

110TH CONGRESS
2D SESSION

H. R. 7065

To amend the Public Health Service Act to address health workforce shortages.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 25, 2008

Mr. PASCARELL (for himself, Mr. MORAN of Kansas, Mr. MCGOVERN, and Mrs. CAPPS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to address health workforce shortages.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Workforce In-
5 vestment Act of 2008”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) The United States is facing shortages in a
9 wide range of health workforce professions, including
10 among specialists and subspecialists.

1 (2) By 2020, the United States will face short-
2 ages of as many as 1,000,000 nurses, 55,000 physi-
3 cians, 140,000 family physicians, 157,000 phar-
4 macists, and 2,500,000 allied health professionals.

5 (3) The long-term care workforce is plagued by
6 rising vacancy and turnover rates.

7 (4) These shortages will be exacerbated by the
8 growth in the number and proportion of older adults
9 in America.

10 (5) Data on health workforce supply and de-
11 mand are limited.

12 (6) Many health workforce professions are inap-
13 propriately distributed, with some areas experiencing
14 chronic shortages of a wide range of health profes-
15 sionals.

16 (7) The diversity of the health workforce con-
17 tinually fails to mirror the diversity of the United
18 States population.

19 (8) A 2008 report entitled “Out of Order, Out
20 of Time” from the Association of Academic Health
21 Centers found that Federal health workforce policy
22 and infrastructure has been dysfunctional, decentral-
23 ized, and piecemeal with little integration and har-
24 monization.

1 (9) Nearly every State has initiated action to
2 address health workforce shortages without com-
3 prehensive planning and leadership from the Federal
4 Government to address the full spectrum of health
5 workforce professions and issues.

6 (10) Over the last 5 years, Federal investment
7 in health workforce programs has fallen by more
8 than 20 percent.

9 **SEC. 3. NATIONAL HEALTH WORKFORCE ADVISORY COUN-**
10 **CIL.**

11 Section 762 of the Public Health Service Act (42
12 U.S.C. 294o) is amended to read as follows:

13 **“SEC. 762. NATIONAL HEALTH WORKFORCE ADVISORY**
14 **COUNCIL.**

15 “(a) ESTABLISHMENT.—There is established the Na-
16 tional Health Workforce Advisory Council.

17 “(b) DUTIES.—The Council shall—

18 “(1) make recommendations to the Secretary of
19 Health and Human Services, the Secretary of Labor,
20 the Secretary of Education, the Secretary of Vet-
21 erans Affairs, the Committee on Health, Education,
22 Labor, and Pensions of the Senate, the Committee
23 on Finance of the Senate, the Committee on Energy
24 and Commerce of the House of Representatives, and

1 the Committee on Ways and Means of the House of
2 Representatives with respect to—

3 “(A) the supply and distribution of the
4 health workforce in the United States;

5 “(B) current and future shortages or ex-
6 cesses of health workforce professionals, includ-
7 ing specialists and subspecialists;

8 “(C) issues relating to foreign medical
9 school graduates and graduates of foreign
10 schools of nursing;

11 “(D) appropriate Federal policies with re-
12 spect to the matters specified in subparagraphs
13 (A), (B), and (C), including policies concerning
14 changes in the financing of undergraduate and
15 graduate medical education programs and
16 changes in the types of medical education train-
17 ing in graduate medical education programs;

18 “(E) appropriate efforts to be carried out
19 by hospitals, schools of medicine, schools of os-
20 teopathic medicine, and accrediting bodies with
21 respect to the matters specified in subpara-
22 graphs (A), (B), and (C), including efforts for
23 changes in undergraduate and graduate medical
24 education programs; and

1 “(F) deficiencies in, and needs for im-
2 provements in, existing databases concerning
3 the supply and distribution of, and post-
4 graduate training programs for, health work-
5 force professionals in the United States and
6 steps that should be taken to eliminate those
7 deficiencies; and

8 “(2) encourage entities providing graduate med-
9 ical education to conduct activities to voluntarily
10 achieve the recommendations of the Council under
11 paragraph (1)(E).

