as may be necessary to evaluate the projects funded under this section and publish, make publicly available, and disseminate the results of such evaluations on as wide a basis as is practicable.
- (e) REPORTS.—Not later than 2 years after the date of enactment of this section, and annually thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Finance of the Senate and the Committee on Energy and Commerce and the Committee on Ways and Means of the House of Representatives a report that—
 - (1) describes the specific projects supported under this section; and
 - (2) contains recommendations for Congress based on the evaluation conducted under subsection (d).

PART E—HEALTH PROFESSIONS AND PUBLIC HEALTH WORKFORCE

SUBPART 1—HEALTH PROFESSIONS WORKFORCE INFORMATION AND ANALYSIS

SEC. 761 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 294n

HEALTH CARE WORKFORCE ASSESSMENT⁴¹

- (a) PURPOSE.—It is the purpose of this section to—
 - (1) provide for the development of information describing the health professions workforce and the analysis of workforce related issues; and
 - (2) provide necessary information for decision-making regarding future directions in health professions and nursing programs in response to societal and professional needs.
- (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.

⁴¹ Amended by P.L. 111-148, § 5103(a).

- (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).
- (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.
- (e) **AUTHORIZATION OF APPROPRIATIONS**
- (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.
- (2) **RESERVATION.**--Of the amounts appropriated under paragraph (1) of this section for a fiscal year, the Secretary shall reserve not less than \$600,000 for conducting health professions research and for carrying out data collection and analysis in accordance with section 792.
- (3) **AVAILABILITY OF ADDITIONAL FUNDS.**--Amounts otherwise appropriated for programs or activities under this subchapter may be used for activities under subsection (b) of this section with respect to the programs or activities from which such amounts were made available.

P.L. 111-148, § 5103(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).

SECTION 762 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. 294o

ADVISORY COUNCIL ON GRADUATE MEDICAL EDUCATION⁴²

- (a) **ESTABLISHMENT; DUTIES.**--There is established the Council on Graduate Medical Education (in this section referred to as the "Council"). The Council shall—
- (1) make recommendations to the Secretary of Health and Human Services (in this section referred to as the "Secretary"), and to the Committee on Labor and Human Resources of the Senate, and the Committee on Energy and Commerce of the House of Representatives, with respect to—
 - (A) the supply and distribution of physicians in the United States;
 - (B) current and future shortages or excesses of physicians in medical and surgical specialties and subspecialties;
 - (C) issues relating to foreign medical school graduates;
 - (D) appropriate Federal policies with respect to the matters specified in subparagraphs (A), (B), and (C), including policies concerning changes in the financing of undergraduate and graduate medical education programs and changes in the types of medical education training in graduate medical education programs;
 - (E) appropriate efforts to be carried out by hospitals, schools of medicine, schools of osteopathic medicine, and accrediting bodies with respect to the matters specified in subparagraphs (A), (B), and (C), including efforts for changes in undergraduate and graduate medical education programs; and
 - (F) deficiencies in, and needs for improvements in, existing data bases concerning the supply and distribution of, and postgraduate training programs for, physicians in the United States and steps that should be taken to eliminate those deficiencies;
 - (2) encourage entities providing graduate medical education to conduct activities to voluntarily achieve the recommendations of the Council under paragraph (1)(E);
 - (3) develop, publish, and implement performance measures for programs under this title, except for programs under part C or D;
 - (4) develop and publish guidelines for longitudinal evaluations (as described in section 761(d)(2)) for programs under this title, except for programs under part C or D; and
 - (5) recommend appropriation levels for programs under this title, except for programs under part C or D.
- (b) **COMPOSITION.**--The Council shall be composed of—
- (1) the Assistant Secretary for Health or the designee of the Assistant Secretary;
 - (2) the Administrator of the Health Care Financing Administration;
 - (3) the Chief Medical Director [now Under Secretary for Health] of the Department of Veterans Affairs;
 - (4) 6 members appointed by the Secretary to include representatives of practicing primary care physicians, national and specialty physician organizations, foreign medical graduates, and medical student and house staff associations;
 - (5) 4 members appointed by the Secretary to include representatives of schools of medicine and osteopathic medicine and public and private teaching hospitals; and
 - (6) 4 members appointed by the Secretary to include representatives of health insurers, business, and labor.
- (c) **TERMS OF APPOINTED MEMBERS**
- (1) **IN GENERAL; STAGGERED ROTATION.**--Members of the Council appointed under paragraphs (4), (5), and (6) of subsection (b) of this section shall be appointed for a term of 4 years, except that the term of office of the members first appointed shall expire, as designated by the Secretary at the time of appointment, 4 at the end of 1 year, 4 at the end of 2 years, 3 at the end of 3 years, and 3 at the end of 4 years.
 - (2) **DATE CERTAIN FOR APPOINTMENT.**--The Secretary shall appoint the first members to the Council under paragraphs (4), (5), and (6) of subsection (b) of this section within 60 days after October 13, 1992.

⁴² Amended by P.L. 111-148, § 5103(d)(3).

- (d) CHAIR.--The Council shall elect one of its members as Chairman of the Council.
- (e) QUORUM.--Nine members of the Council shall constitute a quorum, but a lesser number may hold hearings.
- (f) VACANCIES.--Any vacancy in the Council shall not affect its power to function.
- (g) COMPENSATION.--Each member of the Council who is not otherwise employed by the United States Government shall receive compensation at a rate equal to the daily rate prescribed for GS-18 under the General Schedule under section 5332 of Title 5 for each day, including travel-time, such member is engaged in the actual performance of duties as a member of the Council. A member of the Council who is an officer or employee of the United States Government shall serve without additional compensation. All members of the Council shall be reimbursed for travel, subsistence, and other necessary expenses incurred by them in the performance of their duties.
- (h) CERTAIN AUTHORITIES AND DUTIES
 - (1) AUTHORITIES.--In order to carry out the provisions of this section, the Council is authorized to—
 - (A) collect such information, hold such hearings, and sit and act at such times and places, either as a whole or by subcommittee, and request the attendance and testimony of such witnesses and the production of such books, records, correspondence, memoranda, papers, and documents as the Council or such subcommittee may consider available; and
 - (B) request the cooperation and assistance of Federal departments, agencies, and instrumentalities, and such departments, agencies, and instrumentalities are authorized to provide such cooperation and assistance.
 - (2) COORDINATION OF ACTIVITIES.--The Council shall coordinate its activities with the activities of the Secretary under section 792 of the Public Health Service Act. The Secretary shall, in cooperation with the Council and pursuant to the recommendations of the Council, take such steps as are practicable to eliminate deficiencies in the data base established under section 792 and shall make available in its reports such comprehensive data sets as are developed pursuant to this section.
- (i) REQUIREMENT REGARDING REPORTS.--In the reports required under subsection (a) of this section, the Council shall specify its activities during the period for which the report is made.
- (j) FINAL REPORT.--Not later than April 1, 2002, the Council shall submit a final report under subsection (a) of this section.
- (k) TERMINATION.--The Council shall terminate September 30, 2003.
- (l) FUNDING.--Amounts otherwise appropriated under this subchapter may be utilized by the Secretary to support the activities of the Council.

SEC. 763 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 294p

PEDIATRIC RHEUMATOLOGY

- (a) IN GENERAL.—The Secretary, acting through the appropriate agencies, shall evaluate whether the number of pediatric rheumatologists is sufficient to address the health care needs of children with arthritis and related conditions, and if the Secretary determines that the number is not sufficient, shall develop strategies to help address the shortfall.
- (b) REPORT TO CONGRESS.—Not later than October 1, 2001, the Secretary shall submit to the Congress a report describing the results of the evaluation under subsection (a), and as applicable, the strategies developed under such subsection.
- (c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

42 U.S.C. 294q⁴³

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, including representatives of small business and self-employed individuals;
 - (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.**—

⁴³ Added by P.L. 111-148, § 5101. Not codified in the Public Health Service Act. This section is delegated to the Comptroller General. However, because it follows the previous section in the U.S. Code, and because HRSA/BHP has a consulting role in this Commission, it was placed here.

- (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 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);
 - (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.—**
- (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) An analysis of, and recommendations for, eliminating the barriers to entering and staying in primary care, including provider compensation.
 - (v) 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 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, optometrists, ophthalmologists,⁴⁴ 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, optometrists, ophthalmologists,⁴⁵ 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.

42 U.S.C. 294r⁴⁶

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.**—

⁴⁴ Possible intended addition by P.L. 111-148, § 10501(a)(3)—which amended subsection (i)(2)(B).

⁴⁵ Possible intended addition by P.L. 111-148, § 10501(a)(3)—which amended subsection (i)(2)(B).

⁴⁶ Added by P.L. 111-148, § 5102. Not codified in the Public Health Service Act. This section is delegated to HRSA/BHPr, and follows the previous section in the U.S. Code. It was therefore placed here.

- (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.**—
 - (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.

SUBPART 2—PUBLIC HEALTH WORKFORCE

SEC. 765 OF THE PUBLIC HEALTH SERVICE ACT⁴⁷

42 U.S.C. § 295

GENERAL PROVISIONS

- (a) **IN GENERAL.**--The Secretary may award grants or contracts to eligible entities to increase the number of individuals in the public health workforce, to enhance the quality of such workforce, and to enhance the ability of the workforce to meet national, State, and local health care needs.
- (b) **ELIGIBILITY.**--To be eligible to receive a grant or contract under subsection (a) of this section an entity shall—
 - (1) be—
 - (A) a health professions school, including an accredited school or program of public health, health administration, preventive medicine, or dental public health or a school providing health management programs;
 - (B) an academic health center;
 - (C) a State or local government; or
 - (D) any other appropriate public or private nonprofit entity; and
 - (2) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.
- (c) **PREFERENCE.**--In awarding grants or contracts under this section the Secretary may grant a preference to entities—
 - (1) serving individuals who are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities); and
 - (2) graduating large proportions of individuals who serve in underserved communities.
- (d) **ACTIVITIES.**--Amounts provided under a grant or contract awarded under this section may be used for—

⁴⁷ Amended by P.L. 111-148, § 5206(a).

- (1) the costs of planning, developing, or operating demonstration training programs;
 - (2) faculty development;
 - (3) trainee support;
 - (4) technical assistance;
 - (5) to meet the costs of projects—
 - (A) to plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine and dental public health, that have available full-time faculty members with training and experience in the fields of preventive medicine and dental public health; and
 - (B) to provide financial assistance to residency trainees enrolled in such programs;
 - (6) the retraining of existing public health workers as well as for increasing the supply of new practitioners to address priority public health, preventive medicine, public health dentistry, and health administration needs;
 - (7) preparing public health professionals for employment at the State and community levels;
 - (8) public health workforce loan repayment programs; or
 - (9) other activities that may produce outcomes that are consistent with the purposes of this section.
- (e) **TRAINEESHIPS**
- (1) **IN GENERAL.**--With respect to amounts used under this section for the training of health professionals, such training programs shall be designed to—
 - (A) make public health education more accessible to the public and private health workforce;
 - (B) increase the relevance of public health academic preparation to public health practice in the future;
 - (C) provide education or training for students from traditional on-campus programs in practice-based sites; or
 - (D) develop educational methods and distance-based approaches or technology that address adult learning requirements and increase knowledge and skills related to community-based cultural diversity in public health education.
 - (2) **SEVERE SHORTAGE DISCIPLINES.**--Amounts provided under grants or contracts under this section may be used for the operation of programs designed to award traineeships to students in accredited schools of public health who enter educational programs in fields where there is a severe shortage of public health professionals, including epidemiology, biostatistics, environmental health, toxicology, public health nursing, nutrition, preventive medicine, maternal and child health, and behavioral and mental health professions.

SEC. 766 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 295a

PUBLIC HEALTH TRAINING CENTERS

- (a) **IN GENERAL.**—The Secretary may make grants or contracts for the operation of public health training centers.
- (b) **ELIGIBLE ENTITIES.**—
 - (1) **IN GENERAL.**—A public health training center shall be an accredited school of public health, or another public or nonprofit private institution accredited for the provision of graduate or specialized training in public health, that plans, develops, operates, and evaluates projects that are in furtherance of the goals established by the Secretary for the year 2000 in the areas of preventive medicine, health promotion and disease prevention, or improving access to and quality of health services in medically underserved communities.
 - (2) **PREFERENCE.**—In awarding grants or contracts under this section the Secretary shall give preference to accredited schools of public health.
- (c) **CERTAIN REQUIREMENTS.**—With respect to a public health training center, an award may not be made under subsection (a) unless the program agrees that it—

- (1) will establish or strengthen field placements for students in public or nonprofit private health agencies or organizations;
- (2) will involve faculty members and students in collaborative projects to enhance public health services to medically underserved communities;
- (3) will specifically designate a geographic area or medically underserved population to be served by the center that shall be in a location removed from the main location of the teaching facility of the school that is participating in the program with such center; and
- (4) will assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs.

SEC. 767 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 295b

PUBLIC HEALTH TRAINEESHIPS

- (a) IN GENERAL.—The Secretary may make grants to accredited schools of public health, and to other public or nonprofit private institutions accredited for the provision of graduate or specialized training in public health, for the purpose of assisting such schools and institutions in providing traineeships to individuals described in subsection (b)(3).
- (b) CERTAIN REQUIREMENTS.—
 - (1) AMOUNT.—The amount of any grant under this section shall be determined by the Secretary.
 - (2) USE OF GRANT.—Traineeships awarded under grants made under subsection (a) shall provide for tuition and fees and such stipends and allowances (including travel and subsistence expenses and dependency allowances) for the trainees as the Secretary may deem necessary.
 - (3) ELIGIBLE INDIVIDUALS.—The individuals referred to in subsection (a) are individuals who are pursuing a course of study in a health professions field in which there is a severe shortage of health professionals (which fields include the fields of epidemiology, environmental health, biostatistics, toxicology, nutrition, and maternal and child health).

SEC. 768 OF THE PUBLIC HEALTH SERVICE ACT⁴⁸

42 U.S.C. § 295c

PREVENTIVE MEDICINE AND PUBLIC HEALTH TRAINING GRANT PROGRAM

- (a) GRANTS.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and in consultation with the Director of the Centers for Disease Control and Prevention, shall award grants to, or enter into contracts with, eligible entities to provide training to graduate medical residents in preventive medicine specialties.
- (b) ELIGIBILITY.—To be eligible for a grant or contract under subsection (a), an entity shall be-
 - (1) an accredited school of public health or school of medicine or osteopathic medicine;
 - (2) an accredited public or private nonprofit hospital;
 - (3) a State, local, or tribal health department; or
 - (4) a consortium of 2 or more entities described in paragraphs (1) through (3).
- (c) USE OF FUNDS.—Amounts received under a grant or contract under this section shall be used to-
 - (1) plan, develop (including the development of curricula), operate, or participate in an accredited residency or internship program in preventive medicine or public health;
 - (2) defray the costs of practicum experiences, as required in such a program; and
 - (3) establish, maintain, or improve-

⁴⁸ Amended by P.L. 111-148, § 10501(m).

- (A) academic administrative units (including departments, divisions, or other appropriate units) in preventive medicine and public health; or
- (B) programs that improve clinical teaching in preventive medicine and public health.
- (d) REPORT.—The Secretary shall submit to the Congress an annual report on the program carried out under this section.

SEC. 769 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 295d

HEALTH ADMINISTRATION TRAINEESHIPS AND SPECIAL PROJECTS

- (a) IN GENERAL.—The Secretary may make grants to State or local governments (that have in effect preventive medical and dental public health residency programs) or public or nonprofit private educational entities (including graduate schools of social work and business schools that have health management programs) that offer a program described in subsection (b)—
 - (1) to provide traineeships for students enrolled in such a program; and
 - (2) to assist accredited programs health administration in the development or improvement of programs to prepare students for employment with public or nonprofit private entities.
- (b) RELEVANT PROGRAMS.—The program referred to in subsection (a) is an accredited program in health administration, hospital administration, or health policy analysis and planning, which program is accredited by a body or bodies approved for such purpose by the Secretary of Education and which meets such other quality standards as the Secretary of Health and Human Services by regulation may prescribe.
- (c) PREFERENCE IN MAKING GRANTS.—In making grants under subsection (a), the Secretary shall give preference to qualified applicants that meet the following conditions:
 - (1) Not less than 25 percent of the graduates of the applicant are engaged in full-time practice settings in medically underserved communities.
 - (2) The applicant recruits and admits students from medically underserved communities.
 - (3) For the purpose of training students, the applicant has established relationships with public and nonprofit providers of health care in the community involved.
 - (4) In training students, the applicant emphasizes employment with public or nonprofit private entities.
- (d) CERTAIN PROVISIONS REGARDING TRAINEESHIPS.—
 - (1) USE OF GRANT.—Traineeships awarded under grants made under subsection (a) shall provide for tuition and fees and such stipends and allowances (including travel and subsistence expenses and dependency allowances) for the trainees as the Secretary may deem necessary.
 - (2) PREFERENCE FOR CERTAIN STUDENTS.—Each entity applying for a grant under subsection (a) for traineeships shall assure to the satisfaction of the Secretary that the entity will give priority to awarding the traineeships to students who demonstrate a commitment to employment with public or nonprofit private entities in the fields with respect to which the traineeships are awarded.

