

**The Patient Protection and
Affordable Care Act:
*Workforce Development Provisions***

Spring 2011

Preface

On March 21, 2010, the United States Congress passed the Patient Protection and Affordable Care Act, as part of Congress' comprehensive health reform legislation. Shortly after, the Health Care and Education Reconciliation Act was passed, which makes numerous changes to the Affordable Care Act.

The following are summarized sections of the Affordable Care Act and the Reconciliation Act related to developing and improving the health care workforce. These summaries focus specifically on workforce and may not cover all portions of a given section.

The reader should note that the summary maintains the same structure of the actual legislation. All references to "the Secretary" refer to the Secretary of the Department of Health and Human Services unless otherwise stated.

As a result of the legislative process there are some inconsistencies in the text of the law. Further changes were made after the Affordable Care Act was signed into law by the Reconciliation Act. In order to clarify what modifications were made, please see the key below.

Key to Text

Italicized text indicates modifications were made in a later section of the Affordable Care Act.

Yellow italicized text indicates the section of the Affordable Care Act where changes were made.

Blue italicized text indicates changes made by the Health Care and Education Reconciliation Act.

NOTE: This is not a comprehensive summary of the health care reform law. For a comprehensive summary of the health care reform law, please see the [Section-by-Section Summary of the Affordable Care Act](#) and [Reconciliation Act](#).

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Section 3021. Establishment of Center for Medicare and Medicaid Innovation within CMS

The Secretary will establish a Center for Medicare and Medicaid Innovation (CMI) within CMS to test innovative payment and service delivery models to reduce program expenditures while improve the coordination, quality, and efficiency of health care services provided to Medicare and Medicaid beneficiaries. By January 1, 2011, the CMI will be operational.

The CMI will test payment and service delivery models as selected by the Secretary that *may include*:

- Promoting broad payment and practice reform in primary care;
- Contracting directly with groups of providers to promote innovative care delivery models;
- Promote care coordination between providers that transition away from fee-for-service based reimbursement toward salary-based payment;
- Supporting care coordination for chronically ill individuals use health information technologies;
- Establishing community-based health teams to support small-practice medical homes with chronic care management; and
- Allowing States to test and evaluate systems of all-payer payment reform.

A complete list of potential models can be found in 3021 (b)(2)(B)i-xviii of this Act.

When selecting models for testing the CMI will consider if the model:

- Includes a regular process for monitoring and updating patient care plans;
- Places the applicable individual at the center of the care team;
- Provides for in-person contact;
- Uses technology to coordinate care over time and across settings;
- Provides for maintenance of a close relationship between various providers;
- Relies on a team-based approach to interventions; and
- Enables sharing of information between providers, patients, and caregivers.

Budget models must be budget neutral. The model may remain in place if, upon evaluation, it improves the quality of care without increasing spending; reduces spending without reducing the quality of care; or improves the quality of care while reducing spending. These evaluations will be made available to the public. *The Secretary may expand the duration and scope of a model.* The Center may test models in CHIP.

There are appropriated \$5 million for design, implementation and evaluation in fiscal year 2010. For fiscal years 2011 through 2019, \$10 billion are appropriated and at least \$25 million must be made available each year. Beginning in 2012, the Secretary will report on activities under this section to Congress annually.

(This section is modified in section 10306)

Section 3501. Health Care Delivery System Research; Quality Improvement Technical Assistance

The Center for Quality Improvement and Patient Safety of AHRQ will support through contracts or grants health care delivery system improvement and the development of tools to ease adoption of best practices. Supported research will:

- Address priorities identified in the national strategic plan;
- Identify areas lacking evidence;
- Address concerns of health care institutions and providers;
- Reduce preventable morbidity and mortality by building capacity for patient safety research;
- Support the discovery of processes for reliable, safe, and efficient delivery of health care;
- Communicate research findings and translate evidence into practice recommendations;
- Expand demonstration projects for improving the quality of children’s health care and the use of health information technology;
- Identify and mitigate hazards;
- Include systemic reviews of existing practices; and
- Include methods for measuring and evaluating progress.

The research findings of the Center will be available to the public in multiple media and formats to meet the needs of health care providers and consumers. A total of \$20 million is appropriated to carry out these activities for fiscal years 2010 through 2014.

The Center will award technical assistance and implementation grants or contracts for eligible entities to assist health care institutions and providers to adapt and implement models and practices identified in research by the Center. Eligible entities will have demonstrated expertise in providing information and technical support to health care providers regarding quality improvement and have non-Federal matching funds for any grant or contract under this section.

Section 3502. Establishing Community Health Team to Support the Patient-Centered Medical Home

A program will be established by the Secretary to provide grants or contracts with eligible entities to establish community-based, interdisciplinary teams to support primary care practices, with particular focus on patient-centered medical homes. Eligible entities must be a State or Indian tribe or tribal organization that submits an application with a plan for achieving long-term financial sustainability and incorporates prevention, patient education, and care management in health care delivery. Entities receiving a grant under this section must submit a report evaluating their activities.