12 “(c) COMPOSITION.—The Council shall be composed
13 of—

14 “(1) the Assistant Secretary for Health (or the
15 Assistant Secretary’s designee);

16 “(2) the Administrator of the Centers for Medi-
17 care & Medicaid Services;

18 “(3) the Chief Medical Director of the Depart-
19 ment of Veterans Affairs;

20 “(4) 15 members appointed by the Secretary to
21 include representatives of practicing health work-
22 force professionals, national and specialty health
23 profession organizations, foreign medical graduates,
24 and health workforce student associations;

1 “(5) 10 members appointed by the Secretary to
2 include representatives of schools of medicine and
3 osteopathic medicine, schools of nursing, allied
4 health schools, other health workforce training pro-
5 grams, and public and private teaching hospitals;

6 “(6) 4 members appointed by the Secretary to
7 include representatives of health insurers, business,
8 and labor;

9 “(7) the official at the Department of Labor re-
10 sponsible for administering grants under the Work-
11 force Investment Act of 1998 targeted at the health
12 sector; and

13 “(8) the Secretary of Education (or the Sec-
14 retary’s designee).

15 “(d) TERMS OF APPOINTED MEMBERS.—

16 “(1) IN GENERAL; STAGGERED ROTATION.—
17 Members of the Council appointed under paragraphs
18 (4), (5), and (6) of subsection (b) shall be appointed
19 for a term of 4 years, except that the term of office
20 of the members first appointed shall expire, as des-
21 ignated by the Secretary at the time of appointment,
22 as follows: 8 at the end of 1 year, 7 at the end of
23 2 years, 7 at the end of 3 years, and 7 at the end
24 of 4 years.

1 “(2) DATE CERTAIN FOR APPOINTMENT.—The
2 Secretary shall appoint the first members to the
3 Council under paragraphs (4), (5), and (6) of sub-
4 section (b) within 60 days after the date of the en-
5 actment of the Health Workforce Investment Act of
6 2008.

7 “(e) CHAIR.—The Council shall elect one of its mem-
8 bers as Chairman of the Council.

9 “(f) COOPERATION.—The Council shall carry out this
10 section in cooperation with the Council on Graduate Med-
11 ical Education established by section 762, the National
12 Advisory Council on the National Health Service Corps
13 established by section 337, the Advisory Committee on
14 Training in Primary Care Medicine and Dentistry estab-
15 lished pursuant to section 748, the Advisory Committee
16 on Interdisciplinary, Community-Based Linkages estab-
17 lished pursuant to section 756, and the National Advisory
18 Council on Nurse Education and Practice established pur-
19 suant to section 845.

20 “(g) QUORUM.—Eighteen members of the Council
21 shall constitute a quorum, but a lesser number may hold
22 hearings.

23 “(h) VACANCIES.—Any vacancy in the Council shall
24 not affect its power to function.

1 “(i) COMPENSATION.—Each member of the Council
2 who is not otherwise employed by the United States Gov-
3 ernment shall receive compensation at a rate equal to the
4 daily rate prescribed for GS–18 under the General Sched-
5 ule under section 5332 of title 5, United States Code, for
6 each day, including traveltime, such member is engaged
7 in the actual performance of duties as a member of the
8 Council. A member of the Council who is an officer or
9 employee of the United States Government shall serve
10 without additional compensation. All members of the
11 Council shall be reimbursed for travel, subsistence, and
12 other necessary expenses incurred by them in the perform-
13 ance of their duties.

14 “(j) CERTAIN AUTHORITIES AND DUTIES.—

15 “(1) AUTHORITIES.—In order to carry out the
16 provisions of this section, the Council is authorized
17 to—

18 “(A) collect such information, hold such
19 hearings, and sit and act at such times and
20 places, either as a whole or by subcommittee,
21 and request the attendance and testimony of
22 such witnesses and the production of such
23 books, records, correspondence, memoranda, pa-
24 pers, and documents as the Council or such
25 subcommittee may consider available; and

1 “(B) request the cooperation and assist-
2 ance of Federal departments, agencies, and in-
3 strumentalities, and such departments, agen-
4 cies, and instrumentalities are authorized to
5 provide such cooperation and assistance.