SEC. 770 OF THE PUBLIC HEALTH SERVICE ACT⁴⁹

42 U.S.C. § 295e

AUTHORIZATION OF APPROPRIATIONS

- (a) IN GENERAL.—For the purpose of carrying out this subpart, there is authorized to be appropriated \$43,000,000 for fiscal year 2011, and such sums as may be necessary for each of the fiscal years 2012 through 2015.
- (b) LIMITATION REGARDING CERTAIN PROGRAM.—In obligating amounts appropriated under subsection (a), the Secretary may not obligate more than 30 percent for carrying out section 767.

⁴⁹ Amended by P.L. 111-148, § 10501(m).

SUBPART 3—RECRUITMENT AND RETENTION PROGRAMS⁵⁰

SEC. 775 OF THE PUBLIC HEALTH SERVICE ACT⁵¹

42 U.S.C. § 295f

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—
 - (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, 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; or
 - (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).

⁵⁰ Subpart title added by P.L. 111-148, § 5203.

⁵¹ Added by P.L. 111-148, § 5203.

- (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. 776 OF THE PUBLIC HEALTH SERVICE ACT⁵²

42 U.S.C. § 295f-1

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;

⁵² Added by P.L. 111-148, § 5204.

- (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 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.

SEC. 777 OF THE PUBLIC HEALTH SERVICE ACT⁵³

42 U.S.C. § 295f–2

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

⁵³ Added by P.L. 111-148, § 5206(b).

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. 778 OF THE PUBLIC HEALTH SERVICE ACT⁵⁴

42 U.S.C. § 295f-3

FELLOWSHIP TRAINING IN APPLIED PUBLIC HEALTH EPIDEMIOLOGY, PUBLIC HEALTH LABORATORY SCIENCE, PUBLIC HEALTH INFORMATICS, AND EXPANSION OF THE EPIDEMIC INTELLIGENCE SERVICE

- (a) **IN GENERAL.**—The Secretary may carry out activities to address documented workforce shortages in State and local health departments in the critical areas of applied public health epidemiology and public health laboratory science and informatics and may expand the Epidemic Intelligence Service.
- (b) **SPECIFIC USES.**—In carrying out subsection (a), the Secretary shall provide for the expansion of existing fellowship programs operated through the Centers for Disease Control and Prevention in a manner that is designed to alleviate shortages of the type described in subsection (a).
- (c) **OTHER PROGRAMS.**—The Secretary may provide for the expansion of other applied epidemiology training programs that meet objectives similar to the objectives of the programs described in subsection (b).
- (d) **WORK OBLIGATION.**—Participation in fellowship training programs under this section shall be deemed to be service for purposes of satisfying work obligations stipulated in contracts under section 338I(j).
- (e) **GENERAL SUPPORT.**—Amounts may be used from grants awarded under this section to expand the Public Health Informatics Fellowship Program at the Centers for Disease Control and Prevention to better support all public health systems at all levels of government.
- (f) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section \$39,500,000 for each of fiscal years 2010 through 2013, of which—
 - (1) \$5,000,000 shall be made available in each such fiscal year for epidemiology fellowship training program activities under subsections (b) and (c);
 - (2) \$5,000,000 shall be made available in each such fiscal year for laboratory fellowship training programs under subsection (b);
 - (3) \$5,000,000 shall be made available in each such fiscal year for the Public Health Informatics Fellowship Program under subsection (e); and
 - (4) \$24,500,000 shall be made available for expanding the Epidemic Intelligence Service under subsection (a).

⁵⁴ Added by P.L. 111-148, § 5314.

PART F—GENERAL PROVISIONS

SEC. 791 OF THE PUBLIC HEALTH SERVICE ACT⁵⁵

42 U.S.C. § 295j

PREFERENCES AND REQUIRED INFORMATION IN CERTAIN PROGRAMS

(a) **PREFERENCES IN MAKING AWARDS.—**

- (1) **IN GENERAL.—**Subject to paragraph (2), in making awards of grants or contracts under any of sections 747 and 750, the Secretary shall give preference to any qualified applicant that—
 - (A) has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities;
 - (B) during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings; or
 - (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)).
- (2) **LIMITATION REGARDING PEER REVIEW.—**For purposes of paragraph (1), the Secretary may not give an applicant preference if the proposal of the applicant is ranked at or below the 20th percentile of proposals that have been recommended for approval by peer review groups.

(b) **DEFINITION.—**For purposes of this section, the term “graduate” means, unless otherwise specified, an individual who has successfully completed all training and residency requirements necessary for full certification in the health profession selected by the individual.

(c) **EXCEPTIONS FOR NEW PROGRAMS.—**

- (1) **IN GENERAL.—**To permit new programs to compete equitably for funding under this section, those new programs that meet at least 4 of the criteria described in paragraph (3) shall qualify for a funding preference under this section.
- (2) **DEFINITION.—**As used in this subsection, the term “new program” means any program that has graduated less than three classes. Upon graduating at least three classes, a program shall have the capability to provide the information necessary to qualify the program for the general funding preferences described in subsection (a).
- (3) **CRITERIA.—**The criteria referred to in paragraph (1) are the following:
 - (A) The mission statement of the program identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.
 - (B) The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
 - (C) Substantial clinical training experience is required under the program in medically underserved communities.
 - (D) A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in medically underserved communities.
 - (E) The entire program or a substantial portion of the program is physically located in a medically underserved community.
 - (F) Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.
 - (G) The program provides a placement mechanism for deploying graduates to medically underserved communities.

⁵⁵ Amended by P.L. 111-148, § 5103(c).

SEC. 792 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 295k

HEALTH PROFESSIONS DATA

- (a) **IN GENERAL.**—The Secretary shall establish a program, including a uniform health professions data reporting system, to collect, compile, and analyze data on health professions personnel which program shall initially include data respecting all physicians and dentists in the States. The Secretary is authorized to expand the program to include, whenever he determines it necessary, the collection, compilation, and analysis of data respecting pharmacists, optometrists, podiatrists, veterinarians, public health personnel, audiologists, speech pathologists, health care administration personnel, nurses, allied health personnel, medical technologists, chiropractors, clinical psychologists, professional counselors, and any other health personnel in States designated by the Secretary to be included in the program. Such data shall include data respecting the training, licensure status (including permanent, temporary, partial, limited, or institutional), place or places of practice, professional specialty, practice characteristics, place and date of birth, sex, and socioeconomic background of health professions personnel and such other demographic information regarding health professions personnel as the Secretary may require.
- (b) **CERTAIN AUTHORITIES AND REQUIREMENTS.**—
- (1) **SOURCES OF INFORMATION.**—In carrying out subsection (a), the Secretary shall collect available information from appropriate local, State, and Federal agencies and other appropriate sources.
 - (2) **CONTRACTS FOR STUDIES OF HEALTH PROFESSIONS.**—The Secretary shall conduct or enter into contracts for the conduct of analytic and descriptive studies of the health professions, including evaluations and projections of the supply of, and requirements for, the health professions by specialty and geographic location. Such studies shall include studies determining by specialty and geographic location the number of health professionals (including allied health professionals and health care administration personnel) who are members of minority groups, including Hispanics, and studies providing by specialty and geographic location evaluations and projections of the supply of, and requirements for, health professionals (including allied health professionals and health care administration personnel) to serve minority groups, including Hispanics.
 - (3) **GRANTS AND CONTRACTS REGARDING STATES.**—The Secretary is authorized to make grants and to enter into contracts with States (or an appropriate nonprofit private entity in any State) for the purpose of participating in the program established under subsection (a). The Secretary shall determine the amount and scope of any such grant or contract. To be eligible for a grant or contract under this paragraph a State or entity shall submit an application in such form and manner and containing such information as the Secretary shall require. Such application shall include reasonable assurance, satisfactory to the Secretary, that—
 - (A) such State (or nonprofit entity within a State) will establish a program of mandatory annual registration of the health professions personnel described in subsection (a) who reside or practice in such State and of health institutions licensed by such State, which registration shall include such information as the Secretary shall determine to be appropriate;
 - (B) such State or entity shall collect such information and report it to the Secretary in such form and manner as the Secretary shall prescribe; and
 - (C) such State or entity shall comply with the requirements of subsection (e).
- (d) ⁵⁶**REPORTS TO CONGRESS.**—The Secretary shall submit to the Congress on October 1, 1993, and biennially thereafter, the following reports:
- (1) A comprehensive report regarding the status of health personnel according to profession, including a report regarding the analytic and descriptive studies conducted under this section.
 - (2) A comprehensive report regarding applicants to, and students enrolled in, programs and institutions for the training of health personnel, including descriptions and analyses of student indebtedness, student need for

⁵⁶ So in law. Probably should be redesignated as (c).

financial assistance, financial resources to meet the needs of students, student career choices such as practice specialty and geographic location and the relationship, if any, between student indebtedness and career choices.

(e) ⁵⁷REQUIREMENTS REGARDING PERSONAL DATA.—

(1) IN GENERAL.—The Secretary and each program entity shall in securing and maintaining any record of individually identifiable personal data (hereinafter in this subsection referred to as “personal data”) for purposes of this section—

(A) inform any individual who is asked to supply personal data whether he is legally required, or may refuse, to supply such data and inform him of any specific consequences, known to the Secretary or program entity, as the case may be, of providing or not providing such data;

(B) upon request, inform any individual if he is the subject of personal data secured or maintained by the Secretary or program entity, as the case may be, and make the data available to him in a form comprehensible to him;

(C) assure that no use is made of personal data which use is not within the purposes of this section unless an informed consent has been obtained from the individual who is the subject of such data; and

(D) upon request, inform any individual of the use being made of personal data respecting such individual and of the identity of the individuals and entities which will use the data and their relationship to the programs under this section.

(2) CONSENT AS PRECONDITION TO DISCLOSURE.—Any entity which maintains a record of personal data and which receives a request from the Secretary or a program entity for such data for purposes of this section shall not transfer any such data to the Secretary or to a program entity unless the individual whose personal data is to be so transferred gives an informed consent for such transfer.

(3) DISCLOSURE BY SECRETARY.—

(A) Notwithstanding any other provision of law, personal data collected by the Secretary or any program entity under this section may not be made available or disclosed by the Secretary or any program entity to any person other than the individual who is the subject of such data unless

(i) such person requires such data for purposes of this section, or

(ii) in response to a demand for such data made by means of compulsory legal process. Any individual who is the subject of personal data made available or disclosed under clause (ii) shall be notified of the demand for such data.

(B) Subject to all applicable laws regarding confidentiality, only the data collected by the Secretary under this section which is not personal data shall be made available to bona fide researchers and policy analysts (including the Congress) for the purposes of assisting in the conduct of studies respecting health professions personnel.

(4) DEFINITION.—For purposes of this subsection, the term “program entity” means any public or private entity which collects, compiles, or analyzes health professions data under a grant, contract, or other arrangement with the Secretary under this section.

(g) ⁵⁸TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to the States and political subdivisions thereof in the development of systems (including model laws) concerning confidentiality and comparability of data collected pursuant to this section.

(h) ⁵⁹GRANTS AND CONTRACTS REGARDING NONPROFIT ENTITIES.—

(1) IN GENERAL.—In carrying out subsection (a), the Secretary may make grants, or enter into contracts and cooperative agreements with, and provide technical assistance to, any nonprofit entity in order to establish a uniform allied health professions data reporting system to collect, compile, and analyze data on the allied health professions personnel.

⁵⁷ So in law. Probably should be redesignated as (d).

⁵⁸ So in law. Probably should be redesignated as (e).

⁵⁹ So in law. Probably should be redesignated as (f).

- (2) **REPORTS.**—With respect to reports required in subsection (d), each such report made on or after October 1, 1991, shall include a description and analysis of data collected pursuant to paragraph (1).

SEC. 794 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 295m

PROHIBITION AGAINST DISCRIMINATION ON BASIS OF SEX

The Secretary may not make a grant, loan guarantee, or interest subsidy payment under this title to, or for the benefit of, any school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, pharmacy, podiatric medicine, or public health or any training center for allied health personnel, or graduate program in clinical psychology, unless the application for the grant, loan guarantee, or interest subsidy payment contains assurances satisfactory to the Secretary that the school or training center will not discriminate on the basis of sex in the admission of individuals to its training programs. The Secretary may not enter into a contract under this title with any such school or training center unless the school, training center, or graduate program furnishes assurances satisfactory to the Secretary that it will not discriminate on the basis of sex in the admission of individuals to its training programs. In the case of a school of medicine which—

- (1) on the date of the enactment of this sentence is in the process of changing its status as an institution which admits only female students to that of an institution which admits students without regard to their sex, and
- (2) is carrying out such change in accordance with a plan approved by the Secretary,

the provisions of the preceding sentences of this section shall apply only with respect to a grant, contract, loan guarantee, or interest subsidy to, or for the benefit of such a school for a fiscal year beginning after June 30, 1979.

SEC. 796 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 295n-1

APPLICATION

- (a) **IN GENERAL.**—To be eligible to receive a grant or contract under this title, an eligible entity shall prepare and submit to the Secretary an application that meets the requirements of this section, at such time, in such manner, and containing such information as the Secretary may require.
- (b) **PLAN.**—An application submitted under this section shall contain the plan of the applicant for carrying out a project with amounts received under this title. Such plan shall be consistent with relevant Federal, State, or regional health professions program plans.
- (c) **PERFORMANCE OUTCOME STANDARDS.**—An application submitted under this section shall contain a specification by the applicant entity of performance outcome standards that the project to be funded under the grant or contract will be measured against. Such standards shall address relevant health workforce needs that the project will meet. The recipient of a grant or contract under this section shall meet the standards set forth in the grant or contract application.
- (d) **LINKAGES.**—An application submitted under this section shall contain a description of the linkages with relevant educational and health care entities, including training programs for other health professionals as appropriate, that the project to be funded under the grant or contract will establish. To the extent practicable, grantees under this section shall establish linkages with health care providers who provide care for underserved communities and populations.

SEC. 797 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 295n-2

USE OF FUNDS

- (a) **IN GENERAL.**—Amounts provided under a grant or contract awarded under this title may be used for training program development and support, faculty development, model demonstrations, trainee support including tuition, books, program fees and reasonable living expenses during the period of training, technical assistance, workforce analysis, dissemination of information, and exploring new policy directions, as appropriate to meet recognized health workforce objectives, in accordance with this title.
- (b) **MAINTENANCE OF EFFORT.**—With respect to activities for which a grant awarded under this title is to be expended, the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant.

SEC. 798 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 295o

MATCHING REQUIREMENT

The Secretary may require that an entity that applies for a grant or contract under this title provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant. As determined by the Secretary, such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

SEC. 799 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 295o-1

GENERALLY APPLICABLE PROVISIONS

- (a) **AWARDING OF GRANTS AND CONTRACTS.**—The Secretary shall ensure that grants and contracts under this title are awarded on a competitive basis, as appropriate, to carry out innovative demonstration projects or provide for strategic workforce supplementation activities as needed to meet health workforce goals and in accordance with this title. Contracts may be entered into under this title with public or private entities as may be necessary.
- (b) **ELIGIBLE ENTITIES.**—Unless specifically required otherwise in this title, the Secretary shall accept applications for grants or contracts under this title from health professions schools, academic health centers, State or local governments, or other appropriate public or private nonprofit entities for funding and participation in health professions and nursing training activities. The Secretary may accept applications from for-profit private entities if determined appropriate by the Secretary.
- (c) **INFORMATION REQUIREMENTS.**—
 - (1) **IN GENERAL.**—Recipients of grants and contracts under this title shall meet information requirements as specified by the Secretary.
 - (2) **DATA COLLECTION.**—The Secretary shall establish procedures to ensure that, with respect to any data collection required under this title, such data is collected in a manner that takes into account age, sex, race, and ethnicity.
 - (3) **USE OF FUNDS.**—The Secretary shall establish procedures to permit the use of amounts appropriated under this title to be used for data collection purposes.
 - (4) **EVALUATIONS.**—The Secretary shall establish procedures to ensure the annual evaluation of programs and projects operated by recipients of grants or contracts under this title. Such procedures shall ensure that continued funding for such programs and projects will be conditioned upon a demonstration that

satisfactory progress has been made by the program or project in meeting the objectives of the program or project.