Section 3504. Design and Implementation of Regionalized Systems for Emergency Care

The Assistant Secretary for Preparedness and Response is authorized to award at least 4 contracts or grants to eligible entities for pilot projects that design, implement, and evaluate models of regionalized, comprehensive, and accountable emergency care and trauma systems. An eligible entity is a state, partnership of states, Indian tribe, or partnership of Indian tribes.

Pilot projects must:

- Coordinate with public health and safety services, emergency medical services, medical facilities, trauma centers, and other entities;
- Include a mechanism to ensure a patient is taken to the medically appropriate facility in a timely manner;
- Allow for tracking and coordination of prehospital and hospital resources;

- Includes a consistent region-wide prehospital, hospital, and interfacility data management system.

States must provide \$1 of non-Federal funds to match every \$3 of Federal funds.

The Secretary will support research on emergency medicine, including models of service delivery, translation of research into improved practice, and pediatric emergency medicine.

Section 3505. Trauma Care Centers and Service Availability

Grants will be awarded to qualified public, nonprofit Indian Health Service, Indian tribal, and urban Indian trauma centers. The amount of grants for substantial uncompensated care costs will depend on the percentage of visits that are Medicaid, charity care or self-pay patients.

Preference will be given to trauma centers in areas where access to emergency services has significantly decreased. A grant may not exceed \$2 million per fiscal year. The Secretary will report to Congress biennially on these grants.

The Secretary will provide funding to States in order for them to award grants to eligible entities which carry out 1 or more of the following:

- Provide trauma centers funding in shortage areas;
- Provide for individual safety net trauma center fiscal stability;
- Reduce trauma center overcrowding;
- Establish new trauma centers in underserved areas;
- Enhance collaboration between trauma centers, other hospitals, and emergency medical services;
- Make capital improvements to enhance access and expedite trauma care;
- Enhance trauma surge capacities;
- Ensure expedient receipt of trauma care patients to the appropriate trauma center; and
- Enhance interstate trauma center collaboration.

Funds must not be used to supplant State funding. There are \$100 million authorized for each of fiscal years 2010 through 2015.

Section 3506. Program to Facilitate Shared Decision Making

A program will be established to award grants or contracts that develop, test, and disseminate education tools that help patients and caregivers understand and communicate their preferences and values regarding treatment options.

Grants will be provided for the development of Shared Decisionmaking Resource Centers to provide technical assistance and disseminate best practices. Grants will also be provided to health care providers for the development and implementation of shared decisionmaking techniques. There are authorized such sums as may be necessary for fiscal year 2010 and subsequent years.

Section 3508. Demonstration Program to Integrate Quality Improvement and Patient Safety Training into Clinical Education of Health Professionals

Grants will be issued to carry out demonstration projects that develop and implement academic curricula that integrate quality improvement and patient safety in the education of health professionals. The grantee must provide \$1 of non-Federal funds for every \$5 of Federal funds.

Section 5001. Purpose

The purpose of this title is to improve access to and delivery of health care services for all individuals by gathering and assessing comprehensive data, increasing the supply of a qualified health care work force, enhancing health care workforce education and training, and providing support to the existing health care workforce.

Section 5002. Definitions

Allied Health Professional: is an individual who has graduated and received an allied health professions degree or certificate from an institution of higher education and is employed by a public health agency or in a setting where patients might require health care services.

Health Care Career Pathway: is a set of courses and services that is aligned with the needs to healthcare industries in the region or State, prepares a student for entry into the full range of postsecondary options, provides academic and career counseling, meets State academic standards, and leads to 2 or more credentials.

Registered Apprenticeship Program: is an industry skills training program at the postsecondary level that combines technical and theoretical training through structured on the job learning with related instruction.

Physician Assistant Education Program: is an educational program that qualifies individuals to provide primary care medical services with the supervision of a physician.

Area Health Education Center: is a public or nonprofit organization that identifies and implements strategies and activities to address health care workforce needs in its service area.

Frontier Health Professional Shortage Area: is an area with a population density less than 6 persons per square mile within the service area and with respect to the distance or time traveled for the population to access care is excessive.

Section 5101. National Health Care Workforce Commission

A 15 member National Health Care Workforce Commission will be established to:

- Serve as a resource for Congress, the President, and States;
- Communicate and coordinate various Federal Departments on related activities;
- Evaluate education and training activities to see if demand for health care workers is being met;
- Identify and recommend ways to address barriers to coordination at the Federal, State or local levels; and

- Encourage innovations to address population needs, changes in technology, and other environmental factors.

Members of the Commission will serve 3 year terms, have expertise in health care workforce issues, represent a range of perspectives, and be appointed by the Comptroller General. Specific duties include: disseminating information on promising retention practices and communicating information on policies and practices that affect recruitment, education, training, and retention of the health care workforce.

