

never gave up the fight for equal rights. Because of their hard work, glass ceilings were broken and progress prevailed.

Mr. Speaker, I know that the gentleman stands today recognizing that women are so important to the lives of so many in this country and to our strong government and democracy. I urge my colleagues to support this legislation.

Mrs. WAGNER. Mr. Speaker, I yield 3 minutes to the gentlewoman from New York (Ms. STEFANIK), the author of this piece of legislation.

Ms. STEFANIK. Mr. Speaker, I thank my friend, the gentlewoman from Missouri, for yielding her time.

The first women's rights convention was held in Seneca Falls, New York, in 1848, marking the official debut of the women's suffrage movement, which would extend over the course of the next 72 years.

During this tumultuous time, generations of brave suffragists dedicated their lives, refusing to give up in their fight for a better and more equitable future.

It wasn't until August of 1920, 140 years after the Declaration of Independence was signed, that this fight culminated with the adoption of the 19th Amendment. Ratification of the 19th Amendment marked the single largest expansion of voting rights in United States history, enfranchising over 27 million American women.

Mr. Speaker, 2020 marks the 100th anniversary of the passage of the 19th Amendment, and I was proud to introduce legislation with my colleague and friend from Michigan (Mrs. LAWRENCE) and my friend, Senator BLACKBURN from Tennessee, to celebrate this historic and monumental movement.

The Women's Suffrage Centennial Commemorative Coin Act is bipartisan, bicameral legislation that authorizes the Department of the Treasury to mint \$1 silver coins in 2020 to commemorate the tremendous work of women suffrage activists in the late 19th and early 20th centuries.

This bill ensures that, on the 100th anniversary of the passage of the 19th Amendment, the suffragists who dedicated their lives fighting to extend this fundamental right to women are commemorated and celebrated throughout the United States.

I am looking forward to celebrating the 100th anniversary next year in my district, where one of the most vocal advocates for women's suffrage, Elizabeth Cady Stanton, was born and raised in Johnstown, New York.

I would not have the opportunity to serve in this body today were it not for the bravery and determination of generations of suffragists.

Mr. Speaker, this is a unique opportunity to commemorate a milestone of democracy, and it is my hope that this bipartisan bill will encourage women across our country to continue to be active participants in civic life. I strongly encourage my colleagues to support this bill.

Mrs. WAGNER. Mr. Speaker, I congratulate the gentlewoman from New York (Ms. STEFANIK) and Congresswoman LAWRENCE, also, for their tremendous work on this, and I yield back the balance of my time.

Mr. DAVID SCOTT of Georgia. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, in closing, as I stand here at this moment and listen to the comments, I am reminded of a woman whose name was Isabella. But in New York City, one day, the Lord changed her name because she had a vision from God, and God changed her name from Isabella to Sojourner Truth. She was a pioneer in women's rights and was at the forefront of the battle coming out in the 19th century for women's rights, a fearless leader.

Today, we have a statue honoring Sojourner Truth right here in the Capitol.

Mr. Speaker, I ask everyone to support this bill, and, hopefully, again, we will have a unanimous vote on this very important piece of legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DAVID SCOTT) that the House suspend the rules and pass the bill, H.R. 2423, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### EDUCATING MEDICAL PROFESSIONALS AND OPTIMIZING WORKFORCE EFFICIENCY AND READINESS FOR HEALTH ACT OF 2019

Ms. SCHAKOWSKY. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2781) to amend title VII of the Public Health Service Act to reauthorize certain programs relating to the health professions workforce, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2781

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

##### SECTION 1. SHORT TITLE.

*This Act may be cited as the "Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019" or the "EMPOWER for Health Act of 2019".*

##### SEC. 2. REAUTHORIZATION OF HEALTH PROFESSIONS WORKFORCE PROGRAMS.

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

*"(i) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$24,897,000 for each of fiscal years 2020 through 2024."*

(b) HEALTH PROFESSIONS TRAINING FOR DIVERSITY.—Section 740 of the Public Health Service Act (42 U.S.C. 293d) is amended—

(1) in subsection (a), by striking "\$51,000,000 for fiscal year 2010, and such sums as may be necessary for each of the fiscal years 2011

through 2014" and inserting "\$51,419,000 for each of fiscal years 2020 through 2024";

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

(3) in subsection (c), by striking "\$60,000,000 for fiscal year 2010 and such sums as may be necessary for each of the fiscal years 2011 through 2014" and inserting "\$20,000,000 for each of fiscal years 2020 through 2024".