- (d) TRAINING PROGRAMS.—Training programs conducted with amounts received under this title shall meet applicable accreditation and quality standards.
- (e) DURATION OF ASSISTANCE.—
 - (1) IN GENERAL.—Subject to paragraph (2), in the case of an award to an entity of a grant, cooperative agreement, or contract under this title, the period during which payments are made to the entity under the award may not exceed 5 years. The provision of payments under the award shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This paragraph may not be construed as limiting the number of awards under the program involved that may be made to the entity.
 - (2) LIMITATION.—In the case of an award to an entity of a grant, cooperative agreement, or contract under this title, paragraph (1) shall apply only to the extent not inconsistent with any other provision of this title that relates to the period during which payments may be made under the award.
- (f) PEER REVIEW REGARDING CERTAIN PROGRAMS.—
 - (1) IN GENERAL.—Each application for a grant under this title, except any scholarship or loan program, including those under sections⁶⁰ 1 701, 721, or 723, shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval.
 - (2) COMPOSITION.—Each peer review group under this subsection shall be composed principally of individuals who are not officers or employees of the Federal Government. In providing for the establishment of peer review groups and procedures, the Secretary shall ensure sex, racial, ethnic, and geographic balance among the membership of such groups.
 - (3) ADMINISTRATION.—This subsection shall be carried out by the Secretary acting through the Administrator of the Health Resources and Services Administration.
- (g) PREFERENCE OR PRIORITY CONSIDERATIONS.—In considering a preference or priority for funding which is based on outcome measures for an eligible entity under this title, the Secretary may also consider the future ability of the eligible entity to meet the outcome preference or priority through improvements in the eligible entity's program design.
- (h) ANALYTIC ACTIVITIES.—The Secretary shall ensure that—
 - (1) cross-cutting workforce analytical activities are carried out as part of the workforce information and analysis activities under section 761; and
 - (2) discipline-specific workforce information and analytical activities are carried out as part of—
 - (A) the community-based linkage program under part D; and
 - (B) the health workforce development program under subpart 2 of part E.
- (i) OSTEOPATHIC SCHOOLS.—For purposes of this title, any reference to—
 - (1) medical schools shall include osteopathic medical schools; and
 - (2) medical students shall include osteopathic medical students.

SEC. 799A OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 295o–2

TECHNICAL ASSISTANCE

Funds appropriated under this title may be used by the Secretary to provide technical assistance in relation to any of the authorities under this title.

⁶⁰ So in law. Probably should read “section”.

SEC. 799B OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 295p

DEFINITIONS⁶¹

For purposes of this title:

- (1)
 - (A) The terms “school of medicine”, “school of dentistry”, “school of osteopathic medicine”, “school of pharmacy”, “school of optometry”, “school of podiatric medicine”, “school of veterinary medicine”, “school of public health”, and “school of chiropractic” mean an accredited public or nonprofit private school in a State that provides training leading, respectively, to a degree of doctor of medicine, a degree of doctor of dentistry or an equivalent degree, a degree of doctor of osteopathy, a degree of bachelor of science in pharmacy or an equivalent degree or a degree of doctor of pharmacy or an equivalent degree, a degree of doctor of optometry or an equivalent degree, a degree of doctor of podiatric medicine or an equivalent degree, a degree of doctor of veterinary medicine or an equivalent degree, a graduate degree in public health or an equivalent degree, and a degree of doctor of chiropractic or an equivalent degree, and including advanced training related to such training provided by any such school.
 - (B) The terms “graduate program in health administration” and “graduate program in clinical psychology” mean an accredited graduate program in a public or nonprofit private institution in a State that provides training leading, respectively, to a graduate degree in health administration or an equivalent degree and a doctoral degree in clinical psychology or an equivalent degree.
 - (C) The terms “graduate program in clinical social work” and “graduate program in marriage and family therapy” and “graduate program in professional counseling” mean an accredited graduate program in a public or nonprofit private institution in a State that provides training, respectively, in a concentration in health or mental health care leading to a graduate degree in social work and a concentration leading to a graduate degree in marriage and family therapy and a concentration leading to a graduate degree in counseling.
 - (D) The term “graduate program in behavioral health and mental health practice” means a graduate program in clinical psychology, clinical social work, professional counseling, or marriage and family therapy.
 - (E) The term “accredited”, when applied to a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, or chiropractic, or a graduate program in health administration, clinical psychology, clinical social work, professional counseling, or marriage and family therapy, means a school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education, except that a new school or program that, by reason of an insufficient period of operation, is not, at the time of application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies, shall be deemed accredited for purposes of this title, if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school or program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of the first entering class in such school or program.
- (2) The term “teaching facilities” means areas dedicated for use by students, faculty, or administrative or maintenance personnel for clinical purposes, research activities, libraries, classrooms, offices, auditoriums, dining areas, student activities, or other related purposes necessary for, and appropriate to, the conduct of comprehensive programs of education. Such term includes interim facilities but does not include off-site improvements or living quarters.

⁶¹ Amended by P.L. 111-148, § 5002(b).

⁶² Section 108(a)(2) of Public Law 105-392 (112 Stat. 3560) provides that paragraph (1)(D) is amended by inserting “behavioral health and mental health practice,” before “clinical”. The amendment cannot be executed because the amendment does not specify to which instance of the term “clinical” the amendment applies.

- (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
- (4) The term “school of allied health” means a public or nonprofit private college, junior college, or university or hospital- based educational entity that—
- (A) provides, or can provide, programs of education to enable individuals to become allied health professionals or to provide additional training for allied health professionals;
 - (B) provides training for not less than a total of twenty persons in the allied health curricula (except that this subparagraph shall not apply to any hospital-based educational entity);
 - (C) includes or is affiliated with a teaching hospital; and
 - (D) is accredited by a recognized body or bodies approved for such purposes by the Secretary of Education, or which provides to the Secretary satisfactory assurance by such accrediting body or bodies that reasonable progress is being made toward accreditation.
- (5) The term “allied health professionals” means a health professional (other than a registered nurse or physician assistant)—
- (A) who has received a certificate, an associate’s degree, a bachelor’s degree, a master’s degree, a doctoral degree, or postbaccalaureate training, in a science relating to health care;
 - (B) who shares in the responsibility for the delivery of health care services or related services, including—
 - (i) services relating to the identification, evaluation, and prevention of disease and disorders;
 - (ii) dietary and nutrition services;
 - (iii) health promotion services;
 - (iv) rehabilitation services; or
 - (v) health systems management services; and
 - (C) who has not received a degree of doctor of medicine, a degree of doctor of osteopathy, a degree of doctor of dentistry or an equivalent degree, a degree of doctor of veterinary medicine or an equivalent degree, a degree of doctor of optometry or an equivalent degree, a degree of doctor of podiatric medicine or an equivalent degree, a degree of bachelor of science in pharmacy or an equivalent degree, a degree of doctor of pharmacy or an equivalent degree, a graduate degree in public health or an equivalent degree, a degree of doctor of chiropractic or an equivalent degree, a graduate degree in health administration or an equivalent degree, a doctoral degree in clinical psychology or an equivalent degree, or a degree in social work or an equivalent degree or a degree in counseling or an equivalent degree.
- (6) The term “medically underserved community” means an urban or rural area or population that—
- (A) is eligible for designation under section 332 as a health professional shortage area;
 - (B) ⁶³ is eligible to be served by a migrant health center under section 329, a community health center under section 330, a grantee under section 330(h) (relating to homeless individuals), or a grantee under section 340A (relating to residents of public housing);
 - (C) has a shortage of personal health services, as determined under criteria issued by the Secretary under section 1861(aa)(2) of the Social Security Act (relating to rural health clinics); or
 - (D) is designated by a State Governor (in consultation with the medical community) as a shortage area or medically underserved community.
- (7) The term “Department” means the Department of Health and Human Services.
- (8) The term “nonprofit” refers to the status of an entity owned and operated by one or more corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

⁶³ See footnote for section 224(g)(1)(G)(ii).

- (9) The term “State” includes, in addition to the several States, only the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, and the Trust Territory of the Pacific Islands.
- (10)
- (A) Subject to subparagraph (B), the term “underrepresented minorities” means, with respect to a health profession, racial and ethnic populations that are underrepresented in the health profession relative to the number of individuals who are members of the population involved.
 - (B) For purposes of subparagraph (A), Asian individuals shall be considered by the various subpopulations of such individuals.
- (11) The term “psychologist” means an individual who—
- (A) holds a doctoral degree in psychology; and
 - (B) is licensed or certified on the basis of the doctoral degree in psychology, by the State in which the individual practices, at the independent practice level of psychology to furnish diagnostic, assessment, preventive, and therapeutic services directly to individuals.
- (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].
- (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. 1395x(aa)).
- (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 “one-stop 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)).

TITLE VIII—NURSING WORKFORCE DEVELOPMENT

PART A—GENERAL PROVISIONS

SEC. 801 OF THE PUBLIC HEALTH SERVICE ACT⁶⁴

42 U.S.C. § 296

DEFINITIONS

As used in this subchapter:

- (1) **ELIGIBLE ENTITIES.**--The term “eligible entities” means schools of nursing, nursing centers, academic health centers, State or local governments, and other public or private nonprofit entities determined appropriate by the Secretary that submit to the Secretary an application in accordance with section 802.
- (2) **SCHOOL OF NURSING.**--The term “school of nursing” means an accredited (as defined in paragraph 6) collegiate, associate degree, or diploma school of nursing in a State where graduates are—
 - (A) authorized to sit for the National Council Licensure EXamination Registered Nurse (NCLEX-RN); or
 - (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).
- (3) **COLLEGIATE SCHOOL OF NURSING.**--The term “collegiate school of nursing” means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, or to an equivalent degree, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited.
- (4) **ASSOCIATE DEGREE SCHOOL OF NURSING.**--The term “associate degree school of nursing” means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, or such unit, college, or university is accredited.
- (5) **DIPLOMA SCHOOL OF NURSING.**--The term “diploma school of nursing” means a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively a program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed, but only if such program, or such affiliated school or such hospital or university or such independent school is accredited.
- (6) **ACCREDITED**
 - (A) **IN GENERAL.**--Except as provided in subparagraph (B), the term “accredited” when applied to any program of nurse education means a program accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education. For the purpose of this paragraph, the Secretary of Education shall publish a list of recognized accrediting bodies, and of State agencies, which the Secretary of Education determines to be reliable authority as to the quality of education offered.
 - (B) **NEW PROGRAMS.**--A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this subchapter, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for purposes of this subchapter if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the program will

⁶⁴ Amended by P.L. 111-148, § 5002(c).

- meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program.
- (7) **NONPROFIT.**--The term “nonprofit” as applied to any school, agency, organization, or institution means one which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.
 - (8) **STATE.**--The term “State” means a State, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, or the Trust Territory of the Pacific Islands.
 - (9) **AMBULATORY SURGICAL CENTER.**--The term “ambulatory surgical center” has the meaning applicable to such term under title XVIII of the Social Security Act.
 - (10) **FEDERALLY QUALIFIED HEALTH CENTER.**--The term “Federally qualified health center” has the meaning given such term under section 1861(aa)(4) of the Social Security Act.
 - (11) **HEALTH CARE FACILITY.**--The term “health care facility” means an Indian Health Service health center, a Native Hawaiian health center, a hospital, a Federally qualified health center, a rural health clinic, a nursing home, a home health agency, a hospice program, a public health clinic, a State or local department of public health, a skilled nursing facility, an ambulatory surgical center, or any other facility designated by the Secretary.
 - (12) **HOME HEALTH AGENCY.**--The term “home health agency” has the meaning given such term in section 1861(o) of the Social Security Act.
 - (13) **HOSPICE PROGRAM.**--The term “hospice program” has the meaning given such term in section 1861(dd)(2) of the Social Security Act.
 - (14) **RURAL HEALTH CLINIC.**--The term “rural health clinic” has the meaning given such term in section 1861(aa)(2) of the Social Security Act.
 - (15) **SKILLED NURSING FACILITY.**--The term “skilled nursing facility” has the meaning given such term in section 1819(a) of the Social Security Act.
 - (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.

SEC. 802 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 296a

APPLICATION

- (a) **IN GENERAL.**—To be eligible to receive a grant or contract under this title, an eligible entity shall prepare and submit to the Secretary an application that meets the requirements of this section, at such time, in such manner, and containing such information as the Secretary may require.
- (b) **PLAN.**—An application submitted under this section shall contain the plan of the applicant for carrying out a project with amounts received under this title. Such plan shall be consistent with relevant Federal, State, or regional program plans.
- (c) **PERFORMANCE OUTCOME STANDARDS.**—An application submitted under this section shall contain a specification by the applicant entity of performance outcome standards that the project to be funded under the grant or contract will be measured against. Such standards shall address relevant national nursing needs that the

project will meet. The recipient of a grant or contract under this section shall meet the standards set forth in the grant or contract application.

- (d) **LINKAGES.**—An application submitted under this section shall contain a description of the linkages with relevant educational and health care entities, including training programs for other health professionals as appropriate, that the project to be funded under the grant or contract will establish.

SEC. 803 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 296b

USE OF FUNDS

- (a) **IN GENERAL.**—Amounts provided under a grant or contract awarded under this title may be used for training program development and support, faculty development, model demonstrations, trainee support including tuition, books, program fees and reasonable living expenses during the period of training, technical assistance, workforce analysis, and dissemination of information, as appropriate to meet recognized nursing objectives, in accordance with this title.
- (b) **MAINTENANCE OF EFFORT.**—With respect to activities for which a grant awarded under this title is to be expended, the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant.

SEC. 804 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 296c

MATCHING REQUIREMENT

The Secretary may require that an entity that applies for a grant or contract under this title provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

SEC. 805 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 296d

PREFERENCE

In awarding grants or contracts under this title, the Secretary shall give preference to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.

SEC. 806 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 296e

GENERALLY APPLICABLE PROVISIONS

- (a) **AWARDING OF GRANTS AND CONTRACTS.**—The Secretary shall ensure that grants and contracts under this title are awarded on a competitive basis, as appropriate, to carry out innovative demonstration projects or provide for strategic workforce supplementation activities as needed to meet national nursing service goals and in accordance with this title. Contracts may be entered into under this title with public or private entities as determined necessary by the Secretary.
- (b) **INFORMATION REQUIREMENTS.**—
 - (1) **IN GENERAL.**—Recipients of grants and contracts under this title shall meet information requirements as specified by the Secretary.

- (2) EVALUATIONS.—The Secretary shall establish procedures to ensure the annual evaluation of programs and projects operated by recipients of grants under this title. Such procedures shall ensure that continued funding for such programs and projects will be conditioned upon a demonstration that satisfactory progress has been made by the program or project in meeting the objectives of the program or project.
- (c) TRAINING PROGRAMS.—Training programs conducted with amounts received under this title shall meet applicable accreditation and quality standards.
- (d) DURATION OF ASSISTANCE.—
 - (1) IN GENERAL.—Subject to paragraph (2), in the case of an award to an entity of a grant, cooperative agreement, or contract under this title, the period during which payments are made to the entity under the award may not exceed 5 years. The provision of payments under the award shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This paragraph may not be construed as limiting the number of awards under the program involved that may be made to the entity.
 - (2) LIMITATION.—In the case of an award to an entity of a grant, cooperative agreement, or contract under this title, paragraph (1) shall apply only to the extent not inconsistent with any other provision of this title that relates to the period during which payments may be made under the award.
- (e) PEER REVIEW REGARDING CERTAIN PROGRAMS.—
 - (1) IN GENERAL.—Each application for a grant under this title, except advanced nurse traineeship grants under section 811(a)(2), shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval.
 - (2) COMPOSITION.—Each peer review group under this subsection shall be composed principally of individuals who are not officers or employees of the Federal Government. In providing for the establishment of peer review groups and procedures, the Secretary shall, except as otherwise provided, ensure sex, racial, ethnic, and geographic representation among the membership of such groups.
 - (3) ADMINISTRATION.—This subsection shall be carried out by the Secretary acting through the Administrator of the Health Resources and Services Administration.
- (f) ANALYTIC ACTIVITIES.—The Secretary shall ensure that—
 - (1) cross-cutting workforce analytical activities are carried out as part of the workforce information and analysis activities under this title; and
 - (2) discipline-specific workforce information is developed and analytical activities are carried out as part of—
 - (A) the advanced education nursing activities under part B;
 - (B) the workforce diversity activities under part C; and
 - (C) basic nursing education and practice activities under part D.
- (g) STATE AND REGIONAL PRIORITIES.—Activities under grants or contracts under this title shall, to the extent practicable, be consistent with related Federal, State, or regional nursing professions program plans and priorities.
- (h) FILING OF APPLICATIONS.—
 - (1) IN GENERAL.—Applications for grants or contracts under this title may be submitted by health professions schools, schools of nursing, academic health centers, State or local governments, or other appropriate public or private nonprofit entities as determined appropriate by the Secretary in accordance with this title.
 - (2) FOR-PROFIT ENTITIES.—Notwithstanding paragraph (1), a for-profit entity may be eligible for a grant or contract under this title as determined appropriate by the Secretary.

SEC. 807 OF THE PUBLIC HEALTH SERVICE ACT⁶⁵

42 U.S.C. § 296e-1

GRANTS FOR HEALTH PROFESSIONS EDUCATION

- (a) **CULTURAL COMPETENCY, PREVENTION, AND PUBLIC HEALTH AND INDIVIDUALS WITH DISABILITY GRANTS.**--The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make awards of grants, contracts, or cooperative agreements to eligible entities for the development, evaluation, and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs, and for other purposes determined as appropriate by the Secretary. Grants under this section shall be the same as provided in section 741.
- (b) **COLLABORATION-** In carrying out subsection (a), the Secretary shall collaborate with the entities described in section 741(b). The Secretary shall coordinate with curricula and research and demonstration projects developed under such section 741.
- (c) **DISSEMINATION-** Model curricula developed under this section shall be disseminated and evaluated in the same manner as model curricula developed under section 741, as described in subsection (c) of such section.
- (d) **AUTHORIZATION OF APPROPRIATIONS.**--There are to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2010 through 2015.

SEC. 808 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 296f

TECHNICAL ASSISTANCE

Funds appropriated under this title may be used by the Secretary to provide technical assistance in relation to any of the authorities under this title.