6 “(2) COORDINATION OF ACTIVITIES.—The
7 Council shall coordinate its activities with the activi-
8 ties of the Secretary under section 792. The Sec-
9 retary shall, in cooperation with the Council and
10 pursuant to the recommendations of the Council,
11 take such steps as are practicable to eliminate defi-
12 ciencies in the data base established under section
13 792 and shall make available in reports such com-
14 prehensive data sets as are developed pursuant to
15 this section.

16 “(k) REPORTS.—Not later than 2 years after the
17 date of the enactment of the Health Workforce Investment
18 Act of 2008, and annually thereafter, the Council shall
19 submit a report to official and committee listed in the mat-
20 ter preceding subparagraph (A) in subsection (b)(1) con-
21 taining—

22 “(1) a description of the Council’s actions dur-
23 ing the period for which the report is made; and

24 “(2) each of the recommendations required by
25 subsection (b).

1 “(l) DEFINITIONS.—In this section:

2 “(1) The term ‘Council’ means the National
3 Health Workforce Advisory Council established by
4 subsection (a).

5 “(2) The term ‘health workforce’ has the mean-
6 ing given to such term in section 781.

7 “(3) The term ‘Secretary’ means the Secretary
8 of Health and Human Services unless otherwise
9 specified.

10 “(m) AUTHORIZATION OF APPROPRIATIONS.—To
11 carry out this section, there are authorized to be appro-
12 priated such sums as may be necessary for each of fiscal
13 years 2009 through 2013.”.

14 **SEC. 4. NATIONAL CENTER FOR HEALTH WORKFORCE IN-**
15 **FORMATION AND ANALYSIS.**

16 (a) TECHNICAL CORRECTIONS.—Section 792 of the
17 Public Health Service Act (42 U.S.C. 295k) is amended
18 by redesignating subsections (d), (e), (g), and (h) as sub-
19 sections (c), (d), (e), and (f), respectively.

20 (b) CENTER.—Section 792 of the Public Health Serv-
21 ice Act (42 U.S.C. 295k) is amended—

22 (1) in the section heading, by striking
23 “**HEALTH PROFESSIONS DATA**” and inserting
24 “**NATIONAL CENTER FOR HEALTH WORKFORCE**
25 **INFORMATION AND ANALYSIS**”;

1 (2) by redesignating subsections (d), (e), and
2 (f), as so redesignated, as subsections (e), (f), and
3 (g), respectively;

4 (3) by striking subsections (a), (b), and (c), as
5 so redesignated, and inserting the following:

6 “(a) ESTABLISHMENT.—There is established in the
7 Department of Health and Human Services the National
8 Center for Health Workforce Information and Analysis (in
9 this section referred to as the ‘Center’), which shall be
10 under the direction of a director who shall conduct and
11 support statistical and epidemiological activities for the
12 purpose of assessing and improving the supply, distribu-
13 tion, diversity, and development of the health workforce
14 in the United States.

15 “(b) CERTAIN AUTHORITIES AND REQUIREMENTS.—
16 In carrying out subsection (a), the Secretary, acting
17 through the Director of the Center—

18 “(1) shall regularly collect statistics on—

19 “(A) the supply and projected demand,
20 along with projected shortages and surpluses, of
21 the health workforce by health profession, spe-
22 cialty, and geographic location;

23 “(B) the diversity of the health workforce
24 by health profession, specialty, and geographic
25 location; and

1 “(C) the supply and projected demand,
2 along with projected shortages and surpluses, of
3 the health workforce serving minority groups by
4 health profession, specialty, and geographic lo-
5 cation;

6 “(2) shall establish a uniform health workforce
7 data reporting system;

8 “(3) shall undertake and support (by grant or
9 contract) research, demonstrations, and evaluations
10 respecting new or improved methods for obtaining
11 current data on the matters referred to in paragraph
12 (1); and

13 “(4) may undertake and support (by grant or
14 contract) research, demonstrations, and evaluations
15 on the matters referred to in paragraph (1).

