

111TH CONGRESS
1ST SESSION

H. R. 1946

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

IN THE HOUSE OF REPRESENTATIVES

APRIL 2, 2009

Mr. PASCRELL (for himself, Mr. MORAN of Kansas, and Ms. KILPATRICK of Michigan) 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 2009”.

6 **SEC. 2. FINDINGS; PURPOSES.**

7 (a) FINDINGS.—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 (b) PURPOSES.—The purposes of this Act are to—

10 (1) ensure access to health services for all indi-
11 viduals, particularly those with low incomes or lim-
12 ited access to health services, through an adequate
13 health workforce;

14 (2) comprehensively and regularly gather data,
15 provide projections, and conduct research on the
16 supply, demand, distribution, diversity, and develop-
17 ment of the health workforce, including information
18 on specific specialties and subspecialties;

19 (3) coordinate the current patchwork of health
20 workforce programs through a comprehensive Fed-
21 eral framework;

22 (4) improve the supply, distribution, diversity,
23 and development of the health workforce, including
24 specialties and subspecialties, through the creation
25 of comprehensive national and related State-specific

1 health workforce goals and objectives related to cur-
2 rent and emerging issues related to the overall
3 health workforce; and

4 (5) provide States with national leadership, ac-
5 countability, and flexibility to address specific health
6 workforce needs.

7 **SEC. 3. NATIONAL HEALTH WORKFORCE ADVISORY COUN-**
8 **CIL.**

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

11 **“SEC. 762. NATIONAL HEALTH WORKFORCE ADVISORY**
12 **COUNCIL.**

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

15 “(b) DUTIES.—The Council shall—

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

1 “(A) the supply and distribution of the
2 health workforce in the United States;

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

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

9 “(D) appropriate Federal policies with re-
10 spect to the matters specified in subparagraphs
11 (A), (B), and (C), including—

12 “(i) policies concerning changes in the
13 financing of undergraduate and graduate
14 medical education programs; and

15 “(ii) changes in the types of medical
16 education training in career, technical, and
17 postsecondary education, including grad-
18 uate medical education programs;

19 “(E) appropriate efforts to be carried out
20 by hospitals and career, technical, and postsec-
21 ondary education programs, including schools of
22 medicine, schools of osteopathic medicine,
23 schools of public health, schools of allied health,
24 and accrediting bodies, with respect to the mat-
25 ters specified in subparagraphs (A), (B), and

1 (C), including efforts for changes in under-
2 graduate and graduate medical education pro-
3 grams;

4 “(F) deficiencies in, and needs for im-
5 provements in, existing databases concerning
6 the supply and distribution of, and career, tech-
7 nical, and postsecondary education training pro-
8 grams for, health workforce professionals in the
9 United States and steps that should be taken to
10 eliminate those deficiencies;

11 “(G) factors in the health care environ-
12 ment which may impact decisions of practi-
13 tioners in selecting certain specialty areas, in-
14 cluding malpractice insurance costs, on-call
15 time, and income levels;

16 “(H) incentives to encourage primary care
17 practice in underserved areas; and

18 “(I) appropriate levels or percentages of
19 funds under section 781 (relating to health
20 workforce investment grants) for specific pro-
21 fessions based on evolving health workforce
22 needs, including whether the percentage of
23 funds reserved for nursing programs under sec-
24 tion 781(c)(2) remains appropriate; and

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

5 “(c) COMPOSITION.—The Council shall be composed
6 of—

7 “(1) the Assistant Secretary for Health (or the
8 Assistant Secretary’s designee);

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

11 “(3) the official designated by the Secretary to
12 administer section 781 (relating to health workforce
13 investment grants);

14 “(4) the Chief Medical Director of the Depart-
15 ment of Veterans Affairs;

16 “(5) 15 members appointed by the Secretary to
17 include representatives of practicing health and pub-
18 lic health workforce professionals, national and spe-
19 cialty health profession organizations, foreign med-
20 ical graduates, and health workforce student associa-
21 tions;

22 “(6) 10 members appointed by the Secretary to
23 include representatives of schools of medicine and
24 osteopathic medicine, schools of nursing, allied

1 health schools, other health workforce training pro-
2 grams, and public and private teaching hospitals;

3 “(7) 4 members appointed by the Secretary to
4 include representatives of health insurers, business,
5 and labor;

6 “(8) the Assistant Secretary for the Employ-
7 ment and Training Administration of the Depart-
8 ment of Labor (or the Assistant Secretary’s des-
9 ignee); and

10 “(9) the Secretary of Education (or the Sec-
11 retary’s designee).