SEC. 809 OF THE PUBLIC HEALTH SERVICE ACT⁶⁶

42 U.S.C. § 296g

PROHIBITION AGAINST DISCRIMINATION BY SCHOOLS ON THE BASIS OF SEX

The Secretary may not make a grant, loan guarantee, or interest subsidy payment under this title to, or for the benefit of, any school of nursing unless the application for the grant, loan guarantee, or interest subsidy payment contains assurances satisfactory to the Secretary that the school will not discriminate on the basis of sex in the admission of individuals to its training programs. The Secretary may not enter into a contract under this title with any school unless the school furnishes assurances satisfactory to the Secretary that it will not discriminate on the basis of sex in the admission of individuals to its training programs.

⁶⁵ Amended by P.L. 111-148, § 5307(b).

⁶⁶ Redesignated by P.L. 111-148, § 5310(b).

**PART B—NURSE PRACTITIONERS, NURSE MIDWIVES, NURSE ANESTHETISTS, AND OTHER
ADVANCED EDUCATION NURSES**

SEC. 811 OF THE PUBLIC HEALTH SERVICE ACT⁶⁷

42 U.S.C.A. § 296j

ADVANCED NURSING EDUCATION GRANTS

- (a) **IN GENERAL.**--The Secretary may award grants to and enter into contracts with eligible entities to meet the costs of—
- (1) projects that support the enhancement of advanced nursing education and practice; and
 - (2) traineeships for individuals in advanced nursing education programs.
- (b) **DEFINITION OF ADVANCED EDUCATION NURSES.**--For purposes of this section, the term “advanced education nurses” means individuals trained in advanced degree programs including individuals in combined R.N./Master's degree programs, post-nursing master's certificate programs, or, in the case of nurse midwives, in certificate programs in existence on the date that is one day prior to November 13, 1998, to serve as nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education.
- (c) **AUTHORIZED NURSE PRACTITIONER.**--Nurse practitioner programs eligible for support under this section are educational programs for registered nurses (irrespective of the type of school of nursing in which the nurses received their training) that—
- (1) meet guidelines prescribed by the Secretary; and
 - (2) have as their objective the education of nurses who will upon completion of their studies in such programs, be qualified to effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities, acute care, and other health care settings.
- (d) **AUTHORIZED NURSE-MIDWIFERY PROGRAMS.**--Midwifery programs that are eligible for support under this section are educational programs that-
- (1) have as their objective the education of midwives; and
 - (2) are accredited by the American College of Nurse-Midwives Accreditation Commission for Midwifery Education.
- (e) **AUTHORIZED NURSE ANESTHESIA PROGRAMS.**--Nurse anesthesia programs eligible for support under this section are education programs that—
- (1) provide registered nurses with full-time anesthetist education; and
 - (2) are accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs.
- (f) **OTHER AUTHORIZED EDUCATIONAL PROGRAMS.**--The Secretary shall prescribe guidelines as appropriate for other advanced nurse education programs eligible for support under this section.
- (g) **TRAINEESHIPS**
- (1) **IN GENERAL.**--The Secretary may not award a grant to an applicant under subsection (a) of this section unless the applicant involved agrees that traineeships provided with the grant will only pay all or part of the costs of—
 - (A) the tuition, books, and fees of the program of advanced nurse education with respect to which the traineeship is provided; and
 - (B) the reasonable living expenses of the individual during the period for which the traineeship is provided.
 - (2) **SPECIAL CONSIDERATION.**--In making awards of grants and contracts under subsection (a)(2) of this section, the Secretary shall give special consideration to an eligible entity that agrees to expend the award to train advanced education nurses who will practice in health professional shortage areas designated under section 332.

⁶⁷ Amended by P.L. 111-148, § 5308.

42 U.S.C. 296j-1⁶⁸

DEMONSTRATION GRANTS FOR FAMILY NURSE PRACTITIONER TRAINING PROGRAMS

- (a) **ESTABLISHMENT OF PROGRAM.**—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall establish a training demonstration program for family nurse practitioners (referred to in this section as the “program”) to employ and provide 1-year training for nurse practitioners who have graduated from a nurse practitioner program for careers as primary care providers in Federally qualified health centers (referred to in this section as “FQHCs”) and nurse-managed health clinics (referred to in this section as “NMHCs”).
- (b) **PURPOSE.**—The purpose of the program is to enable each grant recipient to—
- (1) provide new nurse practitioners with clinical training to enable them to serve as primary care providers in FQHCs and NMHCs;
 - (2) train new nurse practitioners to work under a model of primary care that is consistent with the principles set forth by the Institute of Medicine and the needs of vulnerable populations; and
 - (3) create a model of FQHC and NMHC training for nurse practitioners that may be replicated nationwide.
- (c) **GRANTS.**—The Secretary shall award 3-year grants to eligible entities that meet the requirements established by the Secretary, for the purpose of operating the nurse practitioner primary care programs described in subsection (a) in such entities.
- (d) **ELIGIBLE ENTITIES.**—To be eligible to receive a grant under this section, an entity shall—
- (1)
 - (A) be a FQHC as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)); or
 - (B) be a nurse-managed health clinic, as defined in section 330A-1 of the Public Health Service Act (as added by section 5208 of this Act); and
 - (2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.
- (e) **PRIORITY IN AWARDING GRANTS.**—In awarding grants under this section, the Secretary shall give priority to eligible entities that—
- (1) demonstrate sufficient infrastructure in size, scope, and capacity to undertake the requisite training of a minimum of 3 nurse practitioners per year, and to provide to each awardee 12 full months of full-time, paid employment and benefits consistent with the benefits offered to other full-time employees of such entity;
 - (2) will assign not less than 1 staff nurse practitioner or physician to each of 4 precepted clinics;
 - (3) will provide to each awardee specialty rotations, including specialty training in prenatal care and women’s health, adult and child psychiatry, orthopedics, geriatrics, and at least 3 other high-volume, high-burden specialty areas;
 - (4) provide sessions on high-volume, high-risk health problems and have a record of training health care professionals in the care of children, older adults, and underserved populations; and
 - (5) collaborate with other safety net providers, schools, colleges, and universities that provide health professions training.
- (f) **ELIGIBILITY OF NURSE PRACTITIONERS.**—
- (1) **IN GENERAL.**—To be eligible for acceptance to a program funded through a grant awarded under this section, an individual shall—
 - (A) be licensed or eligible for licensure in the State in which the program is located as an advanced practice registered nurse or advanced practice nurse and be eligible or board-certified as a family nurse practitioner; and
 - (B) demonstrate commitment to a career as a primary care provider in a FQHC or in a NMHC.
 - (2) **PREFERENCE.**—In selecting awardees under the program, each grant recipient shall give preference to bilingual candidates that meet the requirements described in paragraph (1).
 - (3) **DEFERRAL OF CERTAIN SERVICE.**—The starting date of required service of individuals in the National Health Service Corps Service program under title II of the Public Health Service Act (42 U.S.C. 202 et seq.) who receive training under this section shall be deferred until the date that is 22 days after the date of completion of the program.
- (g) **GRANT AMOUNT.**—Each grant awarded under this section shall be in an amount not to exceed \$600,000 per year. A grant recipient may carry over funds from 1 fiscal year to another without obtaining approval from the Secretary.

⁶⁸ Added by P.L. 111-148, § 5316. Not codified in the Public Health Service Act. This section is delegated to HRSA/BHPr, and follows the previous section in the U.S. Code. It was therefore placed here.

- (h) **TECHNICAL ASSISTANCE GRANTS.**—The Secretary may award technical assistance grants to 1 or more FQHCs or NMHCs that have demonstrated expertise in establishing a nurse practitioner residency training program. Such technical assistance grants shall be for the purpose of providing technical assistance to other recipients of grants under subsection (c).
- (i) **AUTHORIZATION OF APPROPRIATIONS.**—To carry out this section, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2011 through 2014.

PART C—INCREASING NURSING WORKFORCE DIVERSITY

Sec. 821 OF THE PUBLIC HEALTH SERVICE ACT⁶⁹

42 U.S.C. § 296m

WORKFORCE DIVERSITY GRANTS

(a) IN GENERAL

(1) ⁷⁰**AUTHORITY** – The Secretary may award grants to and enter into contracts with eligible entities to meet the costs of special projects to increase nursing education opportunities for individuals who are from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses) by providing student scholarships or stipends, stipends for diploma or associate degree nurses to enter a bridge or degree completion program, student scholarships or stipends for accelerated nursing degree programs, pre-entry preparation, advanced education preparation, and retention activities.

(b) **GUIDANCE.**--In carrying out subsection (a) of this section, the Secretary shall take into consideration the recommendations of the National Advisory Council on Nurse Education and Practice and consult with nursing associations including the National Coalition of Ethnic Minority Nurse Associations, American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Black Nurses Association, the National Association of Hispanic Nurses, the Association of Asian American and Pacific Islander Nurses, the Native American Indian and Alaskan Nurses Association, and the National Council of State Boards of Nursing, and other organizations determined appropriate by the Secretary.

(c) REQUIRED INFORMATION AND CONDITIONS FOR AWARD RECIPIENTS

(1) **IN GENERAL.**--Recipients of awards under this section may be required, where requested, to report to the Secretary concerning the annual admission, retention, and graduation rates for individuals from disadvantaged backgrounds and ethnic and racial minorities in the school or schools involved in the projects.

(2) **FALLING RATES.**--If any of the rates reported under paragraph (1) fall below the average of the two previous years, the grant or contract recipient shall provide the Secretary with plans for immediately improving such rates.

(3) **INELIGIBILITY.**--A recipient described in paragraph (2) shall be ineligible for continued funding under this section if the plan of the recipient fails to improve the rates within the 1-year period beginning on the date such plan is implemented.

⁶⁹ Amended by P.L. 111-148, § 5404.

⁷⁰ So in law—P.L. 111-148, § 5404 added subsection (a)(1), but did not add any subsection (a)(2).

PART D—STRENGTHENING CAPACITY FOR BASIC NURSE EDUCATION AND PRACTICE

SEC. 831 OF THE PUBLIC HEALTH SERVICE ACT⁷¹

42 U.S.C. § 296p

NURSE EDUCATION, PRACTICE, AND QUALITY GRANTS

- (a) Education priority areas.--The Secretary may award grants to or enter into contracts with eligible entities for—
 - (1) expanding the enrollment in baccalaureate nursing programs; or
 - (2) providing education in new technologies, including distance learning methodologies.
- (b) Practice priority areas.--The Secretary may award grants to or enter into contracts with eligible entities for—
 - (1) establishing or expanding nursing practice arrangements in noninstitutional settings to demonstrate methods to improve access to primary health care in medically underserved communities;
 - (2) providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV/AIDS, substance abusers, the homeless, and victims of domestic violence;
 - (3) providing coordinated care, and other skills needed to practice in existing and emerging organized health care systems; or
 - (4) developing cultural competencies among nurses.
- (c) Retention priority areas.--The Secretary may award grants to and enter into contracts with eligible entities to enhance the nursing workforce by initiating and maintaining nurse retention programs pursuant to paragraph (1) or (2).
 - (1) Grants for career ladder programs.--The Secretary may award grants to and enter into contracts with eligible entities for programs—
 - (A) to promote career advancement for nursing personnel in a variety of training settings, cross training or specialty training among diverse population groups, and the advancement of individuals including to become professional nurses, advanced education nurses, licensed practical nurses, certified nurse assistants, and home health aides; and
 - (B) to assist individuals in obtaining education and training required to enter the nursing profession and advance within such profession, such as by providing career counseling and mentoring.
 - (2) Enhancing patient care delivery systems
 - (A) Grants.--The Secretary may award grants to eligible entities to improve the retention of nurses and enhance patient care that is directly related to nursing activities by enhancing collaboration and communication among nurses and other health care professionals, and by promoting nurse involvement in the organizational and clinical decision making processes of a health care facility.
 - (B) Preference.--In making awards of grants under this paragraph, the Secretary shall give a preference to applicants that have not previously received an award under this paragraph.
 - (C) Continuation of an award.--The Secretary shall make continuation of any award under this paragraph beyond the second year of such award contingent on the recipient of such award having demonstrated to the Secretary measurable and substantive improvement in nurse retention or patient care.
- (d) Other priority areas.--The Secretary may award grants to or enter into contracts with eligible entities to address other areas that are of high priority to nurse education, practice, and retention, as determined by the Secretary.
- (e) Preference.--For purposes of any amount of funds appropriated to carry out this section for fiscal year 2003, 2004, or 2005 that is in excess of the amount of funds appropriated to carry out this section for fiscal year 2002, the Secretary shall give preference to awarding grants or entering into contracts under subsections (a)(2) and (c) of this section.
- (f) Report.--The Secretary shall submit to the Congress before the end of each fiscal year a report on the grants awarded and the contracts entered into under this section. Each such report shall identify the overall number of such grants and contracts and provide an explanation of why each such grant or contract will meet the priority need of the nursing workforce.

⁷¹ Amended by P.L. 111-148, § 5309(a).

- (g) Eligible entity.--For purposes of this section, the term 'eligible entity' includes a school of nursing, as defined in section 801(2), a health care facility, or a partnership of such a school and facility.
- (h) Authorization of appropriations.--There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2010 through 2014.

SEC. 831A OF THE PUBLIC HEALTH SERVICE ACT⁷²

42 U.S.C. § 296p-1

NURSE RETENTION GRANTS

- (a) Retention Priority Areas- The Secretary may award grants to, and enter into contracts with, eligible entities to enhance the nursing workforce by initiating and maintaining nurse retention programs pursuant to subsection (b) or (c).
- (b) Grants for Career Ladder Program- The Secretary may award grants to, and enter into contracts with, eligible entities for programs—
 - (1) to promote career advancement for individuals including licensed practical nurses, licensed vocational nurses, certified nurse assistants, home health aides, diploma degree or associate degree nurses, to become baccalaureate prepared registered nurses or advanced education nurses in order to meet the needs of the registered nurse workforce;
 - (2) developing and implementing internships and residency programs in collaboration with an accredited school of nursing, as defined by section 801(2), to encourage mentoring and the development of specialties; or
 - (3) to assist individuals in obtaining education and training required to enter the nursing profession and advance within such profession.
- (c) Enhancing Patient Care Delivery Systems-
 - (1) GRANTS- The Secretary may award grants to eligible entities to improve the retention of nurses and enhance patient care that is directly related to nursing activities by enhancing collaboration and communication among nurses and other health care professionals, and by promoting nurse involvement in the organizational and clinical decision-making processes of a health care facility.
 - (2) PRIORITY- In making awards of grants under this subsection, the Secretary shall give preference to applicants that have not previously received an award under this subsection (or section 831(c) as such section existed on the day before the date of enactment of this section).
 - (3) CONTINUATION OF AN AWARD- The Secretary shall make continuation of any award under this subsection beyond the second year of such award contingent on the recipient of such award having demonstrated to the Secretary measurable and substantive improvement in nurse retention or patient care.
- (d) Other Priority Areas- The Secretary may award grants to, or enter into contracts with, eligible entities to address other areas that are of high priority to nurse retention, as determined by the Secretary.
- (e) Report- The Secretary shall submit to the Congress before the end of each fiscal year a report on the grants awarded and the contracts entered into under this section. Each such report shall identify the overall number of such grants and contracts and provide an explanation of why each such grant or contract will meet the priority need of the nursing workforce.
- (f) Eligible Entity- For purposes of this section, the term 'eligible entity' includes an accredited school of nursing, as defined by section 801(2), a health care facility, or a partnership of such a school and facility.
- (g) Authorization of Appropriations- There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2010 through 2012.

⁷² Added by P.L. 111-148, § 5309(b).

PART E—STUDENT LOANS LOAN AGREEMENTS

SEC. 835 OF THE PUBLIC HEALTH SERVICE ACT⁷³

42 U.S.C. § 297a

STUDENT LOAN FUND

- (a) Agreements to establish and operate fund authorized.--The Secretary is authorized to enter into an agreement for the establishment and operation of a student loan fund in accordance with this part with any public or nonprofit private school of nursing which is located in a State.
- (b) Provisions of agreements.--Each agreement entered into under this section shall—
 - (1) provide for establishment of a student loan fund by the school;
 - (2) provide for deposit in the fund, except as provided in section 871, of
 - (A) the Federal capital contributions paid from allotments under 838 to the school by the Secretary,
 - (B) an additional amount from other sources equal to not less than one-ninth of such Federal capital contributions,
 - (C) collections of principal and interest on loans made from the fund,
 - (D) collections pursuant to section 836(f), and
 - (E) any other earnings of the fund;
 - (3) provide that the fund, except as provided in section 871, shall be used only for loans to students of the school in accordance with the agreement and for costs of collection of such loans and interest thereon;
 - (4) provide that loans may be made from such fund only to students pursuing a full-time or half-time course of study at the school leading to a baccalaureate or associate degree in nursing or an equivalent degree or a diploma in nursing, or to a graduate degree in nursing; and
 - (5) contain such other provisions as are necessary to protect the financial interests of the United States.
- (c) Regulatory standards applicable to collection of loans
 - (1) Any standard established by the Secretary by regulation for the collection by schools of nursing of loans made pursuant to loan agreements under this part shall provide that the failure of any such school to collect such loans shall be measured in accordance with this subsection. With respect to the student loan fund established pursuant to such agreements, this subsection may not be construed to require such schools to reimburse such loan fund for loans that became uncollectable prior to 1983.
 - (2) The measurement of a school's failure to collect loans made under this part shall be the ratio (stated as a percentage) that the defaulted principal amount outstanding of such school bears to the matured loans of such school.
 - (3) For purposes of this subsection—
 - (A) the term “default” means the failure of a borrower of a loan made under this part to—
 - (i) make an installment payment when due; or
 - (ii) comply with any other term of the promissory note for such loan, except that a loan made under this part shall not be considered to be in default if the loan is discharged in bankruptcy or if the school reasonably concludes from written contacts with the borrower that the borrower intends to repay the loan;
 - (B) the term “defaulted principal amount outstanding” means the total amount borrowed from the loan fund of a school that has reached the repayment stage (minus any principal amount repaid or cancelled) on loans—
 - (i) repayable monthly and in default for at least 120 days; and
 - (ii) repayable less frequently than monthly and in default for at least 180 days;
 - (C) the term “grace period” means the period of nine months beginning on the date on which the borrower ceases to pursue a full-time or half-time course of study at a school of nursing; and

⁷³ Amended by P.L. 111-148, § 5310(b).