16 “(c) GRANTS AND CONTRACTS.—The Secretary may
17 make grants and enter into contracts with States (or an
18 appropriate nonprofit private entity in any State) for car-
19 rying out the matters referred to in paragraph (1). The
20 Secretary shall determine the amount and scope of any
21 such grant or contract. To be eligible for any such grant
22 or contract, a State or entity shall submit an application
23 in such form and manner and containing such information
24 as the Secretary may require. Such application shall in-

1 clude reasonable assurances, satisfactory to the Secretary,
2 that—

3 “(1) such State or entity will establish a pro-
4 gram of mandatory annual registration of the health
5 workforce personnel who reside or practice in such
6 State and of health institutions licensed by such
7 State, which registration shall include such informa-
8 tion as the Secretary may determine to be appro-
9 priate;

10 “(2) such State or entity will collect and report
11 to the Secretary such information in such form and
12 manner as the Secretary may prescribe; and

13 “(3) such State or entity will comply with the
14 requirements of subsection (e).

15 “(d) REPORT TO CONGRESS.—The Secretary shall
16 submit to the Congress not later than October 1, 2010,
17 and biennially thereafter, a comprehensive report regard-
18 ing the status of the health workforce according to profes-
19 sion, including a report regarding the analytic and descrip-
20 tive studies conducted under this section.”;

21 (4) by amending subsection (g), as redesignated
22 by paragraph (2), to read as follows:

23 “(f) DATA ON ALLIED HEALTH WORKFORCE PER-
24 SONNEL.—In carrying out subsection (b), the Secretary
25 may make grants, or enter into contracts and cooperative

1 agreements with, and provide technical assistance to, a
 2 nonprofit entity in order to establish a uniform allied
 3 health workforce data reporting system to collect, compile,
 4 and analyze data on allied health workforce personnel.”;
 5 and

6 (5) by adding at the end the following:

7 “(g) DEFINITION.—In this section, the term ‘health
 8 workforce’ has the meaning given to such term in section
 9 781.

10 “(h) AUTHORIZATION OF APPROPRIATIONS.—To
 11 carry out this section, there are authorized to be appro-
 12 priated such sums as may be necessary for each of fiscal
 13 years 2009 through 2013.”.

14 **SEC. 5. HEALTH WORKFORCE INVESTMENT GRANTS.**

15 Title VII of the Public Health Service Act (42 U.S.C.
 16 292 et seq) is amended—

17 (1) by redesignating part F as part G; and

18 (2) by inserting after section 770 the following:

19 **“PART F—HEALTH WORKFORCE INVESTMENT**
 20 **GRANTS**

21 **“SEC. 781. HEALTH WORKFORCE INVESTMENT GRANTS.**

22 “(a) FORMULA GRANTS TO STATES.—

23 “(1) IN GENERAL.—For the purposes described
 24 in paragraph (2), the Secretary shall make an allot-
 25 ment each fiscal year for each State in an amount

1 determined in accordance with subsection (d). The
2 Secretary shall make a grant to the State of the al-
3 lotment made for the State for the fiscal year if the
4 State submits to the Secretary an application in ac-
5 cordance with subsection (b).

6 “(2) PURPOSES OF GRANTS.—A funding agree-
7 ment for a grant under paragraph (1) is that the
8 State involved will expend the grant for the purposes
9 of—

10 “(A) ensuring access to health services for
11 all individuals, particularly those with low in-
12 comes or limited access to health services;

13 “(B) improving the supply, distribution, di-
14 versity, and development of the health work-
15 force, taking into consideration the supply, dis-
16 tribution, and diversity of health workforce pro-
17 fession specialties and subspecialties; and

18 “(C) creating State-specific health work-
19 force goals and objectives consistent with health
20 status goals and national health workforce ob-
21 jectives developed under subsection (h).

22 “(3) PURPOSES OF NATIONAL PROGRAM.—The
23 Secretary shall carry out this section in a manner
24 designed—

1 “(A) to identify innovations in approaches
2 to improving the supply, distribution, diversity,
3 and development of the health workforce, taking
4 into consideration specialties and subspecialties;

5 “(B) to develop national goals and objec-
6 tives for improving the supply, distribution, di-
7 versity, and development of the health work-
8 force, including specialties and subspecialties;
9 and

10 “(C) to develop and expand programs de-
11 signed to ensure access to health workforce pro-
12 fessionals for an aging population.