12 “(d) TERMS OF APPOINTED MEMBERS.—

13 “(1) IN GENERAL; STAGGERED ROTATION.—
14 Members of the Council appointed under paragraphs
15 (5), (6), and (7) of subsection (b) shall be appointed
16 for a term of 4 years, except that the term of office
17 of the members first appointed shall expire, as des-
18 ignated by the Secretary at the time of appointment,
19 as follows: 8 at the end of 1 year, 7 at the end of
20 2 years, 7 at the end of 3 years, and 7 at the end
21 of 4 years.

22 “(2) DATE CERTAIN FOR APPOINTMENT.—The
23 Secretary shall appoint the first members to the
24 Council under paragraphs (5), (6), and (7) of sub-
25 section (b) within 60 days after the date of the en-

1 actment of the Health Workforce Investment Act of
2 2009.

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

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

16 “(g) QUORUM.—Eighteen members of the Council
17 shall constitute a quorum, but a lesser number may hold
18 hearings.

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

21 “(i) COMPENSATION.—Each member of the Council
22 who is not otherwise employed by the United States Gov-
23 ernment shall receive compensation at a rate equal to the
24 daily rate prescribed for GS–18 under the General Sched-
25 ule under section 5332 of title 5, United States Code, for

1 each day, including traveltime, such member is engaged
2 in the actual performance of duties as a member of the
3 Council. A member of the Council who is an officer or
4 employee of the United States Government shall serve
5 without additional compensation. All members of the
6 Council shall be reimbursed for travel, subsistence, and
7 other necessary expenses incurred by them in the perform-
8 ance of their duties.

9 “(j) CERTAIN AUTHORITIES AND DUTIES.—

10 “(1) AUTHORITIES.—In order to carry out the
11 provisions of this section—

12 “(A) the Council is authorized to collect
13 such information, hold such hearings, and sit
14 and act at such times and places, either as a
15 whole or by subcommittee, and request the at-
16 tendance and testimony of such witnesses and
17 the production of such books, records, cor-
18 respondence, memoranda, papers, and docu-
19 ments as the Council or such subcommittee
20 may consider available; and

21 “(B) the Council is authorized to request
22 the cooperation and assistance of Federal de-
23 partments, agencies, and instrumentalities, and
24 such departments, agencies, and instrumentality-

1 ities are authorized to provide such cooperation
2 and assistance.

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

13 “(k) REPORTS.—Not later than 2 years after the
14 date of the enactment of the Health Workforce Investment
15 Act of 2009, and annually thereafter, the Council shall
16 submit a report to each official and committee listed in
17 the matter preceding subparagraph (A) in subsection
18 (b)(1) containing—

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

21 “(2) each of the recommendations required by
22 subsection (b).

23 “(l) DEFINITIONS.—In this section:

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

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

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

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

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

15 Section 792 of the Public Health Service Act (42
16 U.S.C. 295k) is amended to read as follows:

17 **“SEC. 792. NATIONAL CENTER FOR HEALTH WORKFORCE**
18 **INFORMATION AND ANALYSIS.**

19 “(a) ESTABLISHMENT.—There is established in the
20 Department of Health and Human Services the National
21 Center for Health Workforce Information and Analysis (in
22 this section referred to as the ‘Center’), which shall be
23 under the direction of a director who shall conduct and
24 support statistical and epidemiological activities for the
25 purpose of assessing and improving the supply, distribu-

1 tion, diversity, and development of the health workforce
2 in the United States.