- (D) the term “matured loans” means the total principal amount of all loans made by a school of nursing under this part minus the total principal amount of loans made by such school to students who are—
 - (i) enrolled in a full-time or half-time course of study at such school; or
 - (ii) in their grace period.

SEC. 836 OF THE PUBLIC HEALTH SERVICE ACT⁷⁴

42 U.S.C. § 297b

LOAN PROVISIONS

- (a) **MAXIMUM AMOUNT PER INDIVIDUAL PER YEAR; PREFERENCE TO FIRST YEAR STUDENTS.--**

The total of the loans for any academic year (or its equivalent, as determined under regulations of the Secretary) made by schools of nursing from loan funds established pursuant to agreements under this part may not exceed \$3,300 in the case of any student, except that for the final two academic years of the program involved, such total may not exceed \$5,200. The aggregate of the loans for all years from such funds may not exceed \$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. In the granting of such loans, a school shall give preference to licensed practical nurses, to persons with exceptional financial need, and to persons who enter as first-year students after enactment of this title.
- (b) **TERMS AND CONDITIONS.--**Loans from any such student loan fund by any school shall be made on such terms and conditions as the school may determine; subject, however, to such conditions, limitations, and requirements as the Secretary may prescribe (by regulation or in the agreement with the school) with a view to preventing impairment of the capital of such fund to the maximum extent practicable in the light of the objective of enabling the student to complete his course of study; and except that—
 - (1) such a loan may be made only to a student who
 - (A) is in need of the amount of the loan to pursue a full-time or half-time course of study at the school leading to a baccalaureate or associate degree in nursing or an equivalent degree, or a diploma in nursing, or a graduate degree in nursing,
 - (B) is capable, in the opinion of the school, of maintaining good standing in such course of study, and
 - (C) with respect to any student enrolling in the school after June 30, 2000, is of financial need (as defined in regulations issued by the Secretary);;
 - (2) such a loan shall be repayable in equal or graduated periodic installments (with the right of the borrower to accelerate repayment) over the ten-year period which begins nine months after the student ceases to pursue a full-time or half-time course of study at a school of nursing, excluding from such 10-year period all
 - (A) periods (up to three years) of
 - (i) active duty performed by the borrower as a member of a uniformed service, or
 - (ii) service as a volunteer under the Peace Corps Act,
 - (B) periods (up to ten years) during which the borrower is pursuing a full-time or half-time course of study at a collegiate school of nursing leading to baccalaureate degree in nursing or an equivalent degree, or to graduate degree in nursing, or is otherwise pursuing advanced professional training in nursing (or training to be a nurse anesthetist), and
 - (C) such additional periods under the terms of paragraph (8) of this subsection;
 - (3) in the case of a student who received such a loan before September 29, 1995 an amount up to 85 per centum of any such loan made before such date (plus interest thereon) shall be canceled for full-time employment as a professional nurse (including teaching in any of the fields of nurse training and service as an administrator, supervisor, or consultant in any of the fields of nursing) in any public or nonprofit private agency, institution, or organization (including neighborhood health centers), at the rate of 15 per centum of the amount of such loan (plus interest) unpaid on the first day of such service for each of the first, second,

⁷⁴ Amended by P.L. 111-148, §§ 5202 and 5310(b).

- and third complete year of such service, and 20 per centum of such amount (plus interest) for each complete fourth and fifth year of such service;
- (4) the liability to repay the unpaid balance of such loan and accrued interest thereon shall be canceled upon the death of the borrower, or if the Secretary determines that he has become permanently and totally disabled;
 - (5) such a loan shall bear interest on the unpaid balance of the loan, computed only for periods during which the loan is repayable, at the rate of 5 percent per annum;
 - (6) such a loan shall be made without security or endorsement, except that if the borrower is a minor and the note or other evidence of obligation executed by him would not, under the applicable law, create a binding obligation, either security or endorsement may be required;
 - (7) no note or other evidence of any such loan may be transferred or assigned by the school making the loan except that, if the borrower transfers to another school participating in the program under this part such note or other evidence of a loan may be transferred to such other school; and
 - (8) pursuant to uniform criteria established by the Secretary, the repayment period established under paragraph (2) for any student borrower who during the repayment period failed to make consecutive payments and who, during the last 12 months of the repayment period, has made at least 12 consecutive payments may be extended for a period not to exceed 10 years.
- (c) CANCELLATION.--Where all or any part of a loan, or interest, is canceled under this section, the Secretary shall pay to the school an amount equal to the school's proportionate share of the canceled portion, as determined by the Secretary.
- (d) INSTALLMENTS.--Any loan for any year by a school from a student loan fund established pursuant to an agreement under this part shall be made in such installments as may be provided in regulations of the Secretary or such agreement and, upon notice to the Secretary by the school that any recipient of a loan is failing to maintain satisfactory standing, any or all further installments of his loan shall be withheld, as may be appropriate.
- (e) AVAILABILITY TO ELIGIBLE STUDENTS IN NEED.--An agreement under this part with any school shall include provisions designed to make loans from the student loan fund established thereunder reasonably available (to the extent of the available funds in such fund) to all eligible students in the school in need thereof.
- (f) PENALTY FOR LATE PAYMENT.--Subject to regulations of the Secretary and in accordance with this section, a school shall assess a charge with respect to a loan from the loan fund established pursuant to an agreement under this part for failure of the borrower to pay all or any part of an installment when it is due and, in the case of a borrower who is entitled to deferment of the loan under subsection (b)(2) of this section or cancellation of part or all of the loan under subsection (b)(3) of this section, for any failure to file timely and satisfactory evidence of such entitlement. No such charge may be made if the payment of such installment or the filing of such evidence is made within 60 days after the date on which such installment or filing is due. The amount of any such charge may not exceed an amount equal to 6 percent of the amount of such installment. The school may elect to add the amount of any such charge to the principal amount of the loan as of the first day after the day on which such installment or evidence was due, or to make the amount of the charge payable to the school not later than the due date of the next installment after receipt by the borrower of notice of the assessment of the charge.
- (g) MINIMUM MONTHLY REPAYMENT.--A school may provide in accordance with regulations of the Secretary, that during the repayment period of a loan from a loan fund established pursuant to an agreement under this part payments of principal and interest by the borrower with respect to all the outstanding loans made to him from loan funds so established shall be at a rate equal to not less than \$40 per month.
- (h) LOAN CANCELLATION.--Notwithstanding the amendment made by section 6(b) of the Nurse Training Act of 1971 to this section—
- (A) any person who obtained one or more loans from a loan fund established under this part, who before November 18, 1971, became eligible for cancellation of all or part of such loans (including accrued interest) under this section (as in effect on the day before such date), and who on such date was not

engaged in a service for which loan cancellation was authorized under this section (as so in effect), may at any time elect to receive such cancellation in accordance with this subsection (as so in effect); and

- (B) in the case of any person who obtained one or more loans from a loan fund established under this part and who on such date was engaged in a service for which cancellation of all or part of such loans (including accrued interest) was authorized under this section (as so in effect), this section (as so in effect) shall continue to apply to such person for purposes of providing such loan cancellation until he terminates such service.
- (i) **LOAN REPAYMENT.**--Upon application by a person who received, and is under an obligation to repay, any loan made to such person as a nursing student, the Secretary may undertake to repay (without liability to the applicant) all or any part of such loan, and any interest or portion thereof outstanding thereon, upon his determination, pursuant to regulations establishing criteria therefor, that the applicant—
- (1) failed to complete the nursing studies with respect to which such loan was made;
 - (2) is in exceptionally needy circumstances; and
 - (3) has not resumed, or cannot reasonably be expected to resume, such nursing studies within two years following the date upon which the applicant terminated the studies with respect to which such loan was made.
- (j) **COLLECTION BY SECRETARY OF LOAN IN DEFAULT; PRECONDITIONS AND PROCEDURES APPLICABLE.**--The Secretary is authorized to attempt to collect any loan which was made under this part, which is in default, and which was referred to the Secretary by a school of nursing with which the Secretary has an agreement under this part, on behalf of that school under such terms and conditions as the Secretary may prescribe (including reimbursement from the school's student loan fund for expenses the Secretary may reasonably incur in attempting collection), but only if the school has complied with such requirements as the Secretary may specify by regulation with respect to the collection of loans under this part. A loan so referred shall be treated as a debt subject to section 5514 of Title 5. Amounts collected shall be deposited in the school's student loan fund. Whenever the Secretary desires the institution of a civil action regarding any such loan, the Secretary shall refer the matter to the Attorney General for appropriate action.
- (k) **ELIMINATION OF STATUTE OF LIMITATION FOR LOAN COLLECTIONS**
- (1) **PURPOSE.**--It is the purpose of this subsection to ensure that obligations to repay loans under this section are enforced without regard to any Federal or State statutory, regulatory, or administrative limitation on the period within which debts may be enforced.
 - (2) **PROHIBITION.**--Notwithstanding any other provision of Federal or State law, no limitation shall terminate the period within which suit may be filed, a judgment may be enforced, or an offset, garnishment, or other action may be initiated or taken by a school of nursing that has an agreement with the Secretary pursuant to section 835 that is seeking the repayment of the amount due from a borrower on a loan made under this part after the default of the borrower on such loan.

SEC. 838 OF THE PUBLIC HEALTH SERVICE ACT⁷⁵

42 U.S.C. § 297d

ALLOTMENTS AND PAYMENTS OF FEDERAL CAPITAL CONTRIBUTIONS

- (a)
- (1) The Secretary shall from time to time set dates by which schools of nursing in a State must file applications for Federal capital contributions.
 - (2)

⁷⁵ Amended by P.L. 111-148, § 5310(b).

- (A) If the total of the amounts requested for any fiscal year in such applications exceeds the total amount appropriated under section 837⁷⁶ for that fiscal year, the allotment from such total amount to the loan fund of each school of nursing shall be reduced to whichever of the following is the smaller:
- (i) The amount requested in its application.
 - (ii) An amount which bears the same ratio to the total amount appropriated as the number of students estimated by the Secretary to be enrolled on a full-time basis in such school during such fiscal year bears to the estimated total number of students enrolled in all such schools on a full-time basis during such year.
- (B) Amounts remaining after allotment under subparagraph (A) shall be reallocated in accordance with clause (ii) of such subparagraph among schools whose applications requested more than the amounts so allotted to their loan funds, but with such adjustments as may be necessary to prevent the total allotted to any such school's loan fund under this paragraph and paragraph (3) from exceeding the total so requested by it.
- (3) Funds which, pursuant to section 839(c) or pursuant to a loan agreement under section 835, are returned to the Secretary in any fiscal year, shall be available for allotment until expended. Funds described in the preceding sentence shall be allotted among schools of nursing in such manner as the Secretary determines will best carry out this part 1.
- (b) Allotments to a loan fund of a school shall be paid to it from time to time in such installments as the Secretary determines will not result in unnecessary accumulations in the loan fund at such school.
 - (c) The Federal capital contributions to a loan fund of a school under this part 1 shall be paid to it from time to time in such installments as the Secretary determines will not result in unnecessary accumulations in the loan fund at such school.

SEC. 839 OF THE PUBLIC HEALTH SERVICE ACT

42 U.S.C. § 297e

DISTRIBUTION OF ASSETS FROM LOAN FUNDS

- (a) If a school terminates a loan fund established under an agreement pursuant to section 835(b), or if the Secretary for good cause terminates the agreement with the school, there shall be a capital distribution as follows:
 - (1) The Secretary shall first be paid an amount which bears the same ratio to such balance in such fund on the date of termination of the fund as the total amount of the Federal capital contributions to such fund by the Secretary pursuant to section 835(b)(2)(A) bears to the total amount in such fund derived from such Federal capital contributions and from funds deposited therein pursuant to section 835(b)(2)(B).
 - (2) The remainder of such balance shall be paid to the school.
- (b) If a capital distribution is made under subsection (a), the school involved shall, after such capital distribution, pay to the Secretary, not less often than quarterly, the same proportionate share of amounts received by the school in payment of principal or interest on loans made from the loan fund established under section 835(b) as determined by the Secretary under subsection (a).
- (c)
 - (1) Within 90 days after the termination of any agreement with a school under section 835 or the termination in any other manner of a school's participation in the loan program under this subpart⁷⁷, such school shall pay to the Secretary from the balance of the loan fund of such school established under section 835, an amount which bears the same ratio to the balance in such fund on the date of such termination as the total amount of the Federal capital contributions to such fund by the Secretary pursuant to section 835(b)(2)(A) bears to the total amount in such fund on such date derived from such Federal capital contributions and from funds

⁷⁶ Section 837 was repealed by section 123(3) of P.L. 105-392 (112 Stat. 3562).

⁷⁷ So in law. Probably should read "part".

deposited in the fund pursuant to section 835(b)(2)(B). The remainder of such balance shall be paid to the school.

- (2) A school to which paragraph (1) applies shall pay to the Secretary after the date on which payment is made under such paragraph and not less than quarterly, the same proportionate share of amounts received by the school after the date of termination referred to in paragraph (1) in payment of principal or interest on loans made from the loan fund as was determined for the Secretary under such paragraph.

SEC. 840 OF THE PUBLIC HEALTH SERVICE ACT⁷⁸

42 U.S.C. § 297g

ADMINISTRATIVE PROVISIONS

The Secretary may agree to modifications of agreements made under this part, and may compromise, waive, or release any right, title, claim, or demand of the United States arising or acquired under this part.

SEC. 842 OF THE PUBLIC HEALTH SERVICE ACT⁷⁹

42 U.S.C. § 297i

PROCEDURES FOR APPEAL OF TERMINATIONS

In any case in which the Secretary intends to terminate an agreement with a school of nursing under this part, the Secretary shall provide the school with a written notice specifying such intention and stating that the school may request a formal hearing with respect to such termination. If the school requests such a hearing within 30 days after the receipt of such notice, the Secretary shall provide such school with a hearing conducted by an administrative law judge.

SEC. 846 OF THE PUBLIC HEALTH SERVICE ACT⁸⁰

42 U.S.C. §297n

LOAN REPAYMENT AND SCHOLARSHIP PROGRAMS

(a) IN GENERAL.—In the case of any individual—

- (1) who has received a baccalaureate or associate degree in nursing (or an equivalent degree), a diploma in nursing, or a graduate degree in nursing;
- (2) who obtained
 - (A) one or more loans from a loan fund established under subpart II 2, or
 - (B) any other educational loan for nurse training costs; and
- (3) who enters into an agreement with the Secretary to serve as nurse for a period of not less than two years at a health care facility with a critical shortage of nurses, or in a accredited school of nursing, as defined by section 801(2), as nurse faculty;

the Secretary shall make payments in accordance with subsection (b), for and on behalf of that individual, on the principal of and interest on any loan of that individual described in paragraph (2) of this subsection which is outstanding on the date the individual begins the service specified in the agreement described in paragraph (3) of this subsection. After fiscal year 2007, the Secretary may not, pursuant to any agreement entered into under this subsection, assign a nurse to any private entity unless that entity is nonprofit.

(b) MANNER OF PAYMENTS.—The payments described in subsection (a) shall be made by the Secretary as follows:

⁷⁸ Amended by P.L. 111-148, § 5310(b).

⁷⁹ Amended by P.L. 111-148, § 5310(b).

⁸⁰ Amended by P.L. 111-148, § 5310(a).