13 “(b) APPLICATION FOR GRANT.—For purposes of
14 subsection (a)(1), an application for a grant is in accord-
15 ance with this subsection if each of the following is met:

16 “(1) USE OF FUNDS.—The application includes
17 each funding agreement required by this section, in-
18 cluding an assurance that all funds received through
19 the grant will be used for the purposes described in
20 subsection (a)(2).

21 “(2) STATEWIDE NEEDS ASSESSMENT.—The
22 application includes a statewide needs assessment
23 that—

24 “(A) will be updated not less than every 5
25 years; and

1 “(B) identifies—

2 “(i) long-term State-specific health
3 workforce goals and objectives consistent
4 with health status goals and national
5 health workforce objectives developed
6 under subsection (h); and

7 “(ii) projected needs related to the
8 supply, distribution, diversity, and develop-
9 ment of the State health workforce.

10 “(3) ANNUAL PLANS.—The application includes
11 a plan to meet the goals and objectives, and address
12 the needs, identified under the statewide needs as-
13 sessment described in paragraph (2), and such
14 plan—

15 “(A) will be updated on an annual basis;

16 and

17 “(B) includes strategies related to—

18 “(i) collaboration between the State
19 departments of labor, health, education,
20 higher education, and professional licen-
21 sure and State health workforce invest-
22 ment boards;

23 “(ii) State data collection;

24 “(iii) State Medicaid and Medicare
25 policies; and

1 “(iv) State health professions licen-
2 sure and regulation.

3 “(4) DESCRIPTION OF FUNDING USE.—The ap-
4 plication includes a description of how funds received
5 through the grant will be used—

6 “(A) in accordance with subparagraphs (A)
7 and (B) of subsection (a)(1), to ensure access
8 to health services for all individuals and to im-
9 prove the supply, distribution, diversity, and de-
10 velopment of the health workforce, such as
11 through programs related to—

12 “(i) health workforce training and
13 education capacity;

14 “(ii) the health care safety net work-
15 force;

16 “(iii) provider cultural competency;

17 “(iv) health workforce diversity;

18 “(v) health workforce pipeline develop-
19 ment;

20 “(vi) health workforce retention;

21 “(vii) health workforce faculty recruit-
22 ment;

23 “(viii) health workforce faculty reten-
24 tion;

25 “(ix) health workforce career ladders;

1 “(x) public awareness; and

2 “(xi) health workforce scholarship and
3 loan repayment programs; and

4 “(B) to create State-specific health work-
5 force goals and objectives in accordance with
6 subsection (a)(1)(C) and to develop annual
7 plans in accordance with paragraph (3) of this
8 subsection to meet such goals and objectives.

9 “(5) DEVELOPMENT OF APPLICATION.—The
10 application—

11 “(A) is developed by or in consultation
12 with the State agency that will be responsible
13 for administering the program; and

14 “(B) is made publicly available during its
15 development or after its submission to the Sec-
16 retary in order to facilitate public comment.

17 “(c) ADDITIONAL GRANT REQUIREMENTS.—

18 “(1) RESTRICTIONS ON USE OF GRANTS.—A
19 funding agreement for a grant under subsection
20 (a)(1) is that the State involved will not use the
21 grant—

22 “(A) to provide health services;

23 “(B) to make payments to for-profit
24 schools; or

1 “(C) to provide matching funds to satisfy
2 a condition for the receipt of other Federal
3 funds.

4 “(2) NURSING PROGRAMS.—A funding agree-
5 ment for a grant under subsection (a)(1) is that the
6 State involved will expend at least 25 percent of the
7 funds received through the grant for programs re-
8 lated to nursing.

9 “(3) ADMINISTRATION.—A funding agreement
10 for a grant under subsection (a)(1) is that the State
11 involved will expend not more than 10 percent of the
12 funds received through the grant on administration.