3 “(b) CERTAIN AUTHORITIES AND REQUIREMENTS.—

4 In carrying out subsection (a), the Secretary, acting
5 through the Director of the Center, shall—

6 “(1) regularly collect statistics on—

7 “(A) the supply and projected demand,
8 along with projected shortages and surpluses, of
9 the health workforce by health profession, spe-
10 cialty, and geographic location;

11 “(B) the diversity of the health workforce
12 by health profession, specialty, and geographic
13 location; and

14 “(C) the supply and projected demand,
15 along with projected shortages and surpluses, of
16 the health workforce serving minority groups by
17 health profession, specialty, and geographic lo-
18 cation;

19 “(2) establish a uniform health workforce data
20 reporting system, which may include a system of
21 unique identifiers for various provider groups;

22 “(3) undertake and support (by grant or con-
23 tract) research, demonstrations, and evaluations re-
24 specting new or improved methods for obtaining cur-

1 rent data on the matters referred to in paragraph
2 (1);

3 “(4) undertake and support (by grant or con-
4 tract) research, demonstrations, and evaluations on
5 the matters referred to in paragraph (1); and

6 “(5) coordinate efforts with the National Center
7 for Health Statistics and the Bureau of Labor Sta-
8 tistics.

9 “(c) GRANTS AND CONTRACTS.—The Secretary may
10 make grants and enter into contracts with States (or an
11 appropriate nonprofit private entity in any State) for car-
12 rying out the activities referred to in paragraphs (1)
13 through (3). The Secretary shall determine the amount
14 and scope of any such grant or contract. To be eligible
15 for any such grant or contract, a State or entity shall sub-
16 mit an application in such form and manner and con-
17 taining such information as the Secretary may require.
18 Such application shall include reasonable assurances, sat-
19 isfactory to the Secretary, that—

20 “(1) such State or entity will establish a pro-
21 gram of mandatory annual registration of the health
22 workforce personnel who reside or practice in such
23 State and of health institutions licensed by such
24 State, which registration shall include such informa-

1 tion as the Secretary may determine to be appro-
2 priate;

3 “(2) such State or entity will collect and report
4 to the Secretary such information in such form and
5 manner as the Secretary may prescribe; and

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

8 “(d) REPORT TO CONGRESS.—The Secretary shall
9 submit to the Congress not later than October 1, 2010,
10 and biennially thereafter, a comprehensive report regard-
11 ing the status of the health workforce according to profes-
12 sion, including a report regarding the analytic and descrip-
13 tive studies conducted under this section.

14 “(e) REQUIREMENTS REGARDING PERSONAL
15 DATA.—

16 “(1) IN GENERAL.—The Secretary and each
17 program entity shall in securing and maintaining
18 any record of individually identifiable personal data
19 (hereinafter in this subsection referred to as ‘per-
20 sonal data’) for purposes of this section—

21 “(A) inform any individual who is asked to
22 supply personal data whether he is legally re-
23 quired, or may refuse, to supply such data and
24 inform him of any specific consequences, known
25 to the Secretary or program entity, as the case

1 may be, of providing or not providing such
2 data;

3 “(B) upon request, inform any individual if
4 he is the subject of personal data secured or
5 maintained by the Secretary or program entity,
6 as the case may be, and make the data avail-
7 able to him in a form comprehensible to him;

8 “(C) assure that no use is made of per-
9 sonal data which use is not within the purposes
10 of this section unless an informed consent has
11 been obtained from the individual who is the
12 subject of such data; and

13 “(D) upon request, inform any individual
14 of the use being made of personal data respect-
15 ing such individual and of the identity of the in-
16 dividuals and entities which will use the data
17 and their relationship to the programs under
18 this section.

19 “(2) CONSENT AS PRECONDITION TO DISCLO-
20 SURE.—Any entity which maintains a record of per-
21 sonal data and which receives a request from the
22 Secretary or a program entity for such data for pur-
23 poses of this section shall not transfer any such data
24 to the Secretary or to a program entity unless the

1 individual whose personal data is to be so trans-
2 ferred gives an informed consent for such transfer.