The Commission will submit an annual report to Congress and the Administration on the current and projected workforce supply and demand with recommendations concerning national health care workforce priorities, goals, and policies. The Commission will also annually submit a report with a review of, and recommendations on, at least one high priority area.

Specific topics to be reviewed include: current health care workforce supply and distribution, health care workforce education and training capacity, education loan and grant programs, implications of new and existing Federal policies that impact the health care workforce, and the health care workforce needs of special populations. The Commission will review, assess, and report to Congress on the State Health Care Workforce Development Grant program established under section 5102.

Section 5102. State Health Care Workforce Development Grants

A competitive health care workforce development grant program will be established to enable State partnerships to plan and carry out comprehensive health care workforce development strategies at the State and local levels. The program will be administered by HRSA and carried out in consultation with the National Health Care Workforce Commission.

Planning grants up to \$150,000 for 1 year will be awarded to:

- Analyze State labor market information;
- Identify current and projected high demand health care sectors;
- Describe academic and health care industry standards for education and various credentials;
- Describe State education and training policies, models, or practices for the health care sector;
- Identify Federal or State policies or rules for developing a comprehensive health care workforce development strategy, barriers, and a plan to overcome barriers; and
- Participate in evaluation and reporting activities.

Each grantee must provide an amount to match at least 15 percent of the grant.

Implementation grants will be awarded for a 2 year period to state partnerships that received planning grants. Each State partnership receiving a grant must match an amount equal to 25 percent of the grant amount. Grantees must use at least 60 percent of funds for competitive grants to encourage regional partnerships to address workforce development needs.

There are appropriated \$8 million for planning grants in 2010, \$150 million for implementation grants in 2010, and such sums as may be necessary for subsequent fiscal years.

Section 5103. Health Care Workforce Assessment

This section amends the Public Health Service Act to establish the National Center for Health Workforce Analysis to carry out activities previously done solely through grants and contracts. The National Center will work in coordination with the National Health Care Workforce Commission to:

- Analyze the health care workforce and workforce related issues;
- Collect, compile, and analyze data on health professions personnel;
- Annually evaluate workforce programs under this title;
- Develop and publish performance measures and benchmarks for programs under this title; and
- Establish, maintain, and publicize a national Internet registry of grants awarded under this title and a database to collect data from longitudinal evaluations on performance measures.

Grants or contracts will be awarded to eligible entities to collect, analyze, and report data to the National Center and to provide technical assistance to local and regional entities. Increased grant amounts will be available to conduct longitudinal evaluations of individuals who have received education, training, or financial assistance from a program under this title. There are appropriated for each fiscal year 2010 through 2014 \$7.5 million for the National Center, \$4.5 million for state and regional grants, and such sums as necessary for longitudinal evaluation grants.

Section 5201. Federally Supported Student Loan Funds

This section amends the Public Health Service Act so if a student is noncompliant the interest rate on loans under this section will be 2 percent higher than if the student was compliant. The Secretary will not require parental financial information for an independent student to determine financial need under section 723 of the Public Health Service Act.

Section 5202. Nursing Student Loan Program

Loan amounts designated in section 836 of the Public Health Service Act will be increased and then adjusted based on future increases in the cost of attending nursing school.

Section 5203. Health Care Workforce Loan Repayment Programs

The Public Health Service act is amended to establish a pediatric specialty loan repayment program for individuals who commit to providing pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health care for a specific period of time. There are appropriated \$30 million for pediatric medical and surgical specialists for each fiscal year 2010 through 2014 and \$20 million for child and adolescent mental and behavioral health professionals for each fiscal year 2010 through 2013.

Section 5204. Public Health Workforce Recruitment and Retention Programs

The Public Health Service act is amended to establish the Public Health Workforce Loan repayment program to repay education loans for public health professionals who commit to work in a Federal, State, local, or tribal public health agency for at least 3 years. There are appropriated \$195 million for fiscal year 2010 and such sums as may be necessary for 2011 through 2015.

Section 5205. Allied Health Workforce Recruitment and Retention Programs

An Allied Health Loan Forgiveness Program will be established to repay loans for allied health professionals working in public health agencies, acute care facilities, ambulatory care facilities, personal residences, and other settings with health professional shortages or in medically underserved areas.

Section 5206. Grants for State and Local Programs

Scholarships will be awarded to mid-career professionals in the public health and allied health professionals to enroll in a degree or professional training program to get additional training in their field. There are appropriated \$60 million for 2010 and such sums as necessary for fiscal years 2011 through 2015, with funding split evenly between public health and allied health mid-career professionals.

Section 5207. Funding for National Health Service Corps

Appropriations for the National Health Service Corps are authorized for fiscal years 2010 through 2015 as follows:

- \$320 million for fiscal year 2010;
- \$414 million for fiscal year 2011;
- \$535 million for fiscal year 2012;
- \$691 million for fiscal year 2013;
- \$893 million for fiscal year 2014; and
- \$1.5 trillion for fiscal year 2015.