13 “(4) STATE AGENCY.—A funding agreement for
14 a grant under subsection (a)(1) is that the State in-
15 volved will designate a lead State agency to admin-
16 ister the grant, including by—

17 “(A) coordinating State activities under
18 the grant with State administration of Medicaid
19 and Medicare, including policies related to reim-
20 bursement and graduate medical education pay-
21 ments; and

22 “(B) coordinating State activities under
23 the grant with related activities of other Fed-
24 eral grantees within the State, including State

1 health workforce board and community health
2 center grantees.

3 “(5) ANNUAL REPORTS.—

4 “(A) IN GENERAL.—A funding agreement
5 for a grant under subsection (a)(1) is that the
6 State involved will submit annual reports to the
7 Secretary—

8 “(i) detailing activities carried out
9 through the grant in a standardized man-
10 ner that enables the Secretary to evaluate
11 the activities and compare performance rel-
12 ative to other States; and

13 “(ii) describing the extent to which
14 the State has met its long-term State-spe-
15 cific health workforce goals and objectives
16 identified pursuant to subsection
17 (b)(2)(B)(i).

18 “(B) CONTENTS.—Each report under sub-
19 paragraph (A) must include—

20 “(i) information on the status of the
21 State’s health workforce by profession, spe-
22 cialty, and geographic location, including
23 such information on—

24 “(I) the supply of the State’s
25 health workforce, including with re-

1 spect to primary care providers,
2 nurses, long-term care workers, den-
3 tists, and allied health professionals;
4 and

5 “(II) the diversity of the State’s
6 health workforce;

7 “(ii) a description of each program
8 funded through this section during the pre-
9 vious fiscal year; and

10 “(iii) a description of efforts to coordi-
11 nate the State departments responsible for
12 administering Medicaid and Medicare
13 funds, education and labor programs, the
14 health care safety net, and medical licens-
15 ing.

16 “(6) AUDITS.—A funding agreement for a
17 grant under subsection (a)(1) is that the State in-
18 volved will provide for audits of expenditures of
19 grant funds.

20 “(d) DETERMINATION OF AMOUNT OF ALLOT-
21 MENT.—

22 “(1) IN GENERAL.—The Secretary shall deter-
23 mine the amount of the allotment to each State
24 under this section for a fiscal year based on a for-
25 mula.

1 “(2) DEVELOPMENT OF FORMULA.—The for-
2 mula referred to in paragraph (1) shall be deter-
3 mined by the Secretary by regulation, taking into
4 consideration the following criteria:

5 “(A) Existing shortages and deficiencies in
6 health workforce distribution.

7 “(B) Rural, urban, and frontier areas.

8 “(C) Community health centers.

9 “(D) The number of medical, nursing, and
10 allied health professions schools in each State.

11 “(e) FEDERAL PROGRAM ADMINISTRATION.—

12 “(1) DELEGATION WITHIN HHS.—The Sec-
13 retary shall designate an identifiable administrative
14 unit of the Department of Health and Human Serv-
15 ices with expertise in health workforce issues to be
16 responsible for administering the program under this
17 section, including the following:

18 “(A) Coordinating activities under this sec-
19 tion with related activities of the Department of
20 Health and Human Services, the Department of
21 Defense, the Department of Education, the De-
22 partment of Labor, the Department of Veterans
23 Affairs, and any other relevant Federal depart-
24 ments or agencies.

1 “(B) Disseminating health workforce infor-
2 mation and best practices to States.

3 “(C) Providing technical assistance to
4 grant recipients under this section.

5 “(D) Submitting reports to Congress
6 under paragraph (2).

7 “(2) ANNUAL REPORTS.—The Secretary shall
8 submit annual reports to the Congress on the fol-
9 lowing:

10 “(A) The amount of each allotment and
11 grant to a State under this section.

12 “(B) Significant State projects funded
13 through this section and their performance.

14 “(C) Significant innovations funded
15 through this section and their outcomes.

16 “(D) Highlights with respect to the status
17 of the Nation’s health workforce, including—

18 “(i) significant changes in supply by
19 profession, specialty, and geographic loca-
20 tion, including with respect to primary care
21 providers, nurses, long-term care workers,
22 dentists, and allied health professionals;
23 and

1 “(ii) significant changes in diversity
2 by profession, specialty, and geographic lo-
3 cation.