(c) PRIMARY CARE TRAINING AND ENHANCEMENT.—Section 747(c)(1) of the Public Health Service Act (42 U.S.C. 293k(c)(1)) is amended by striking "\$125,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2014" and inserting "\$51,371,000 for each of fiscal years 2020 through 2024".

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

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

(f) NATIONAL CENTER FOR HEALTHCARE WORKFORCE ANALYSIS.—

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

(2) TECHNICAL CORRECTION.—Section 761(e)(2) of the Public Health Service Act (42 U.S.C. 294n(e)(2)) is amended by striking "subsection (a)" and inserting "paragraph (1)".

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

##### SEC. 3. EDUCATION AND TRAINING RELATING TO GERIATRICS.

Section 753 of the Public Health Service Act (42 U.S.C. 294c) is amended to read as follows: "**SEC. 753. EDUCATION AND TRAINING RELATING TO GERIATRICS.**

*"(a) GERIATRICS WORKFORCE ENHANCEMENT PROGRAMS.—*

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

*"(2) REQUIREMENTS.—A geriatrics workforce enhancement program meets the requirements of this paragraph if such program supports the development of a health care workforce that maximizes patient and family engagement and improves health outcomes for older adults by integrating geriatrics with primary care and other appropriate specialties. Special emphasis should be placed on providing the primary care workforce with the knowledge and skills to care for older adults and collaborating with community partners to address gaps in health care for older adults through individual, system, community, and population level changes. Areas of programmatic focus may include the following:*

*"(A) Transforming clinical training environments to integrated geriatrics and primary care delivery systems to ensure trainees are well prepared to practice in and lead in such systems.*

“(B) Developing providers from multiple disciplines and specialties to work interprofessionally to assess and address the needs and preferences of older adults and their families and caregivers at the individual, community, and population levels with cultural and linguistic competency.

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

“(D) Providing Alzheimer’s disease and related dementias (ADRD) education to the families and caregivers of older adults, direct care workers, health professions students, faculty, and providers.

“(3) DURATION.—The Secretary shall award grants and contracts under paragraph (1) for a period not to exceed five years.

“(4) APPLICATION.—To be eligible to receive a grant or contract under paragraph (1), an entity described in such paragraph shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including the specific measures the applicant will use to demonstrate that the project is improving the quality of care provided to older adults in the applicant’s region, which may include—

“(A) improvements in access to care provided by a health professional with training in geriatrics or gerontology;

“(B) improvements in family caregiver capacity to care for older adults;

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

“(D) reports on how the applicant will implement specific innovations with the target audience to improve older adults’ health status or the quality of care.

“(5) EQUITABLE GEOGRAPHIC DISTRIBUTION.—The Secretary may award grants and contracts under paragraph (1) in a manner which will equitably distribute such grants among the various regions of the United States.

“(6) QUALIFICATIONS.—In awarding grants and contracts under paragraph (2), the Secretary shall consider programs that—

“(A) have the goal of improving and providing comprehensive coordinated care of older adults, including medical, dental, and psychosocial needs;

“(B) demonstrate coordination with other programmatic efforts funded under this program or other public or private entities;

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

“(D) provide clinical experiences across care settings, including ambulatory care, hospitals, post-acute care, nursing homes, federally qualified health centers, and home and community-based services;

“(E) emphasize education and engagement of family caregivers on disease self-management, medication management, and stress reduction strategies;

“(F) provide training to the health care workforce on disease self-management, motivational interviewing, medication management, and stress reduction strategies;

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

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

“(I) substantially benefit rural or underserved populations of older adults or conduct outreach to communities that have a shortage of geriatric workforce professionals;

“(J) integrate behavioral health competencies into primary care practice, especially with re-

spect to elder abuse, pain management, and advance care planning; or

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

“(i) focus on geriatrics, gerontology, chronic care management, and long-term care that provide supplemental training for faculty members in medical schools and other health professions schools or graduate programs in psychology, pharmacy, nursing, social work, dentistry, public health, allied health, or other health disciplines, as approved by the Secretary; and

“(ii) are open to current faculty, and appropriately credentialed volunteer faculty and practitioners, to upgrade their knowledge and clinical skills for the care of older adults and adults with functional and cognitive limitations and to enhance their interdisciplinary teaching skills.

“(7) PRIORITY.—In awarding grants under paragraph (1), particularly with respect to awarding, in fiscal year 2020, any amount appropriated for such fiscal year for purposes of carrying out this subsection that is in excess of the amount appropriated for the most previous fiscal year for which appropriations were made for such purposes, the Secretary may give priority to entities that operate—

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

“(B) in States in which no entity has previously received an award under such paragraph (including as in effect before the date of enactment of the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019).