- (1) Upon completion by the individual for whom the payments are to be made of the first year of the service specified in the agreement entered into with the Secretary under subsection (a), the Secretary shall pay 30 percent of the principal of, and the interest on each loan of such individual described in subsection (a)(2) which is outstanding on the date he began such practice.
 - (2) Upon completion by that individual of the second year of such service, the Secretary shall pay another 30 percent of the principal of, and the interest on each such loan.
 - (3) Upon completion by that individual of a third year of such service, the Secretary shall pay another 25 percent of the principal of, and the interest on each such loan.
- (c) **PAYMENT BY DUE DATE.**—Notwithstanding the requirement of completion of practice specified in subsection (b), the Secretary shall, on or before the due date thereof, pay any loan or loan installment which may fall due within the period of service for which the borrower may receive payments under this subsection, upon the declaration of such borrower, at such times and in such manner as the Secretary may prescribe (and supported by such other evidence as the Secretary may reasonably require), that the borrower is then serving as described by subsection (a)(3), and that the borrower will continue to so serve for the period required (in the absence of this subsection) to entitle the borrower to have made the payments provided by this subsection for such period; except that not more than 85 percent of the principal of any such loan shall be paid pursuant to this subsection.
- (d) **SCHOLARSHIP PROGRAM.**—
- (1) **IN GENERAL.**—The Secretary shall (for fiscal years 2003 and 2004) and may (for fiscal years thereafter) carry out a program of entering into contracts with eligible individuals under which such individuals agree to serve as nurses for a period of not less than 2 years at a health care facility with a critical shortage of nurses, in consideration of the Federal Government agreeing to provide to the individuals scholarships for attendance at schools of nursing.
 - (2) **ELIGIBLE INDIVIDUALS.**—In this subsection, the term “eligible individual” means an individual who is enrolled or accepted for enrollment as a full-time or part-time student in a school of nursing.
 - (3) **SERVICE REQUIREMENT.**—
 - (A) **IN GENERAL.**—The Secretary may not enter into a contract with an eligible individual under this subsection unless the individual agrees to serve as a nurse at a health care facility with a critical shortage of nurses for a period of full-time service of not less than 2 years, or for a period of part-time service in accordance with subparagraph (B).
 - (B) **PART-TIME SERVICE.**—An individual may complete the period of service described in subparagraph (A) on a part-time basis if the individual has a written agreement that—
 - (i) is entered into by the facility and the individual and is approved by the Secretary; and
 - (ii) provides that the period of obligated service will be extended so that the aggregate amount of service performed will equal the amount of service that would be performed through a period of full-time service of not less than 2 years.
 - (4) **APPLICABILITY OF CERTAIN PROVISIONS.**—The provisions of subpart III of part D of title III shall, except as inconsistent with this section, apply to the program established in paragraph (1) in the same manner and to the same extent as such provisions apply to the National Health Service Corps Scholarship Program established in such subpart.
- (e) **PREFERENCES REGARDING PARTICIPANTS.**—In entering into agreements under subsection (a) or (d), the Secretary shall give preference to qualified applicants with the greatest financial need.
- (f) **BREACH OF AGREEMENT.**—The Secretary may make payments under subsection (a) on behalf of an individual only if the agreement under such subsection provides that section 860(c) is applicable to the individual.
- (g) **BREACH OF AGREEMENT.**—
- (1) **IN GENERAL.**—In the case of any program under this section under which an individual makes an agreement to provide health services for a period of time in accordance with such program in consideration

of receiving an award of Federal funds regarding education as a nurse (including an award for the repayment of loans), the following applies if the agreement provides that this subsection is applicable:

- (A) In the case of a program under this section that makes an award of Federal funds for attending an accredited program of nursing (in this section referred to as a “nursing program”), the individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual—
- (i) fails to maintain an acceptable level of academic standing in the nursing program (as indicated by the program in accordance with requirements established by the Secretary);
 - (ii) is dismissed from the nursing program for disciplinary reasons; or
 - (iii) voluntarily terminates the nursing program.
- (B) The individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual fails to provide health services in accordance with the program under this section for the period of time applicable under the program.
- (2) **WAIVER OR SUSPENSION OF LIABILITY.**—In the case of an individual or health facility making an agreement for purposes of paragraph (1), the Secretary shall provide for the waiver or suspension of liability under such subsection if compliance by the individual or the health facility, as the case may be, with the agreements involved is impossible, or would involve extreme hardship to the individual or facility, and if enforcement of the agreements with respect to the individual or facility would be unconscionable.
- (3) **DATE CERTAIN FOR RECOVERY.**—Subject to paragraph (2), any amount that the Federal Government is entitled to recover under paragraph (1) shall be paid to the United States not later than the expiration of the 3-year period beginning on the date the United States becomes so entitled.
- (4) **AVAILABILITY.**—Amounts recovered under paragraph (1) with respect to a program under this section shall be available for the purposes of such program, and shall remain available for such purposes until expended.
- (h) **REPORTS.**—Not later than 18 months after the date of enactment of the Nurse Reinvestment Act, and annually thereafter, the Secretary shall prepare and submit to the Congress a report describing the programs carried out under this section, including statements regarding—
- (1) the number of enrollees, scholarships, loan repayments, and grant recipients;
 - (2) the number of graduates;
 - (3) the amount of scholarship payments and loan repayments made;
 - (4) which educational institution the recipients attended;
 - (5) the number and placement location of the scholarship and loan repayment recipients at health care facilities with a critical shortage of nurses;
 - (6) the default rate and actions required;
 - (7) the amount of outstanding default funds of both the scholarship and loan repayment programs;
 - (8) to the extent that it can be determined, the reason for the default;
 - (9) the demographics of the individuals participating in the scholarship and loan repayment programs;
 - (10) justification for the allocation of funds between the scholarship and loan repayment programs; and
 - (11) an evaluation of the overall costs and benefits of the programs.
- (i) **FUNDING.**—
- (1) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of payments under agreements entered into under subsection (a) or (d), there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2003 through 2007.
 - (2) **ALLOCATIONS.**—Of the amounts appropriated under paragraph (1), the Secretary may, as determined appropriate by the Secretary, allocate amounts between the program under subsection (a) and the program under subsection (d).

SEC. 846A OF THE PUBLIC HEALTH SERVICE ACT⁸¹

42 U.S.C. § 297n-1

NURSE FACULTY LOAN PROGRAM

- (a) **SCHOOL OF NURSING STUDENT LOAN FUND.**—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may enter into an agreement with any accredited school of nursing for the establishment and operation of a student loan fund in accordance with this section, to increase the number of qualified nursing faculty.
- (b) **AGREEMENTS.**—Each agreement entered into under subsection (a) shall—
- (1) provide for the establishment of a student loan fund by the school involved;
 - (2) provide for deposit in the fund of—
 - (A) the Federal capital contributions to the fund;
 - (B) an amount equal to not less than one-ninth of such Federal capital contributions, contributed by such school;
 - (C) collections of principal and interest on loans made from the fund; and
 - (D) any other earnings of the fund;
 - (3) provide that the fund will be used only for loans to students of the school in accordance with subsection (c) and for costs of collection of such loans and interest thereon;
 - (4) provide that loans may be made from such fund only to students pursuing a full-time course of study or, at the discretion of the Secretary, a part-time course of study in an advanced degree program described in section 811(b); and
 - (5) contain such other provisions as are necessary to protect the financial interests of the United States.
- (c) **LOAN PROVISIONS.**—Loans from any student loan fund established by a school pursuant to an agreement under subsection (a) shall be made to an individual on such terms and conditions as the school may determine, except that—
- (1) such terms and conditions are subject to any conditions, limitations, and requirements prescribed by the Secretary;
 - (2) in the case of any individual, the total of the loans for any academic year made by schools of nursing from loan funds established pursuant to agreements under subsection (a) may not exceed \$35,000, during fiscal years 2010 and 2011 fiscal years (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 loan);
 - (3) an amount up to 85 percent of any such loan (plus interest thereon) shall be canceled by the school as follows:
 - (A) upon completion by the individual of each of the first, second, and third year of full-time employment, required by the loan agreement entered into under this subsection, as a faculty member in an accredited a school of nursing, the school shall cancel 20 percent of the principle of, and the interest on, the amount of such loan unpaid on the first day of such employment; and
 - (B) upon completion by the individual of the fourth year of full-time employment, required by the loan agreement entered into under this subsection, as a faculty member in a school of nursing, the school shall cancel 25 percent of the principle of, and the interest on, the amount of such loan unpaid on the first day of such employment;
 - (4) such a loan may be used to pay the cost of tuition, fees, books, laboratory expenses, and other reasonable education expenses;
 - (5) such a loan shall be repayable in equal or graduated periodic installments (with the right of the borrower to accelerate repayment) over the 10-year period that begins 9 months after the individual ceases to pursue a course of study at a school of nursing; and
 - (6) such a loan shall—

⁸¹ Amended by P.L. 111-148, § 5311(a).

- (A) beginning on the date that is 3 months after the individual ceases to pursue a course of study at a school of nursing, bear interest on the unpaid balance of the loan at the rate of 3 percent per annum; or
 - (B) subject to subsection (e), if the school of nursing determines that the individual will not complete such course of study or serve as a faculty member as required under the loan agreement under this subsection, bear interest on the unpaid balance of the loan at the prevailing market rate.
- (d) **PAYMENT OF PROPORTIONATE SHARE.**—Where all or any part of a loan, or interest, is canceled under this section, the Secretary shall pay to the school an amount equal to the school’s proportionate share of the canceled portion, as determined by the Secretary.
- (e) **REVIEW BY SECRETARY.**—At the request of the individual involved, the Secretary may review any determination by an accredited school of nursing under subsection (c)(6)(B).
- (f) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2010 through 2014.

SEC. 847 OF THE PUBLIC HEALTH SERVICE ACT⁸²

42 U.S.C. § 297o

ELIGIBLE INDIVIDUAL STUDENT LOAN REPAYMENT

- (a) **IN GENERAL.**—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may enter into an agreement with eligible individuals for the repayment of education loans, in accordance with this section, to increase the number of qualified nursing faculty.
- (b) **AGREEMENTS.**—Each agreement entered into under this subsection shall require that the eligible individual shall serve as a full-time member of the faculty of an accredited school of nursing, for a total period, in the aggregate, of at least 4 years during the 6-year period beginning on the later of—
- (1) the date on which the individual receives a master’s or doctorate nursing degree from an accredited school of nursing; or
 - (2) the date on which the individual enters into an agreement under this subsection.
- (c) **AGREEMENT PROVISIONS.**—Agreements entered into pursuant to subsection (b) shall be entered into on such terms and conditions as the Secretary may determine, except that—
- (1) not more than 10 months after the date on which the 6-year period described under subsection (b) begins, but in no case before the individual starts as a full-time member of the faculty of an accredited school of nursing the Secretary shall begin making payments, for and on behalf of that individual, on the outstanding principal of, and interest on, any loan of that individual obtained to pay for such degree;
 - (2) for an individual who has completed a master’s in nursing or equivalent degree in nursing—
 - (A) payments may not exceed \$10,000 per calendar year; and
 - (B) total payments may not exceed \$40,000 during the 2010 and 2011 fiscal years (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 loan); and
 - (3) for an individual who has completed a doctorate or equivalent degree in nursing—
 - (A) payments may not exceed \$20,000 per calendar year; and
 - (B) total payments may not exceed \$80,000 during the 2010 and 2011 fiscal years (adjusted for subsequent fiscal years as provided for in the same manner as in paragraph (2)(B)).
- (d) **BREACH OF AGREEMENT.**—
- (1) **IN GENERAL.**—In the case of any agreement made under subsection (b), the individual is liable to the Federal Government for the total amount paid by the Secretary under such agreement, and for interest on such amount at the maximum legal prevailing rate, if the individual fails to meet the agreement terms required under such subsection.

⁸² Added by P.L. 111-148, § 5311(b).

- (2) **WAIVER OR SUSPENSION OF LIABILITY.**—In the case of an individual making an agreement for purposes of paragraph (1), the Secretary shall provide for the waiver or suspension of liability under such paragraph if compliance by the individual with the agreement involved is impossible or would involve extreme hardship to the individual or if enforcement of the agreement with respect to the individual would be unconscionable.
- (3) **DATE CERTAIN FOR RECOVERY.**—Subject to paragraph (2), any amount that the Federal Government is entitled to recover under paragraph (1) shall be paid to the United States not later than the expiration of the 3-year period beginning on the date the United States becomes so entitled.
- (4) **AVAILABILITY.**—Amounts recovered under paragraph (1) shall be available to the Secretary for making loan repayments under this section and shall remain available for such purpose until expended.
- (e) **ELIGIBLE INDIVIDUAL DEFINED.**—For purposes of this section, the term ‘eligible individual’ means an individual who—
 - (1) is a United States citizen, national, or lawful permanent resident;
 - (2) holds an unencumbered license as a registered nurse; and
 - (3) has either already completed a master’s or doctorate nursing program at an accredited school of nursing or is currently enrolled on a full-time or part-time basis in such a program.
- (f) **PRIORITY.**—For the purposes of this section and section 846A, funding priority will be awarded to School of Nursing Student Loans that support doctoral nursing students or Individual Student Loan Repayment that support doctoral nursing students.
- (g) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2010 through 2014.

PART F—NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE⁸³

SEC. 851 OF THE PUBLIC HEALTH SERVICE ACT⁸⁴

42 U.S.C. § 297t

NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE

- (a) **ESTABLISHMENT.**—The Secretary shall establish an advisory council to be known as the National Advisory Council on Nurse Education and Practice (in this section referred to as the “Advisory Council”).
- (b) **COMPOSITION.**—
 - (1) **IN GENERAL.**—The Advisory Council shall be composed of—
 - (A) not less than 21, nor more than 23 individuals, who are not officers or employees of the Federal Government, appointed by the Secretary without regard to the Federal civil service laws, of which—
 - (i) 2 shall be selected from full-time students enrolled in schools of nursing;
 - (ii) 2 shall be selected from the general public;
 - (iii) 2 shall be selected from practicing professional nurses; and
 - (iv) 9 shall be selected from among the leading authorities in the various fields of nursing, higher, secondary education, and associate degree schools of nursing, and from representatives of advanced education nursing groups (such as nurse practitioners, nurse midwives, and nurse anesthetists), hospitals, and other institutions and organizations which provide nursing services; and
 - (B) the Secretary (or the delegate of the Secretary (who shall be an ex officio member and shall serve as the Chairperson)).
 - (2) **APPOINTMENT.**—Not later than 90 days after the date of enactment of this Act⁸⁵ 1, the Secretary shall appoint the members of the Advisory Council and each such member shall serve a 4 year term. In making

⁸³ Redesignated by P.L. 111-148, § 5310(b).

⁸⁴ Redesignated by P.L. 111-148, § 5310(b).

such appointments, the Secretary shall ensure a fair balance between the nursing professions, a broad geographic representation of members and a balance between urban and rural members. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved. A majority of the members shall be nurses.

- (3) **MINORITY REPRESENTATION.**—In appointing the members of the Advisory Council under paragraph (1), the Secretary shall ensure the adequate representation of minorities.
- (c) **VACANCIES.**—
- (1) **IN GENERAL.**—A vacancy on the Advisory Council shall be filled in the manner in which the original appointment was made and shall be subject to any conditions which applied with respect to the original appointment.
 - (2) **FILLING UNEXPIRED TERM.**—An individual chosen to fill a vacancy shall be appointed for the unexpired term of the member replaced.
- (d) **DUTIES.**—The Advisory Council shall—
- (1) provide advice and recommendations to the Secretary and Congress concerning policy matters arising in the administration of this title, including the range of issues relating to the nurse workforce, education, and practice improvement;
 - (2) provide advice to the Secretary and Congress in the preparation of general regulations and with respect to policy matters arising in the administration of this title, including the range of issues relating to nurse supply, education and practice improvement; and
 - (3) not later than 3 years after the date of enactment of this section, and annually thereafter, prepare and submit to the Secretary, the Committee on Labor and Human Resources of the Senate, and the Committee on Commerce of the House of Representatives, a report describing the activities of the Council, including findings and recommendations made by the Council concerning the activities under this title.
- (e) **MEETINGS AND DOCUMENTS.**—
- (1) **MEETINGS.**—The Advisory Council shall meet not less than 2 times each year. Such meetings shall be held jointly with other related entities established under this title where appropriate.
 - (2) **DOCUMENTS.**—Not later than 14 days prior to the convening of a meeting under paragraph (1), the Advisory Council shall prepare and make available an agenda of the matters to be considered by the Advisory Council at such meeting. At any such meeting, the Advisory Council shall distribute materials with respect to the issues to be addressed at the meeting. Not later than 30 days after the adjourning of such a meeting, the Advisory Council shall prepare and make available a summary of the meeting and any actions taken by the Council based upon the meeting.
- (f) **COMPENSATION AND EXPENSES.**—
- (1) **COMPENSATION.**—Each member of the Advisory Council shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Council. All members of the Council who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.
 - (2) **EXPENSES.**—The members of the Advisory Council shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Council.

⁸⁵ So in law. The reference to “this Act” means the Public Health Service Act, which was enacted July 1, 1944. Probably should be a reference to the Health Professions Education Partnerships Act of 1998, which added section 845. That Act is Public Law 105–392, enacted November 13, 1998. (Section 123(5) of that Public Law (112 Stat. 3569) added section 845.)

- (g) FUNDING.—Amounts appropriated under this title may be utilized by the Secretary to support the nurse education and practice activities of the Council.
- (h) FACAs.—The Federal Advisory Committee Act shall apply to the Advisory Committee under this section only to the extent that the provisions of such Act do not conflict with the requirements of this section.