4 “(3) ADDITIONAL AUTHORITIES.—In carrying
5 out this section, the Secretary may—

6 “(A) allow States receiving grants to work
7 together in regional authorities;

8 “(B) impose matching fund requirements
9 as a condition on receipt of a grant; and

10 “(C) allow States to use grant funds for
11 planning and infrastructure development.

12 “(f) RULE OF CONSTRUCTION.—Subject to the pur-
13 poses described in subsection (a)(2), nothing in this sec-
14 tion shall be construed to prohibit a State from making
15 funds received under this section available to other enti-
16 ties, including entities receiving funds under other provi-
17 sions of this title or title VIII.

18 “(g) FEDERAL RESEARCH AND PROJECTS.—

19 “(1) IN GENERAL.—The Secretary may make
20 grants to, or enter into contracts or jointly financed
21 cooperative agreements with, public or nonprofit in-
22 stitutions of higher education and public or non-
23 profit private agencies and organizations engaged in
24 research to identify best practices and innovative ap-
25 proaches to improving the supply, distribution, diver-

1 sity, and development of the health workforce, tak-
2 ing into consideration the supply, distribution, diver-
3 sity, and development of health workforce profession
4 specialties and subspecialties.

5 “(2) TECHNICAL ASSISTANCE.—The Secretary
6 shall incorporate the best practices and innovative
7 approaches identified under paragraph (1) into any
8 technical assistance provided to grant recipients
9 under this section.

10 “(3) COORDINATION.—The Secretary shall
11 carry out this subsection in coordination with the ac-
12 tivities of the National Center for Health Workforce
13 Information and Analysis, including any research,
14 demonstrations, and evaluations under section
15 792(b)(4).

16 “(h) NATIONAL HEALTH WORKFORCE OBJEC-
17 TIVES.—The Secretary, based on information and analysis
18 of the National Center for Health Workforce Information
19 and Analysis and the findings and recommendations of the
20 National Health Workforce Advisory Council, shall de-
21 velop national health workforce objectives to be used for
22 purposes of subsections (a)(2)(C) and (b)(2)(B)(i).

23 “(i) DEFINITIONS.—In this section:

24 “(1) The term ‘diversity’ includes racial, ethnic,
25 language ability, and gender diversity.

1 “(2) The term ‘health workforce’ includes phy-
2 sicians, nurses (including registered nurses and li-
3 censed practical nurses), advance practice nurses
4 (including nurse practitioners, certified registered
5 nurse anesthetists, certified nurse midwives, clinical
6 nurse specialists, doctorates of nursing practice, and
7 clinical nurse leaders), dentists, physician assistants,
8 chiropractors, podiatrists, optometrists and opti-
9 cians, pharmacists, mental health providers (includ-
10 ing psychologists and clinical social workers), allied
11 health professionals (including physical therapists,
12 occupational therapists, speech-language patholo-
13 gists, audiologists, respiratory therapists, techni-
14 cians, technologists, emergency medical technicians,
15 paramedics, medical and clinical laboratory tech-
16 nologists and technicians, medical records and health
17 information technicians, nuclear medicine tech-
18 nologists, radiologic technologists, dieticians, and nu-
19 tritionists), auxiliary health professionals (including
20 home health aides, certified nursing assistants, nurs-
21 ing aides, orderlies, and attendants), and any other
22 providers determined by the Secretary for purposes
23 of this section to be part of the health workforce.

24 “(3) The term ‘National Center for Health
25 Workforce Information and Analysis’ means the Na-

1 tional Center for Health Workforce Information and
2 Analysis established under section 792.

3 “(4) The term ‘National Health Workforce Ad-
4 visory Council’ means the National Health Work-
5 force Advisory Council established under section
6 762.

7 “(j) FUNDING.—

8 “(1) AUTHORIZATION OF APPROPRIATIONS.—
9 To carry out this section, there are authorized to be
10 appropriated such sums as may be necessary for
11 each of fiscal years 2009 through 2013.

12 “(2) RESERVATION.—Of the amount of funds
13 appropriated to carry out this section for a fiscal
14 year, the Secretary shall reserve 5 percent of such
15 amount to carry out subsection (g).”.

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