For 2016 and subsequent years, funding will be adjusted based on the costs of health professional education and the number of individuals residing in health professions shortage areas.

Section 5208. Nurse-Management Health Clinics

The Secretary will award grants to operate nurse-managed health clinics that provide primary care or wellness services to underserved or vulnerable populations. There are appropriated \$50 million for fiscal year 2010 and such sums as may be necessary for fiscal years 2011 through 2014 to carry out this section.

Section 5209. Elimination of Cap on Commissioned Corps

The cap on the number of commissioned Corps members is eliminated.

Section 5210. Establishing a Ready Reserve Corps

This section amends the Public Health Service Act regarding the Ready Reserve Corps established for service in time of national emergency. Ready Reserve Corps members may be called to active duty to respond to national emergencies and public health crises and to fill critical public health positions left vacant by members of the Regular Corps who have been called to duty elsewhere. There are appropriated for each fiscal year 2010 through 2014 \$5 million for recruitment and training and \$12.5 million for the Ready Reserve Corps.

Section 5301. Training in Family Medicine, General Internal Medicine, General Pediatrics, and Physician Assistantship

The Secretary may make 5 years grants to or contracts with an eligible entity to:

- Develop and operate an accredited professional training programs in family medicine, general internal medicine or general pediatrics;
- Provide need-based financial assistance for participants of such programs;
- Develop and operate a program for the training of physicians who plan to teach in family medicine, general internal medicine or general pediatrics;
- Develop and operate a program for training physicians teaching in community-based settings;
- Provide need-based financial assistance to physicians planning to teach in family medicine, general internal medicine or general pediatrics; and
- Develop and operate a physician assistant education program.

The Secretary may make 5 years grants to or contracts with schools of medicine or osteopathic medicine to establish, maintain, or improve:

- Academic units or programs that improve clinical teaching in family medicine, general internal medicine, or general pediatrics; or
- Programs that integrate academic administrative units to enhance interdisciplinary recruitment, training, and faculty development.

There are appropriated \$125 million for 2010 and such sums as may be necessary for fiscal years 2011 through 2014, with 15 percent of funds in each fiscal year allocated to physician assistant training programs. An additional \$750,000 for each of fiscal years 2010 through 2014 is appropriated for integrating academic units.

Section 5302. Training Opportunities for Direct Care Workers

This section amends the Public Health Service Act to award grants to eligible entities that provide new training opportunities for direct care workers employed in long-term care settings. Funds will be used to provide financial assistance to individuals at an eligible entity who agree to work in the field of geriatrics, disability services, long-term services and supports, or chronic care management for a minimum of 2 years. There is allocated \$10 million for the period 2011 through 2013.

Section 5303. Training in General, Pediatric, and Public Health Dentistry

This section amends the Public Health Service Act to award 5-year grants to or contracts with a school of dentistry, hospital or nonprofit to:

- Plan, develop, and operate a training program in general, pediatric or public health dentistry with financial assistance to students;
- Plan, develop, and operate a training program for oral health providers who plan to teach in general, pediatric or public health dentistry with financial assistance to participants;
- Establish, maintain, or improve dental faculty development programs in primary care;
- Establish, maintain, or improve predoctoral and postdoctoral training in primary care programs;
- Create a loan repayment program for faculty in dental programs; and

- Provide technical assistance to pediatric training programs.

Priority will be given to applicants: proposing collaborative projects, with a record of training the greatest percentage of providers, with a record of training individuals from rural or disadvantaged areas, and have a high rate for placing graduates in practice settings that serve underserved areas or populations. There are appropriated \$30 million for fiscal year 2010, and such sums as may be necessary for 2011 through 2015.

Section 5304. Alternative Dental Health Care Providers Demonstration Project

The Secretary will award grants to 15 eligible entities to establish a demonstration program to increase access to dental health care services in rural and underserved communities through training programs for alternative dental health care providers. There is appropriated such sums as may be necessary to carry out this section.

Section 5305. Geriatric Education and Training; Career Awards; Comprehensive Geriatric Education

The Secretary will make grants or contracts to entities that operate a geriatric education center for:

- A fellowship program in geriatrics, chronic care management, and long-term care for faculty members in medical and health professional schools;
- Family caregiver and direct care provider training; and
- Incorporating materials on common mental disorders among older adults, medication safety issues, and communication techniques for working with individuals with dementia in appropriate training courses.

Grants will be awarded to no more than 24 geriatric education centers and will not exceed \$150,000. A total of \$10.8 million will be allocated for the period 2011-2014.

The Secretary will award grants or contracts to eligible individuals to foster greater interest among a variety of health care professionals to enter the field of geriatrics, long-term care, or chronic care management. An individual receiving an award under this section will agree to teach or practice in one of these fields for at least 5 years. A total of \$10 million will be allocated for the period 2011-2013.

This Section amends the Public Health Service act to expand the Geriatric Academic Career Awards to additional health professions faculty, and establishes traineeships for individuals preparing for advanced education nursing degrees in geriatric nursing.