PART G—PUBLIC SERVICE ANNOUNCEMENTS⁸⁶

SEC. 861 OF THE PUBLIC HEALTH SERVICE ACT⁸⁷

42 U.S.C. § 297w

PUBLIC SERVICE ANNOUNCEMENTS

- (a) IN GENERAL.—The Secretary shall develop and issue public service announcements that advertise and promote the nursing profession, highlight the advantages and rewards of nursing, and encourage individuals to enter the nursing profession.
- (b) METHOD.—The public service announcements described in subsection (a) shall be broadcast through appropriate media outlets, including television or radio, in a manner intended to reach as wide and diverse an audience as possible.
- (c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2003 through 2007.

SEC. 862 OF THE PUBLIC HEALTH SERVICE ACT⁸⁸

42 U.S.C. § 297x

STATE AND LOCAL PUBLIC SERVICE ANNOUNCEMENTS

- (a) IN GENERAL.—The Secretary may award grants to eligible entities to support State and local advertising campaigns through appropriate media outlets to promote the nursing profession, highlight the advantages and rewards of nursing, and encourage individuals from disadvantaged backgrounds to enter the nursing profession.
- (b) USE OF FUNDS.—An eligible entity that receives a grant under subsection (a) shall use funds received through such grant to acquire local television and radio time, place advertisements in local newspapers, or post information on billboards or on the Internet in a manner intended to reach as wide and diverse an audience as possible, in order to—
 - (1) advertise and promote the nursing profession;
 - (2) promote nursing education programs;
 - (3) inform the public of financial assistance regarding such education programs;
 - (4) highlight individuals in the community who are practicing nursing in order to recruit new nurses; or
 - (5) provide any other information to recruit individuals for the nursing profession.
- (c) LIMITATION.—An eligible entity that receives a grant under subsection (a) shall not use funds received through such grant to advertise particular employment opportunities.
- (d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2003 through 2007.

⁸⁶ Redesignated by P.L. 111-148, § 5310(b).

⁸⁷ Redesignated by P.L. 111-148, § 5310(b).

⁸⁸ Redesignated by P.L. 111-148, § 5310(b).

PART H—COMPREHENSIVE GERIATRIC EDUCATION⁸⁹

SEC. 865 OF THE PUBLIC HEALTH SERVICE ACT⁹⁰

42 U.S.C. § 298

COMPREHENSIVE GERIATRIC EDUCATION

- (a) **PROGRAM AUTHORIZED.**—The Secretary shall award grants to eligible entities to develop and implement, in coordination with programs under section 753, programs and initiatives to train and educate individuals in providing geriatric care for the elderly.
- (b) **USE OF FUNDS.**—An eligible entity that receives a grant under subsection (a) shall use funds under such grant to—
 - (1) provide training to individuals who will provide geriatric care for the elderly;
 - (2) develop and disseminate curricula relating to the treatment of the health problems of elderly individuals;
 - (3) train faculty members in geriatrics;
 - (4) provide continuing education to individuals who provide geriatric care; and
 - (5) establishing traineeships for individuals who are preparing for advanced education nursing degrees in geriatric nursing, long-term care, gero-psychiatric nursing or other nursing areas that specialize in the care of the elderly population.
- (c) **APPLICATION.**—An eligible entity desiring a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.
- (d) **ELIGIBLE ENTITY.**—For purposes of this section, the term “eligible entity” includes a school of nursing, a health care facility, a program leading to certification as a certified nurse assistant, a partnership of such a school and facility, or a partnership of such a program and facility.
- (e) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2010 through 2014.

PART I—FUNDING

SEC. 871 OF THE PUBLIC HEALTH SERVICE ACT⁹¹

42 U.S.C. § 298d

AUTHORIZATION OF APPROPRIATIONS

For the purpose of carrying out parts B, C, and D (subject to section 851(g)), there are authorized to be appropriated \$338,000,000 for fiscal year 2010, and such sums as may be necessary for each of the fiscal years 2011 through 2016.

⁸⁹ Amended by P.L. 111-148, § 5305(c), and redesignated by § 5310(b).

⁹⁰ Redesignated by P.L. 111-148, § 5310(b), and amended by § 5312.

⁹¹ Redesignated by P.L. 111-148, § 5310(b), and amended by § 5312.

SOCIAL SECURITY ACT PROVISIONS

HEALTH CARE FRAUD AND ABUSE DATA COLLECTION PROGRAM SEC. 1128E OF THE SOCIAL SECURITY ACT⁹²

42 U.S.C. 1320a-7e

- (a) **IN GENERAL.**—The Secretary shall maintain a national health care fraud and abuse data collection program under this section for the reporting of certain final adverse actions (not including settlements in which no findings of liability have been made) against health care providers, suppliers, or practitioners as required by subsection (b), with access as set forth in subsection (d), and shall furnish the information collected under this section to the National Practitioner Data Bank established pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.).
- (b) **REPORTING OF INFORMATION.**—
- (1) **IN GENERAL.**—Each Government agency and health plan shall report any final adverse action (not including settlements in which no findings of liability have been made) taken against a health care provider, supplier, or practitioner.
- (2) **INFORMATION TO BE REPORTED.**—The information to be reported under paragraph (1) includes:
- (A) The name and TIN (as defined in section 7701(a)(41) of the Internal Revenue Code of 1986⁹³) of any health care provider, supplier, or practitioner who is the subject of a final adverse action.
- (B) The name (if known) of any health care entity with which a health care provider, supplier, or practitioner, who is the subject of a final adverse action, is affiliated or associated.
- (C) The nature of the final adverse action and whether such action is on appeal.
- (D) A description of the acts or omissions and injuries upon which the final adverse action was based, and such other information as the Secretary determines by regulation is required for appropriate interpretation of information reported under this section.
- (3) **CONFIDENTIALITY.**—In determining what information is required, the Secretary shall include procedures to assure that the privacy of individuals receiving health care services is appropriately protected.
- (4) **TIMING AND FORM OF REPORTING.**—The information required to be reported under this subsection shall be reported regularly (but not less often than monthly) and in such form and manner as the Secretary prescribes. Such information shall first be required to be reported on a date specified by the Secretary.
- (5) **TO WHOM REPORTED.**—The information required to be reported under this subsection shall be reported to the Secretary.
- (6) **SANCTIONS FOR FAILURE TO REPORT.**—
- (A) **Health plans.**—Any health plan that fails to report information on an adverse action required to be reported under this subsection shall be subject to a civil money penalty of not more than \$25,000 for each such adverse action not reported. Such penalty shall be imposed and collected in the same manner as civil money penalties under subsection (a) of section 1128A are imposed and collected under that section.
- (B) **Governmental agencies.**—The Secretary shall provide for a publication of a public report that identifies those Government agencies that have failed to report information on adverse actions as required to be reported under this subsection.
- (c) **DISCLOSURE AND CORRECTION OF INFORMATION.**—
- (1) **DISCLOSURE.**—With respect to the information about final adverse actions (not including settlements in which no findings of liability have been made) reported to the Secretary under this section with respect to a health care provider, supplier, or practitioner, the Secretary shall, by regulation, provide for—
- (A) disclosure of the information, upon request, to the health care provider, supplier, or licensed practitioner, and
- (B) procedures in the case of disputed accuracy of the information.
- (2) **CORRECTIONS.**—Each Government agency and health plan shall report corrections of information already reported about any final adverse action taken against a health care provider, supplier, or practitioner, in such form and manner that the Secretary prescribes by regulation.
- (d) **ACCESS TO REPORTED INFORMATION.**—

⁹² Amended by P.L. 111-148, § 6403(a).

⁹³ See Social Security Act, Vol. II, P.L. 83-591, §7701(a)(41).

- (1) AVAILABILITY.—The information collected under this section shall be available from the National Practitioner Data Bank to the agencies, authorities, and officials which are provided under section 1921(b) information reported under section 1921(a).
- (2) FEES FOR DISCLOSURE.—The Secretary may establish or approve reasonable fees for the disclosure of information under this section. The amount of such a fee may not exceed the costs of processing the requests for disclosure and of providing such information. Such fees shall be available to the Secretary to cover such costs.
- (e) PROTECTION FROM LIABILITY FOR REPORTING.—No person or entity, including the agency designated by the Secretary in subsection (b)(5) shall be held liable in any civil action with respect to any report made as required by this section, without knowledge of the falsity of the information contained in the report.
- (f) APPROPRIATE COORDINATION.—In implementing this section, the Secretary shall provide for the maximum appropriate coordination with part B of the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11131 et seq.) and section 1921.
- (g) DEFINITIONS AND SPECIAL RULES.—For purposes of this section:
- (1) FINAL ADVERSE ACTION.—
- (A) IN GENERAL.—The term “final adverse action” includes:
- (i) Civil judgments against a health care provider, supplier, or practitioner in Federal or State court related to the delivery of a health care item or service.
- (ii) Federal or State criminal convictions related to the delivery of a health care item or service.
- (iii) Actions by Federal agencies responsible for the licensing and certification of health care providers, suppliers, and licensed health care practitioners, including—
- (I) formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation,
- (II) any dismissal or closure of the proceedings by reason of the provider, supplier, or practitioner surrendering their license or leaving the State or jurisdiction,
- (III) any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or
- (IV) any other negative action or finding by such Federal agency that is publicly available information.
- (iv) Exclusion from participation in Federal health care program (as defined in section 1128B(f)).
- (B) EXCEPTION.—The term does not include any action with respect to a malpractice claim.
- (2) PRACTITIONER.—The terms “licensed health care practitioner”, “licensed practitioner”, and “practitioner” mean, with respect to a State, an individual who is licensed or otherwise authorized by the State to provide health care services (or any individual who, without authority holds himself or herself out to be so licensed or authorized).
- (3) GOVERNMENT AGENCY.—The term “Government agency” shall include:
- (A) The Department of Justice.
- (B) The Department of Health and Human Services.
- (C) Any other Federal agency that either administers or provides payment for the delivery of health care services, including, but not limited to the Department of Defense and the Department of Veterans Affairs.
- (D) Federal agencies responsible for licensing and certification of health care providers and licensed health care practitioners.
- (4) HEALTH PLAN.—The term “health plan” has the meaning given such term by section 1128C(c).
- (5) DETERMINATION OF CONVICTION.—For purposes of paragraph (1), the existence of a conviction shall be determined under paragraphs (1) through (4) of section 1128(i).

**INFORMATION CONCERNING SANCTIONS TAKEN BY STATE LICENSING AUTHORITIES
AGAINST HEALTH CARE PRACTITIONERS AND PROVIDERS
SEC. 1921 OF THE SOCIAL SECURITY ACT⁹⁴
42 U.S.C. 1396r-2**

- (a) INFORMATION REPORTING REQUIREMENT. The requirement referred to in section 1902(a)(49) is that the State must provide for the following:
- (1) INFORMATION REPORTING SYSTEM.—
- (A) LICENSING OR CERTIFICATION ACTIONS.—The State must have in effect a system of reporting the following information with respect to formal proceedings (as defined by the Secretary in regulations) concluded against a health care practitioner or entity by a State licensing or certification agency:
- (i) Any adverse action taken by such licensing authority as a result of the proceeding, including any revocation or suspension of a license (and the length of any such suspension), reprimand, censure, or probation.
 - (ii) Any dismissal or closure of the proceedings by reason of the practitioner or entity surrendering the license or leaving the State or jurisdiction.
 - (iii) Any other loss of license or the right to apply for, or renew, a license by the practitioner or entity, whether by operation of law, voluntary surrender, nonrenewability, or otherwise.
 - (iv) Any negative action or finding by such authority, organization, or entity regarding the practitioner or entity.
- (B) OTHER FINAL ADVERSE ACTIONS.—The State must have in effect a system of reporting information with respect to any final adverse action (not including settlements in which no findings of liability have been made) taken against a health care provider, supplier, or practitioner by a State law or fraud enforcement agency.
- (2) ACCESS TO DOCUMENTS.—The State must provide the Secretary (or an entity designated by the Secretary) with access to such documents of a State licensing or certification agency or State law or fraud enforcement agency as may be necessary for the Secretary to determine the facts and circumstances concerning the actions and determinations described in such paragraph for the purpose of carrying out this Act.
- (b) FORM OF INFORMATION.—The information described in subsection (a)(1) shall be provided to the Secretary (or to an appropriate private or public agency, under suitable arrangements made by the Secretary with respect to receipt, storage, protection of confidentiality, and dissemination of information) in such a form and manner as the Secretary determines to be appropriate in order to provide for activities of the Secretary under this Act and in order to provide, directly or through suitable arrangements made by the Secretary, information—
- (1) to agencies administering Federal health care programs, including private entities administering such programs under contract,
 - (2) to State licensing or certification agencies and Federal agencies responsible for the licensing and certification of health care providers, suppliers, and licensed health care practitioners,
 - (3) to State agencies administering or supervising the administration of State health care programs (as defined in section 1128(h)),
 - (4) to utilization and quality control peer review organizations described in part B of title XI and to appropriate entities with contracts under section 1154(a)(4)(C) with respect to eligible organizations reviewed under the contracts, but only with respect to information provided pursuant to subsection (a)(1)(A),
 - (5) to State law or fraud enforcement agencies,
 - (6) to hospitals and other health care entities (as defined in section 431 of the Health Care Quality Improvement Act of 1986⁹⁵), with respect to physicians or other licensed health care practitioners that have entered (or may be entering) into an employment or affiliation relationship with, or have applied for clinical privileges or appointments to the medical staff of, such hospitals or other health care entities (and such information shall be deemed to be disclosed pursuant to section 427 of, and be subject to the provisions of, that Act) , but only with respect to information provided pursuant to subsection (a)(1)(A),
 - (7) to health plans (as defined in section 1128C(c));
 - (8) to the Attorney General and such other law enforcement officials as the Secretary deems appropriate, and

⁹⁴ Amended by P.L. 111-148, § 6403(b).

⁹⁵ See Social Security Act, Vol. II, P.L. 99-660, title IV.

- (9) upon request, to the Comptroller General,
in order for such authorities to determine the fitness of individuals to provide health care services, to protect the health and safety of individuals receiving health care through such programs, and to protect the fiscal integrity of such programs.
- (c) **CONFIDENTIALITY OF INFORMATION PROVIDED.**—The Secretary shall provide for suitable safeguards for the confidentiality of the information furnished under subsection (a). Nothing in this subsection shall prevent the disclosure of such information by a party which is otherwise authorized, under applicable State law, to make such disclosure.
- (d) **DISCLOSURE AND CORRECTION OF INFORMATION.**—
- (1) **DISCLOSURE.**—With respect to information reported pursuant to subsection (a)(1), the Secretary shall—
- (A) provide for disclosure of the information, upon request, to the health care practitioner who, or the entity that, is the subject of the information reported; and
- (B) establish procedures for the case where the health care practitioner or entity disputes the accuracy of the information reported.
- (2) **CORRECTIONS.**—Each State licensing or certification agency and State law or fraud enforcement agency shall report corrections of information already reported about any formal proceeding or final adverse action described in subsection (a), in such form and manner as the Secretary prescribes by regulation.
- (e) **FEES FOR DISCLOSURE.**—The Secretary may establish or approve reasonable fees for the disclosure of information under this section. The amount of such a fee may not exceed the costs of processing the requests for disclosure and of providing such information. Such fees shall be available to the Secretary to cover such costs.
- (f) **PROTECTION FROM LIABILITY FOR REPORTING.**—No person or entity, including any agency designated by the Secretary in subsection (b), shall be held liable in any civil action with respect to any reporting of information as required under this section, without knowledge of the falsity of the information contained in the report.
- (g) **REFERENCES.**—For purposes of this section:
- (1) **STATE LICENSING OR CERTIFICATION AGENCY.**—The term ‘State licensing or certification agency’ includes any authority of a State (or of a political subdivision thereof) responsible for the licensing of health care practitioners (or any peer review organization or private accreditation entity reviewing the services provided by health care practitioners) or entities.
- (2) **STATE LAW OR FRAUD ENFORCEMENT AGENCY.**—The term ‘State law or fraud enforcement agency’ includes—
- (A) a State law enforcement agency; and
- (B) a State medicaid fraud control unit (as defined in section 1903(q)).
- (3) **FINAL ADVERSE ACTION.**—
- (A) **IN GENERAL.**—Subject to subparagraph (B), the term ‘final adverse action’ includes—
- (i) civil judgments against a health care provider, supplier, or practitioner in State court related to the delivery of a health care item or service;
- (ii) State criminal convictions related to the delivery of a health care item or service;
- (iii) exclusion from participation in State health care programs (as defined in section 1128(h));
- (iv) any licensing or certification action described in subsection (a)(1)(A) taken against a supplier by a State licensing or certification agency; and
- (v) any other adjudicated actions or decisions that the Secretary shall establish by regulation.
- (B) **EXCEPTION.**—Such term does not include any action with respect to a malpractice claim.”;
- (h) **APPROPRIATE COORDINATION.**—In implementing this section, the Secretary shall provide for the maximum appropriate coordination with part B of the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11131 et seq.) and section 1128E.

P.L. 111-148, § 6403(d):

- (d) **TRANSITION PROCESS; EFFECTIVE DATE.**—
- (1) **IN GENERAL.**—Effective on the date of enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall implement a transition process under which, by not later than the end of the transition period described in paragraph (5), the Secretary shall cease operating the Healthcare Integrity and Protection Data Bank established under section 1128E of the Social Security Act (as in effect before the effective date specified in paragraph (6)) and shall transfer all data collected in the Healthcare Integrity and Protection Data Bank to the National Practitioner Data Bank

established pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.). During such transition process, the Secretary shall have in effect appropriate procedures to ensure that data collection and access to the Healthcare Integrity and Protection Data Bank and the National Practitioner Data Bank are not disrupted.