3 “(3) DISCLOSURE BY SECRETARY.—

4 “(A) Notwithstanding any other provision
5 of law, personal data collected by the Secretary
6 or any program entity under this section may
7 not be made available or disclosed by the Sec-
8 retary or any program entity to any person
9 other than the individual who is the subject of
10 such data unless (i) such person requires such
11 data for purposes of this section, or (ii) in re-
12 sponse to a demand for such data made by
13 means of compulsory legal process. Any indi-
14 vidual who is the subject of personal data made
15 available or disclosed under clause (ii) shall be
16 notified of the demand for such data.

17 “(B) Subject to all applicable laws regard-
18 ing confidentiality, only the data collected by
19 the Secretary under this section which is not
20 personal data shall be made available to bona
21 fide researchers and policy analysts (including
22 the Congress) for the purposes of assisting in
23 the conduct of studies respecting health profes-
24 sions personnel.

1 “(4) DEFINITION.—For purposes of this sub-
2 section, the term ‘program entity’ means any public
3 or private entity which collects, compiles, or analyzes
4 health professions data under a grant, contract, or
5 other arrangement with the Secretary under this
6 section.

7 “(f) TECHNICAL ASSISTANCE.—The Secretary shall
8 provide technical assistance to the States and political
9 subdivisions thereof in the development of systems (includ-
10 ing model laws) concerning confidentiality and com-
11 parability of data collected pursuant to this section.

12 “(g) DATA ON HEALTH WORKFORCE PERSONNEL.—
13 In carrying out subsection (b), the Secretary may make
14 grants, or enter into contracts and cooperative agreements
15 with, and provide technical assistance to, a nonprofit enti-
16 ty in order to establish a uniform health workforce data
17 reporting system to collect, compile, and analyze data on
18 health workforce personnel.

19 “(h) DEFINITION.—In this section, the term ‘health
20 workforce’ has the meaning given to such term in section
21 781.

22 “(i) AUTHORIZATION OF APPROPRIATIONS.—To
23 carry out this section, there are authorized to be appro-
24 priated such sums as may be necessary for each of fiscal
25 years 2009 through 2013.”.

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

2 Title VII of the Public Health Service Act (42 U.S.C.
3 292 et seq.) is amended—

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

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

6 **“PART F—HEALTH WORKFORCE INVESTMENT**
7 **GRANTS**

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

9 “(a) FORMULA GRANTS TO STATES.—

10 “(1) IN GENERAL.—For the purposes described
11 in paragraph (2), the Secretary shall make an allot-
12 ment each fiscal year for each State in an amount
13 determined in accordance with subsection (d). The
14 Secretary shall make a grant to the State of the al-
15 lotment made for the State for the fiscal year if the
16 State submits to the Secretary an application in ac-
17 cordance with subsection (b).

18 “(2) PURPOSES OF GRANTS.—A funding agree-
19 ment for a grant under paragraph (1) is that the
20 State involved will expend the grant for the purposes
21 of—

22 “(A) ensuring access to health services for
23 all individuals, particularly those with low in-
24 comes or limited access to health services,
25 through an adequate health workforce;

1 “(B) improving the supply, distribution, di-
2 versity, and development of the health work-
3 force, taking into consideration the supply, dis-
4 tribution, and diversity of health workforce pro-
5 fession specialties and subspecialties;

6 “(C) creating State-specific health work-
7 force goals and objectives consistent with health
8 status goals and national health workforce ob-
9 jectives developed under subsection (h); and

10 “(D) during the first 12-month period
11 funded through the grant, establishing or desig-
12 nating a State health workforce planning entity
13 to establish statewide processes for State health
14 workforce planning, State health workforce data
15 collection, policy recommendations, and State
16 resource allocations.

17 “(3) PURPOSES OF NATIONAL PROGRAM.—The
18 Secretary shall carry out this section in a manner
19 designed—

20 “(A) to identify innovations in approaches
21 to improving the supply, distribution, diversity,
22 and development of the health workforce, taking
23 into consideration specialties and subspecialties;

24 “(B) to develop national goals and objec-
25 tives for improving the supply, distribution, di-

1 iversity, and development of the health work-
2 force, including specialties and subspecialties;
3 and

4 “(C) to develop and expand programs de-
5 signed to ensure access to health workforce pro-
6 fessionals for an aging population.