Section 5306. Mental and Behavioral Health Education and Training Grants

Grants may be made to eligible higher education institutions for the recruiting and education of students in social work, graduate psychology, training in child and adolescent mental health, and preservice or in-service training of paraprofessional child and adolescent mental health workers. For fiscal years 2010 through 2013 there is appropriated \$8 million for social work training, \$12 million for graduate psychology training, and \$10 million for professional and \$5 million for paraprofessional child and adolescent mental health training.

Section 5307. Cultural Competency, Prevention, and Public Health and Individuals with Disabilities Training

This section reauthorizes and expands programs for the development, evaluation, and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, and 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. The Secretary will collaborate with relevant stakeholders in carrying this out. There are appropriated such sums as may be necessary for fiscal years 2010 through 2015.

Section 5308. Advanced Nursing Education Grants

Nurse midwifery programs must be accredited in order to be eligible for grants under section 811 of the Public Health Service Act.

Section 5309. Nurse Education, Practice and Retention Grants

This section amends the Public Health Service Act to authorize funding of nursing education grants through 2014. Nurse retention grants may be awarded to eligible entities for initiating and maintaining nurse retention programs, with funding for these grants authorized in such sums as may be necessary for 2010 through 2012.

Section 5310. Loan Repayment and Scholarship Program

Faculty at nursing schools will be eligible for loan repayment and scholarship programs.

Section 5311. Nurse and Faculty Loan Program

This section amends the Public Health Service Act to authorize funding of loans for the purpose of increasing nursing school faculty through 2014. A loan repayment program is also established where individuals agree to teach at an accredited program for at least 4 years. There are appropriated such sums as may be necessary for fiscal years 2010 through 2014.

Section 5312. Authorization of Appropriations for Parts B through D of Title VIII

This Act makes available \$388 million for nurse workforce development for fiscal year 2010 and such sums as may be necessary for 2011 through 2016.

Section 5313. Grants to Promote the Community Health Workforce

The CDC will award grants to promote positive health behaviors and outcomes through the use of community health workers. Funds will be used for community health workers to educate, guide, and provide outreach, referrals, and home visitation services to populations in medically underserved areas. Entities receiving this funding will be encouraged to collaborate with academic institutions and use evidence-based interventions. There are appropriated such sums as may be necessary for fiscal years 2010 through 2014.

A community health worker is an individual who, within the community in which the individual resides, provides guidance, enhances residents' ability to communicate with health care providers,

provides culturally and linguistically appropriate health or nutrition information, and provides referrals.

Section 5314. Fellowships Training in Public Health

The Secretary may address workforce shortages in State and local health departments in the areas of applied public health epidemiology and laboratory science and informatics, specifically by expanding fellowship programs in the CDC and similar training programs. There are allocated \$39.5 million for each of fiscal years 2010 through 2013.

Section 5315. United States Public Health Sciences Track

U.S. Public Health Sciences Track will be established to grant advanced graduate degrees that emphasize team-based service, public health, epidemiology, and emergency preparedness and response to students in medicine, dentistry, nursing, public health, behavioral and mental health, pharmacist, physician assistant or nurse practitioner programs at affiliated institutions. The Surgeon General will administer the Track, which will include programs for continuing medical education. Participants will receive tuition remission and stipends and commit to serve in the Commissioned Corps of the Public Health Service after completion of the Track.

Section 5401. Centers of Excellence

The Centers of Excellence program, which supports programs in health professions education for minorities interested in health careers, is reauthorized and allocations formulas are revised. There is appropriated \$50 million for each of fiscal years 2010 through 2015, with such sums as may be necessary for each subsequent year.

Section 5402. Health Care Professionals Training for Diversity

This section amends the Public Health Service Act to reauthorize and expand loan repayments for individuals who serve as faculty at eligible health professions institutions, scholarships for disadvantaged students, and educational assistance to identify, recruit, and retain disadvantaged students for health professions education. There is appropriated \$51 million for 2010 and such sums as be necessary for 2011 through 2014 for the scholarship program, \$5 million for each fiscal year 2010 through 2014 for the loan repayment program, and \$60 million for 2010 and such sums as be necessary for 2011 through 2014 for educational assistance.

Section 5403. Interdisciplinary, Community-Based Linkages

The Secretary may make awards for eligible entities to initiate or continue health care workforce educational programs and make awards for eligible entities to maintain and improve the effectiveness and capabilities of an existing area health education center program. Funds will be used to:

- Develop and implement strategies to recruit underrepresented minorities into health professions;
- Develop and implement strategies to provide community-based training and education;
- Prepare individuals to more effectively provide health services to underserved areas;
- Conduct and participate in interdisciplinary training;
- Deliver and facilitate continuing education to health care professionals; and

- Establish a youth public health program to expose and recruit students into health careers.