- (2) **REGULATIONS.**—The Secretary shall promulgate regulations to carry out the amendments made by subsections (a) and (b).
- (3) **FUNDING.**—
 - (A) **AVAILABILITY OF FEES.**—Fees collected pursuant to section 1128E(d)(2) of the Social Security Act prior to the effective date specified in paragraph (6) for the disclosure of information in the Healthcare Integrity and Protection Data Bank shall be available to the Secretary, without fiscal year limitation, for payment of costs related to the transition process described in paragraph (1). Any such fees remaining after the transition period is complete shall be available to the Secretary, without fiscal year limitation, for payment of the costs of operating the National Practitioner Data Bank.
 - (B) **AVAILABILITY OF ADDITIONAL FUNDS.**—In addition to the fees described in subparagraph (A), any funds available to the Secretary or to the Inspector General of the Department of Health and Human Services for a purpose related to combating health care fraud, waste, or abuse shall be available to the extent necessary for operating the Healthcare Integrity and Protection Data Bank during the transition period, including systems testing and other activities necessary to ensure that information formerly reported to the Healthcare Integrity and Protection Data Bank will be accessible through the National Practitioner Data Bank after the end of such transition period.
- (4) **SPECIAL PROVISION FOR ACCESS TO THE NATIONAL PRACTITIONER DATA BANK BY THE DEPARTMENT OF VETERANS AFFAIRS.**—
 - (A) **IN GENERAL.**—Notwithstanding any other provision of law, during the 1-year period that begins on the effective date specified in paragraph (6), the information described in subparagraph (B) shall be available from the National Practitioner Data Bank to the Secretary of Veterans Affairs without charge.
 - (B) **INFORMATION DESCRIBED.**—For purposes of subparagraph (A), the information described in this subparagraph is the information that would, but for the amendments made by this section, have been available to the Secretary of Veterans Affairs from the Healthcare Integrity and Protection Data Bank.
- (5) **TRANSITION PERIOD DEFINED.**—For purposes of this subsection, the term “transition period” means the period that begins on the date of enactment of this Act and ends on the later of—
 - (A) the date that is 1 year after such date of enactment; or
 - (B) the effective date of the regulations promulgated under paragraph (2).
- (6) **EFFECTIVE DATE.**—The amendments made by subsections (a), (b), and (c) shall take effect on the first day after the final day of the transition period.

MISCELLANEOUS AFFORDABLE CARE ACT PROVISIONS

SEC. 2008 OF THE SOCIAL SECURITY ACT⁹⁶

42 U.S.C. § 1397g

DEMONSTRATION PROJECTS TO ADDRESS HEALTH PROFESSIONS WORKFORCE NEEDS

- (a) DEMONSTRATION PROJECTS TO PROVIDE LOW-INCOME INDIVIDUALS WITH OPPORTUNITIES FOR EDUCATION, TRAINING, AND CAREER ADVANCEMENT TO ADDRESS HEALTH PROFESSIONS WORKFORCE NEEDS.—
- (1) AUTHORITY TO AWARD GRANTS.—The Secretary, in consultation with the Secretary of Labor, shall award grants to eligible entities to conduct demonstration projects that are designed to provide eligible individuals with the opportunity to obtain education and training for occupations in the health care field that pay well and are expected to either experience labor shortages or be in high demand.
- (2) REQUIREMENTS.—
- (A) AID AND SUPPORTIVE SERVICES.—
- (i) IN GENERAL.—A demonstration project conducted by an eligible entity awarded a grant under this section shall, if appropriate, provide eligible individuals participating in the project with financial aid, child care, case management, and other supportive services.
- (ii) TREATMENT.—Any aid, services, or incentives provided to an eligible beneficiary participating in a demonstration project under this section shall not be considered income, and shall not be taken into account for purposes of determining the individual's eligibility for, or amount of, benefits under any means-tested program.
- (B) CONSULTATION AND COORDINATION.—An eligible entity applying for a grant to carry out a demonstration project under this section shall demonstrate in the application that the entity has consulted with the State agency responsible for administering the State TANF program, the local workforce investment board in the area in which the project is to be conducted (unless the applicant is such board), the State workforce investment board established under section 111 of the Workforce Investment Act of 1998, and the State Apprenticeship Agency recognized under the Act of August 16, 1937 (commonly known as the 'National Apprenticeship Act') (or if no agency has been recognized in the State, the Office of Apprenticeship of the Department of Labor) and that the project will be carried out in coordination with such entities.
- (C) ASSURANCE OF OPPORTUNITIES FOR INDIAN POPULATIONS.— The Secretary shall award at least 3 grants under this subsection to an eligible entity that is an Indian tribe, tribal organization, or Tribal College or University.
- (3) REPORTS AND EVALUATION.—
- (A) ELIGIBLE ENTITIES.—An eligible entity awarded a grant to conduct a demonstration project under this subsection shall submit interim reports to the Secretary on the activities carried out under the project and a final report on such activities upon the conclusion of the entities' participation in the project. Such reports shall include assessments of the effectiveness of such activities with respect to improving outcomes for the eligible individuals participating in the project and with respect to addressing health professions workforce needs in the areas in which the project is conducted.
- (B) EVALUATION.—The Secretary shall, by grant, contract, or interagency agreement, evaluate the demonstration projects conducted under this subsection. Such evaluation shall include identification of successful activities for creating opportunities for developing and sustaining, particularly with respect to low-income individuals and other entry-level workers, a health professions workforce that has accessible entry points, that meets high standards for education, training, certification, and professional development, and that provides increased wages and affordable benefits, including health care coverage, that are responsive to the workforce's needs.
- (C) REPORT TO CONGRESS.—The Secretary shall submit interim reports and, based on the evaluation conducted under subparagraph (B), a final report to Congress on the demonstration projects conducted under this subsection.
- (4) DEFINITIONS.—In this subsection:
- (A) ELIGIBLE ENTITY.—The term 'eligible entity' means a State, an Indian tribe or tribal organization, an institution of higher education, a local workforce investment board established under section 117 of

⁹⁶ Added by P.L. 111-148, § 5507. Only § 2008(b) of the Social Security Act is delegated to HRSA/BHPr.

- the Workforce Investment Act of 1998, a sponsor of an apprenticeship program registered under the National Apprenticeship Act or a community-based organization.
- (B) **ELIGIBLE INDIVIDUAL.**—
- (i) **IN GENERAL.**—The term ‘eligible individual’ means a individual receiving assistance under the State TANF program.
 - (ii) **OTHER LOW-INCOME INDIVIDUALS.**—Such term may include other low-income individuals described by the eligible entity in its application for a grant under this section.
- (C) **INDIAN TRIBE; TRIBAL ORGANIZATION.**—The terms ‘Indian tribe’ and ‘tribal organization’ have the meaning given such terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).
- (D) **INSTITUTION OF HIGHER EDUCATION.**—The term ‘institution of higher education’ has the meaning given that term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).
- (E) **STATE.**—The term ‘State’ means each of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, and American Samoa.
- (F) **STATE TANF PROGRAM.**—The term ‘State TANF program’ means the temporary assistance for needy families program funded under part A of title IV.
- (G) **TRIBAL COLLEGE OR UNIVERSITY.**—The term ‘Tribal College or University’ has the meaning given that term in section 316(b) of the Higher Education Act of 1965 (20 U.S.C. 1059c(b)).
- (b) **DEMONSTRATION PROJECT TO DEVELOP TRAINING AND CERTIFICATION PROGRAMS FOR PERSONAL OR HOME CARE AIDES.**—
- (1) **AUTHORITY TO AWARD GRANTS.**—Not later than 18 months after the date of enactment of this section, the Secretary shall award grants to eligible entities that are States to conduct demonstration projects for purposes of developing core training competencies and certification programs for personal or home care aides. The Secretary shall—
 - (A) evaluate the efficacy of the core training competencies described in paragraph (3)(A) for newly hired personal or home care aides and the methods used by States to implement such core training competencies in accordance with the issues specified in paragraph (3)(B); and
 - (B) ensure that the number of hours of training provided by States under the demonstration project with respect to such core training competencies are not less than the number of hours of training required under any applicable State or Federal law or regulation.
 - (2) **DURATION.**—A demonstration project shall be conducted under this subsection for not less than 3 years.
 - (3) **CORE TRAINING COMPETENCIES FOR PERSONAL OR HOME CARE AIDES.**—
 - (A) **IN GENERAL.**—The core training competencies for personal or home care aides described in this subparagraph include competencies with respect to the following areas:
 - (i) The role of the personal or home care aide (including differences between a personal or home care aide employed by an agency and a personal or home care aide employed directly by the health care consumer or an independent provider).
 - (ii) Consumer rights, ethics, and confidentiality (including the role of proxy decision-makers in the case where a health care consumer has impaired decision- making capacity).
 - (iii) Communication, cultural and linguistic competence and sensitivity, problem solving, behavior management, and relationship skills.
 - (iv) Personal care skills.
 - (v) Health care support.
 - (vi) Nutritional support.
 - (vii) Infection control.
 - (viii) Safety and emergency training.
 - (ix) Training specific to an individual consumer’s needs (including older individuals, younger individuals with disabilities, individuals with developmental disabilities, individuals with dementia, and individuals with mental and behavioral health needs).
 - (x) Self-Care.
 - (B) **IMPLEMENTATION.**—The implementation issues specified in this subparagraph include the following:
 - (i) The length of the training.
 - (ii) The appropriate trainer to student ratio.
 - (iii) The amount of instruction time spent in the classroom as compared to on-site in the home or a facility.

- (iv) Trainer qualifications.
 - (v) Content for a ‘hands-on’ and written certification exam.
 - (vi) Continuing education requirements.
- (4) APPLICATION AND SELECTION CRITERIA.—
- (A) IN GENERAL.—
 - (i) NUMBER OF STATES.—The Secretary shall enter into agreements with not more than 6 States to conduct demonstration projects under this subsection.
 - (ii) REQUIREMENTS FOR STATES.—An agreement entered into under clause (i) shall require that a participating State—
 - (I) implement the core training competencies described in paragraph (3)(A); and
 - (II) develop written materials and protocols for such core training competencies, including the development of a certification test for personal or home care aides who have completed such training competencies.
 - (iii) CONSULTATION AND COLLABORATION WITH COMMUNITY AND VOCATIONAL COLLEGES.—The Secretary shall encourage participating States to consult with community and vocational colleges regarding the development of curricula to implement the project with respect to activities, as applicable, which may include consideration of such colleges as partners in such implementation.
 - (B) APPLICATION AND ELIGIBILITY.—A State seeking to participate in the project shall—
 - (i) submit an application to the Secretary containing such information and at such time as the Secretary may specify;
 - (ii) meet the selection criteria established under subparagraph (C); and
 - (iii) meet such additional criteria as the Secretary may specify.
 - (C) SELECTION CRITERIA.—In selecting States to participate in the program, the Secretary shall establish criteria to ensure (if applicable with respect to the activities involved)—
 - (i) geographic and demographic diversity;
 - (ii) that participating States offer medical assistance for personal care services under the State Medicaid plan;
 - (iii) that the existing training standards for personal or home care aides in each participating State—
 - (I) are different from such standards in the other participating States; and
 - (II) are different from the core training competencies described in paragraph (3)(A);
 - (iv) that participating States do not reduce the number of hours of training required under applicable State law or regulation after being selected to participate in the project; and
 - (v) that participating States recruit a minimum number of eligible health and long-term care providers to participate in the project.
 - (D) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to States in developing written materials and protocols for such core training competencies.
- (5) EVALUATION AND REPORT.—
- (A) EVALUATION.—The Secretary shall develop an experimental or control group testing protocol in consultation with an independent evaluation contractor selected by the Secretary. Such contractor shall evaluate—
 - (i) the impact of core training competencies described in paragraph (3)(A), including curricula developed to implement such core training competencies, for personal or home care aides within each participating State on job satisfaction, mastery of job skills, beneficiary and family caregiver satisfaction with services, and additional measures determined by the Secretary in consultation with the expert panel;
 - (ii) the impact of providing such core training competencies on the existing training infrastructure and resources of States; and
 - (iii) whether a minimum number of hours of initial training should be required for personal or home care aides and, if so, what minimum number of hours should be required.
 - (B) REPORTS.—
 - (i) REPORT ON INITIAL IMPLEMENTATION.—Not later than 2 years after the date of enactment of this section, the Secretary shall submit to Congress a report on the initial implementation of activities conducted under the demonstration project, including any available results of the evaluation conducted under subparagraph (A) with respect to such activities, together with such recommendations for legislation or administrative action as the Secretary determines appropriate.

- (ii) FINAL REPORT.—Not later than 1 year after the completion of the demonstration project, the Secretary shall submit to Congress a report containing the results of the evaluation conducted under subparagraph (A), together with such recommendations for legislation or administrative action as the Secretary determines appropriate.
- (6) DEFINITIONS.—In this subsection:
 - (A) ELIGIBLE HEALTH AND LONG-TERM CARE PROVIDER.— The term ‘eligible health and long-term care provider’ means a personal or home care agency (including personal or home care public authorities), a nursing home, a home health agency (as defined in section 1861(o)), or any other health care provider the Secretary determines appropriate which—
 - (i) is licensed or authorized to provide services in a participating State; and
 - (ii) receives payment for services under title XIX.
 - (B) PERSONAL CARE SERVICES.—The term ‘personal care services’ has the meaning given such term for purposes of title XIX.
 - (C) PERSONAL OR HOME CARE AIDE.—The term ‘personal or home care aide’ means an individual who helps individuals who are elderly, disabled, ill, or mentally disabled (including an individual with Alzheimer’s disease or other dementia) to live in their own home or a residential care facility (such as a nursing home, assisted living facility, or any other facility the Secretary determines appropriate) by providing routine personal care services and other appropriate services to the individual.
 - (D) STATE.—The term ‘State’ has the meaning given that term for purposes of title XIX.
- (c) FUNDING.—
 - (1) IN GENERAL.—Subject to paragraph (2), out of any funds in the Treasury not otherwise appropriated, there are appropriated to the Secretary to carry out subsections (a) and (b), \$85,000,000 for each of fiscal years 2010 through 2014.
 - (2) TRAINING AND CERTIFICATION PROGRAMS FOR PERSONAL AND HOME CARE AIDES.— With respect to the demonstration projects under subsection (b), the Secretary shall use \$5,000,000 of the amount appropriated under paragraph (1) for each of fiscal years 2010 through 2012 to carry out such projects. No funds appropriated under paragraph (1) shall be used to carry out demonstration projects under subsection (b) after fiscal year 2012.
- (d) NONAPPLICATION.—
 - (1) IN GENERAL.—Except as provided in paragraph (2), the preceding sections of this title shall not apply to grant awarded under this section.
 - (2) LIMITATIONS ON USE OF GRANTS.—Section 2005(a) (other than paragraph (6)) shall apply to a grant awarded under this section to the same extent and in the same manner as such section applies to payments to States under this title.

42 U.S.C. § 300u–11⁹⁷

PREVENTION AND PUBLIC HEALTH FUND

- (a) PURPOSE.—It is the purpose of this section to establish a Prevention and Public Health Fund (referred to in this section as the ‘Fund’), to be administered through the Department of Health and Human Services, Office of the Secretary, to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.
- (b) FUNDING.—There are hereby authorized to be appropriated, and appropriated, to the Fund, out of any monies in the Treasury not otherwise appropriated—
 - (1) for fiscal year 2010, \$500,000,000;
 - (2) for fiscal year 2011, \$750,000,000;
 - (3) for fiscal year 2012, \$1,000,000,000;
 - (4) for fiscal year 2013, \$1,250,000,000;
 - (5) for fiscal year 2014, \$1,500,000,000; and
 - (6) for fiscal year 2015, and each fiscal year thereafter, \$2,000,000,000.
- (c) USE OF FUND.—The Secretary shall transfer amounts in the Fund to accounts within the Department of Health and Human Services to increase funding, over the fiscal year 2008 level, for programs authorized by the Public Health Service Act, for prevention, wellness, and public health activities including prevention research,

⁹⁷ Added by P.L. 111-148, § 4002. Portions of these funds are used to support HRSA/BHP programs.

health screenings, and initiatives, such as the Community Transformation grant program, the Education and Outreach Campaign Regarding Preventive Benefits, and immunization programs.

- (d) **TRANSFER AUTHORITY.**—The Committee on Appropriations of the Senate and the Committee on Appropriations of the House of Representatives may provide for the transfer of funds in the Fund to eligible activities under this section, subject to subsection (c).

P.L. 111-148, § 5701:

REPORTS

- (a) **REPORTS BY SECRETARY OF HEALTH AND HUMAN SERVICES.**— On an annual basis, the Secretary of Health and Human Services shall submit to the appropriate Committees of Congress a report on the activities carried out under the amendments made by this title, and the effectiveness of such activities.
- (b) **REPORTS BY RECIPIENTS OF FUNDS.**—The Secretary of Health and Human Services may require, as a condition of receiving funds under the amendments made by this title, that the entity receiving such award submit to such Secretary such reports as the such Secretary may require on activities carried out with such award, and the effectiveness of such activities.