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

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

15 “(2) STATEWIDE NEEDS ASSESSMENT.—The
16 application includes a statewide needs assessment
17 that—

18 “(A) will be updated not less than every 5
19 years; and

20 “(B) identifies—

21 “(i) long-term State-specific health
22 workforce goals and objectives consistent
23 with health status goals and national
24 health workforce objectives developed
25 under subsection (h); and

1 “(ii) projected needs related to the
2 supply, distribution, diversity, and develop-
3 ment of the State health workforce.

4 “(3) ANNUAL PLANS.—The application includes
5 a plan to meet the goals and objectives, and address
6 the needs, identified under the statewide needs as-
7 sessment described in paragraph (2), and such
8 plan—

9 “(A) will be updated on an annual basis;
10 and

11 “(B) includes strategies related to—

12 “(i) collaboration between—

13 “(I) State departments of labor,
14 health, education, higher education,
15 veterans affairs, environment, and
16 professional licensure; and

17 “(II) State health workforce in-
18 vestment boards;

19 “(ii) State data collection;

20 “(iii) State Medicaid and Medicare
21 policies; and

22 “(iv) State health professions licen-
23 sure and regulation.

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

4 “(A) in accordance with subparagraphs (A)
5 and (B) of subsection (a)(2), to ensure access
6 to health services for all individuals and to im-
7 prove the supply, distribution, diversity, and de-
8 velopment of the health workforce, such as
9 through programs related to—

10 “(i) health workforce training and
11 education capacity;

12 “(ii) the health care safety net work-
13 force, including health centers under sec-
14 tion 330;

15 “(iii) provider cultural competency;

16 “(iv) health workforce diversity;

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

19 “(vi) health workforce retention;

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

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

24 “(ix) health workforce career ladders;

25 “(x) public awareness; and

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

3 “(B) to create State-specific health work-
4 force goals and objectives in accordance with
5 subsection (a)(2)(C) and to develop annual
6 plans in accordance with paragraph (3) of this
7 subsection to meet such goals and objectives;
8 and

9 “(C) during the first 12-month period
10 funded through the grant, to establish or des-
11 ignate in accordance with subsection (a)(2)(D)
12 a State health workforce planning entity to es-
13 tablish statewide processes for State health
14 workforce planning, State health workforce data
15 collection, policy recommendations, and State
16 resource allocations.

17 “(5) DEVELOPMENT OF APPLICATION.—The
18 application—

19 “(A) is developed by or in consultation
20 with the State agency that will be responsible
21 for administering the program; and

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

25 “(c) ADDITIONAL GRANT REQUIREMENTS.—

1 “(1) RESTRICTIONS ON USE OF GRANTS.—A
2 funding agreement for a grant under subsection
3 (a)(1) is that the State involved will not use the
4 grant—

5 “(A) to provide health services (other than
6 health services provided as part of a health
7 training program);

8 “(B) to make payments to for-profit
9 schools; or

10 “(C) to provide matching funds to satisfy
11 a condition for the receipt of other Federal
12 funds.

13 “(2) NURSING PROGRAMS.—A funding agree-
14 ment for a grant under subsection (a)(1) is that the
15 State involved will expend at least 25 percent of the
16 funds received through the grant for programs re-
17 lated to nursing (including registered nurses and li-
18 censed practical nurses) and advanced practice nurs-
19 ing (including nurse practitioners, certified reg-
20 istered nurse anesthetists, certified nurse midwives,
21 clinical nurse specialists, doctorates of nursing prac-
22 tice, and clinical nurse leaders).

23 “(3) ADMINISTRATION AND EVALUATION.—A
24 funding agreement for a grant under subsection
25 (a)(1) is that the State involved will expend not

1 more than 10 percent of the funds received through
2 the grant on administration and evaluation.