An eligible entity must be able to match an amount equal to 50 percent of grant funds with non-Federal contributions, with at least 25 percent in cash. There is authorized \$125 million for each of fiscal years 2010 through 2014. It is the sense of the Congress that each State should have an area health education center program under this section.

The Secretary may make grants or enter into contracts with eligible entities to improve health care, increase retention, increase representation of minority faculty members, and enhance the practice environment through the timely dissemination of research findings. There is appropriated \$5 million for each of fiscal years 2010 through 2014, and such sums as may be necessary for each subsequent year.

Section 5404. Workforce Diversity Grants

Nursing workforce diversity grants will be expanded and will include stipends for bridge or degree completion program, student scholarships or stipends for accelerated nursing degree programs, pre-entry preparation, advanced education preparation, and retention activities.

Section 5405. Primary Care Extension Program

AHRQ will establish a Primary Care Extension Program to educate and provide technical assistance to primary care providers about:

- Preventive medicine;
- Health promotion;
- Chronic disease management;
- Mental and behavioral health services; and
- Evidence based therapies and techniques.

The Secretary will award competitive program or planning grants for the establishment of State- or multistate-level Primary Care Extension Program State Hubs. The Hubs will include the State health department, entities responsible for administering the Medicaid and Medicare programs in the State, and the departments of one or more health professions schools in the State that train providers in primary care.

Hubs will assist primary care providers to implement patient-centered medical home, support learning communities to disseminate research findings for evidence based practice, and develop a plan for financial sustainability to facilitate the reduction in Federal funds expected after the initial 6 year program. There is authorized \$120 million for each of fiscal years 2011 and 2012, and such sums as may be necessary for 2013 and 2014.

Section 5501. Expanding Access to Primary Care Services and General Surgery Services

Beginning January 1, 2011, primary care service practitioners will receive a 10 percent Medicare bonus payment for 5 years. General surgeons in underserved health care areas will also receive this bonus.

(This section is modified in section 10501)

Section 5503. Distribution of Additional Residency Positions

Beginning, July, 1, 2011, the Secretary may redistribute unfilled residency positions to qualifying hospitals, with preference given to hospitals with a low resident-to-population ration or in rural and health professional shortage areas.

Section 5504. Counting Resident Time in Nonprovider Settings

This section modifies rules about when hospitals can receive direct graduate medical education and indirect medical education funding for residents. All time spent in patient care activities in nonprovider settings may be counted if the hospital incurs the costs of stipends and fringe benefits. Effective July 1, 2010.

Section 5505. Rules for Counting Resident Time for Didactic and Scholarly Activities and Other Activities

Time spent by an intern or resident in an approved medical residency training program in non-patient care activities like didactic conferences and seminars may be counted toward the determination of full-time equivalency for direct graduate medical education and indirect medical education funding.

Section 5506. Preservation of Resident Cap Positions from Closed Hospitals

The Secretary will create a process for redistributing residency positions when a hospital with an approved medical residency program closes, with priority for an increase in the applicable resident limit given to hospitals located in the same core-based statistical areas.

Section 5507. Demonstration Projects to Address Health Professions Workforce Needs; Extension of Family-to-Family Health Information Centers

The Secretary will award grants for demonstration projects designed to provide low-income individuals with the opportunity to obtain education and training for health care jobs that are expected to have labor shortages or be in high demand. Demonstration projects will provide financial support, child care aid, case management and other supportive services as appropriate. Demonstration projects will also consult and coordinate with the State Temporary Assistance for Needy Families (TANF) program and local and State workforce investment boards.

Within 18 months of enactment of this section, the Secretary will award grants to 6 States for demonstration projects that develop core training competencies and certification programs for personal or home care aides. Technical assistance will be provided to grant recipients and their training competencies will be evaluated.

A total of \$85 million is appropriated for each of fiscal years 2010 through 2014 to carry out these demonstration projects, with \$5 million of this amount allocated for each fiscal year 2010 through 2012 for personal or home care aide training and certification. Funding is extended for family-to-family health information centers through fiscal year 2012.

Section 5508. Increasing Teaching Capacity

The Secretary may award grants to teaching health centers to establish new accredited or expanded primary care residency programs. Such grants will have a term of no more than 3 years and be no more than \$500,000. Eligible entities include Federally Qualified Health Centers, community mental health centers, and health centers operated by the Indian Health Service, an Indian tribe or tribal organization. There are appropriated \$25 million for 2010, \$50 million for 2011, \$50 million for 2012, and such sums as may be necessary for subsequent years.

The Public Health Service Act is amended to allow an individual in a National Health Corps scholarship or loan repayment program up to count up to 50 percent of time spent teaching as part of his or her service obligation.

The Secretary will make payments for direct and indirect expenses to qualified teaching health centers for expansion of existing or establishment of new graduate medical residency training programs. There are appropriated such sums as may be necessary to carry out this section, not to exceed \$230 million for the period 2011 through 2015. Qualified teaching health centers will submit an annual report and may be audited.

(This section is modified in [section 10501](#))

Section 5509. Graduate Nurse Education Demonstration

The Secretary will establish a graduate nurse education demonstration program under Medicare for up to 5 hospitals to provide clinical training to advance practice nurses. There is appropriated \$50 million for each of fiscal years 2012 through 2015 to carry out this section.

Section 5603. Reauthorization of the Wakefield Emergency Medical Services for Children Program

This section reauthorizes a program to award grants to States and medical schools for the improvement and expansion of emergency medical services for children needing trauma or critical care treatment, and appropriates \$25 million for 2010, \$26 million for 2011, \$27.5 million for 2012, \$28.9 million for 2013, and \$30.4 million for 2014.

Section 5604. Co-Locating Primary and Specialty Care in Community-Based Mental Health Settings

The Secretary will award grants and cooperative agreements to establish demonstration projects that provide coordinated and integrated services by co-locating primary and specialty care services in community-based mental and behavioral health settings. There are authorized \$50 million for fiscal year 2010 and such sums as may be necessary for 2011 through 2014.

Section 5605. Key National Indicators

A Commission on Key National Indicators will be established to conduct comprehensive oversight of a newly established key national indicators system, make recommendations on how to improve the system, and enter into contracts with the National Academy of Sciences. The Academy will enable the establishment of a Key National Indicators Institute by creating its own capacity or partnering with an appropriate nonprofit entity. The Comptroller General will conduct

a study on best practices for a key national indicator system. There is appropriated \$10 million for 2010 and \$7.5 million for each of fiscal years 2011 through 2018 to carry out this section.

Section 6114. National Demonstration Projects on Culture Changes and Use of information Technology in Nursing Homes

The Secretary will conduct two 3-year demonstration projects, 1 for the development of best practices of nursing facilities that are involved in the culture change movement, and 1 for the development of best practices in nursing facilities for the use of information technology to improve care. Under each, the Secretary will award competitive, lump-sum grants to facility-based settings for the development of best practices. There are authorized such funds as may be necessary to carry out this section.

Section 6703. Elder Justice

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The Secretary will coordinate with the Secretary of Labor to make grants to recruit and train long-term care staff. The Secretary will make grants to eligible entities to provide training and technical assistance on management practices to promote staff retention. The Secretary may make grants to long-term care facilities to offset the cost of implementing EHR technology. There are allocated \$20 million for 2011, \$17.5 million for 2012, and \$15 million for each of fiscal years 2013 and 2014.

Section 10410. Centers of Excellence for Depression

This section may be cited as the "Establishing a Network of Health-Advancing National Centers of Excellence for Depression Act of 2009" or the "ENHANCED Act of 2009" and amends the Public Health Service Act.

The Secretary will award competitive 5-year grants to establish National Centers of Excellence for Depression. Each Center will collaborate to improve treatment standards, clinical guidelines, diagnostic protocols, and care coordination practice. Within one year of enactment of this Act, there will be no more than 20 Centers established, and by 2016 no more than 30.

Eligible entities must be an institution of higher education or public or private nonprofit research institution and submit an application with evidence that the entity:

- Provides comprehensive health services with a focus on mental health services or can coordinate with other entities to provide such services;
- Collaborates with other mental health providers as needed to address co-occurring mental illnesses; and
- Is capable of training health professionals about mental health.

Priority will be given to entities that have a demonstrated capacity to serve a targeted population, existing infrastructure to provide services, a location in an underserved population, proposed innovative approaches, use up-to-date science, and demonstrate capacity to have cooperative agreements with community mental health centers and other community entities to provide mental health, social and human services.

One recipient of a grant will be a coordinating center of excellence for depression. The coordinating center will:

- Develop, administer, and coordinate the network of Centers;
- Oversee and coordinate a national database to improve prevention programs, evidence-based interventions, and disease management for depressive disorders using data collected from the Centers;
- Lead a strategy to disseminate findings and activities of Centers through the database; and
- Serve as a liaison with the Substance Abuse and Mental Health Services Administration and any interagency forum on mental health.

Each Center will collaborate with other Centers in the network to: improve treatment standards, foster communication with other providers, leverage available community resources, and use electronic health records and telehealth technology. Each center will also carry out the following activities:

- Integrate research and practice in the development, implementation and dissemination of interventions;
- Involve a broad range of stakeholders;
- Provide training and technical assistance to mental health professionals; and
- Educate policy makers and the public about depressive disorders.

The Secretary will issue a report card to rate the performance of each Center, within 3 years after such Center is established and annually thereafter. The Secretary will report to Congress on the performance of the network as a whole. By September 20, 2015, the Secretary will make recommendations to the Centers on improvements and recommendations to Congress for expanding the Centers to serve individuals with other types of mental disorders.

An entity must agree to match \$1 in non-Federal funds for every \$5 of Federal grant dollars. There is authorized \$100 million for each fiscal year 2011 through 2015, and \$150 million for each year 2016 through 2020. For a fiscal year, each Center can receive no more than \$5 million, and the coordinating center may receive no more than \$10 million.