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

7 “(A) coordinating State activities under
8 the grant with State administration of Medicaid
9 and Medicare, including policies related to reim-
10 bursement and graduate medical education pay-
11 ments; and

12 “(B) coordinating State activities under
13 the grant with related activities of other Fed-
14 eral grantees within the State, including State
15 workforce boards, community health center
16 grantees, and recipients of grants from the
17 Substance and Mental Health Services Adminis-
18 tration and the Health Resources and Services
19 Administration.

20 “(5) ANNUAL REPORTS.—

21 “(A) IN GENERAL.—A funding agreement
22 for a grant under subsection (a)(1) is that the
23 State involved will submit annual reports to the
24 Secretary—

1 “(i) detailing activities carried out
2 through the grant in a standardized man-
3 ner that enables the Secretary to evaluate
4 the activities and compare performance rel-
5 ative to other States; and

6 “(ii) describing the extent to which
7 the State has met its long-term State-spe-
8 cific health workforce goals and objectives
9 identified pursuant to subsection
10 (b)(2)(B)(i).

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

13 “(i) information on the status of the
14 State’s health workforce by profession, spe-
15 cialty, and geographic location, including
16 such information on—

17 “(I) the supply of the State’s
18 health workforce, including with re-
19 spect to primary care providers,
20 nurses, long-term care workers, den-
21 tists, and allied health professionals;
22 and

23 “(II) the diversity of the State’s
24 health workforce;

1 “(ii) a description of each program
2 funded through this section during the pre-
3 vious fiscal year; and

4 “(iii) a description of efforts to coordi-
5 nate the State departments responsible for
6 administering Medicaid and Medicare
7 funds, education and labor programs, the
8 health care safety net, veterans programs,
9 environmental programs, and medical li-
10 censing.

11 “(6) AUDITS.—A funding agreement for a
12 grant under subsection (a)(1) is that the State in-
13 volved will provide for audits of expenditures of
14 grant funds.

15 “(d) DETERMINATION OF AMOUNT OF ALLOT-
16 MENT.—

17 “(1) IN GENERAL.—The Secretary shall deter-
18 mine the amount of the allotment to each State
19 under this section for a fiscal year based on a for-
20 mula.

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

1 “(A) Existing shortages and deficiencies in
2 health workforce distribution.

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

4 “(C) Community health centers.

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

7 “(e) FEDERAL PROGRAM ADMINISTRATION.—

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

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

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

23 “(C) Providing technical assistance to
24 grant recipients under this section.

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

3 “(2) ANNUAL REPORTS.—The Secretary shall
4 submit annual reports to the Congress on the fol-
5 lowing:

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

8 “(B) Significant State projects funded
9 through this section and their performance.

10 “(C) Significant innovations funded
11 through this section and their outcomes.

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

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

20 “(ii) significant changes in diversity
21 by profession, specialty, and geographic lo-
22 cation.

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

1 “(A) allow States receiving grants to work
2 together in regional authorities;

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

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

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

13 “(g) FEDERAL RESEARCH AND PROJECTS.—

14 “(1) IN GENERAL.—The Secretary may make
15 grants to, or enter into contracts or jointly financed
16 cooperative agreements with, public or nonprofit in-
17 stitutions of higher education and public or non-
18 profit private agencies and organizations engaged in
19 research to identify best practices and innovative ap-
20 proaches to improving the supply, distribution, diver-
21 sity, and development of the health workforce, tak-
22 ing into consideration the supply, distribution, diver-
23 sity, and development of health workforce profession
24 specialties and subspecialties.

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

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

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

19 “(i) DEFINITIONS.—In this section:

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

22 “(2) The term ‘health workforce’ includes phy-
23 sicians, nurses (including registered nurses and li-
24 censed practical nurses), advance practice nurses
25 (including nurse practitioners, certified registered

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

21 “(3) The term ‘National Center for Health
22 Workforce Information and Analysis’ means the Na-
23 tional Center for Health Workforce Information and
24 Analysis established under section 792.

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

5 “(j) FUNDING.—

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

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

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