Section 10501. Amendments to the Public Health Service Act, the Social Security Act, and Title V of this Act

The following section will be added to Subtitle D of Title V of this Act.

Section 5315. Demonstration Grants for Family Nurse Practitioner Training Programs

The Secretary will establish a training demonstration program for family nurse practitioners with 3-year grants to eligible entities to employ and provide 1-year training for nurse practitioner program graduates for careers as primary care providers in Federally Qualified Health Centers (FQHCs) and nurse-managed health clinics (NMHCs).

An eligible entity is an FQHC or NMHC that submits an application. Priority will be given to FQHCs or NMHCs that: have sufficient infrastructure and capacity, will provide specialty rotations, provide sessions on high-volume and high-risk problems, and collaborate with other safety net providers. Eligible nurse practitioners will be licensed or eligible for licensure and demonstrate commitment to a career as a primary care provider in a FQHC or NMHC.

Each grant will not exceed \$600,000 per year. The Secretary may award technical assistance grants to 1 or more FQHCs or NMHCs that have demonstrated expertise in establishing a nurse practitioner residency program to provide assistance to other grant recipients. There are authorized such sums as may be necessary to carry out this section for fiscal years 2011 through 2014.

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The following 3 paragraphs amend Part C of Title VII of the Public Health Service Act.

HRSA will establish a grant program for assisting eligible entities in recruiting students most likely to practice medicine in underserved rural communities, providing rural-focused training and experience. An eligible entity will be an accredited school of allopathic or osteopathic medicine. Priority will be given to entities that:

- Demonstrate a record of successfully training students who practice in underserved rural communities;
- Produce a high percentage of graduates who practice in these underserved areas;
- Demonstrate rural community institutional partnerships; and
- Have a plan for the long-term tracking of where graduates of such entity practice medicine.

Grant funds will be used to establish, improve, or expand a rural-focused training program. Such programs will have at least 10 students enrolled per year; require didactic coursework and clinical experience applicable to medical practice in underserved rural communities; and assist students with accessing residency training programs that train physicians to practice in underserved rural communities.

Within 60 days of enactment of this section, the Secretary will define “underserved rural community.” Grant funds will supplement and not supplant any Federal, State, and local funds. There are authorized \$4 million for each of fiscal years 2010 through 2013.

The following paragraph amends section 768 of the Public Health Service Act.

HRSA will award grants or contracts to eligible entities to provide training to graduate medical residents in preventive medicine specialties. Eligible entities will include accredited schools of public health, medicine, or osteopathic medicine; accredited nonprofit hospital; State, local or tribal health departments; and consortiums of 2 or more of these entities. Grant funds will be used to:

- Plan, develop, operate or participate in an accredited residency or internship program in preventive medicine or public health;
- Defray the cost of practicum experiences; and
- Establish, maintain or improve academic administrative units in preventive medicine and public health or programs that improve clinical teaching in preventive medicine and public health.

The following paragraph amends section 770 of the Public Health Service Act.

There are authorized \$43 million for fiscal year 2011 and such sums as may be necessary each of fiscal years 2012 through 2015 to carry out Subpart 2- Public Health Workforce.

The following 2 paragraphs amend section 331 of the Public Health Service Act.

The Secretary may issue waivers to individuals (National Health Service Corps members) who have entered into contracts under the Scholarship Program or Loan Repayment Program under which the individuals are allowed to satisfy the obligated service requirement by providing half-time clinical practice. Some of the conditions for receiving a waiver include:

- The entity has requested a half-time health professional;
- The entity and Corps member agree in writing that the Corps member will perform half-time clinical practice; and
- The Corps member agrees in writing to fulfill all of the service obligations through half-time clinical practice that is double in length or for 2 years with a reduced award amount.

Full-time means a minimum of 40 hours a week in a clinical practice, for a minimum of 45 weeks per year. Half-time means a minimum of 20 hours per week (not to exceed 39 hours) in a clinical practice, for a minimum of 45 weeks per year.

The following paragraph amends section 338B of the Public Health Service Act.

For each year of obligated service under the Loan Repayment Program, the Secretary may pay up to \$50,000 (increased from \$35,000), and beginning in 2012 an additional amount to reflect inflation.

The following paragraph amends [section 5508](#) of this Act.

Up to 20 percent of time spent teaching by a National Health Service Corps member may count toward full-time clinical practice of obligated service. Notwithstanding this, a Corps member participating in the teaching health centers graduate medical education program may count up 50 percent of time spent teaching toward obligated services.

Section 10908. Exclusion for Assistance Provided to Participants in State Student Loan Repayment Programs for Certain Health Professionals

The following paragraph amends section 108 of the Internal Revenue Code.

Gross income for an individual will not include any amount received under any State loan repayment or loan forgiveness program that is intended to increase the availability of health care services in underserved or health professional shortage areas.