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

“(9) REPORTING.—Each entity awarded a grant under paragraph (1) shall submit an annual report to the Secretary on financial and programmatic performance under such grant, which may include factors such as the number of trainees, the number of professions and disciplines, the number of partnerships with health care delivery sites, the number of faculty and practicing professionals who participated in continuing education programs, and such other factors as the Secretary may require.

“(b) GERIATRIC ACADEMIC CAREER AWARDS.—

“(1) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a program to award grants, to be known as Geriatric Academic Career Awards, to eligible entities applying on behalf of eligible individuals to promote the career development of such individuals as academic geriatricians or other academic geriatrics health professionals.

“(2) ELIGIBILITY.—

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

“(i) an accredited school of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health; or

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

“(B) ELIGIBLE INDIVIDUAL.—

“(i) IN GENERAL.—For purposes of this subsection, the term ‘eligible individual’ means an individual who—

“(I) has a junior, nontenured, faculty appointment at an accredited school of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health or at another type of accredited health professions school or graduate program described in subparagraph (A)(ii);

“(II)(aa) is board certified or board eligible in internal medicine, family practice, psychiatry, or licensed dentistry, or has completed the training required for the individual’s discipline; and

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

“(III) has completed an approved fellowship program in geriatrics or gerontology, or has completed specialty training in geriatrics or gerontology as required for the individual’s discipline and any additional geriatrics or gerontology training as required by the Secretary.

“(ii) SPECIAL RULE.—If during the period of an award under this subsection respecting an eligible individual, the individual is promoted to associate professor and thereby no longer meets the criteria of clause (i)(I), the individual may continue to be treated as an eligible individual through the term of the award.

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

“(A) submits to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, and the Secretary approves such application;

“(B) provides, in such form and manner as the Secretary may require, assurances that the eligible individual on whose behalf an application was submitted under subparagraph (A) will meet the service requirement described in paragraph (8); and

“(C) provides, in such form and manner as the Secretary may require, assurances that such individual has a full-time faculty appointment in an accredited health professions school or graduate program and documented commitment from such school or program to spend 75 percent of the individual’s time that is supported by the award on teaching and developing skills in interprofessional education in geriatrics.

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

“(A) shall give priority to eligible entities that apply on behalf of eligible individuals who are on the faculty of institutions that integrate geriatrics education, training, and best practices into academic program criteria;

“(B) may give priority to eligible entities that operate a geriatrics workforce enhancement program under subsection (a);

“(C) shall ensure that grants are equitably distributed across the various geographical regions of the United States, including rural and underserved areas;

“(D) shall pay particular attention to geriatrics health care workforce needs among underserved populations, diverse communities, and rural areas;

“(E) may not require an eligible individual, or an eligible entity applying on behalf of an eligible individual, to be a recipient of a grant or contract under this part; and

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

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

“(6) AMOUNT AND TERM.—

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

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

“(7) SERVICE REQUIREMENT.—An eligible individual on whose behalf an application was submitted and approved under paragraph (3)(A) shall provide training in clinical geriatrics or gerontology, including the training of interprofessional teams of health care professionals.

“(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be

appropriated \$51,000,000 for each of fiscal years 2020 through 2024. Notwithstanding the preceding sentence, no funds shall be made available to carry out subsection (b) for a fiscal year unless the amount made available to carry out this section for such fiscal year is more than the amount made available to carry out this section for fiscal year 2017.”.

**SEC. 4. INVESTMENT IN TOMORROW'S PEDIATRIC HEALTH CARE WORKFORCE.**

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

**“SEC. 775. INVESTMENT IN TOMORROW'S PEDIATRIC HEALTH CARE WORKFORCE.**

“(a) **IN GENERAL.**—The Secretary shall establish and carry out a program of entering into pediatric specialty loan repayment agreements with qualified health professionals under which—

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

“(A) participate in an accredited pediatric medical subspecialty, pediatric surgical specialty, child and adolescent psychiatry subspecialty, or child and adolescent mental and behavioral health residency or fellowship; or

“(B) be employed full-time in providing pediatric medical subspecialty care, pediatric surgical specialty care, child and adolescent psychiatry subspecialty care, or child and adolescent mental and behavioral health care, including substance use disorder prevention and treatment services, in an area with—

“(i) a shortage of health care professionals practicing in the pediatric medical subspecialty, the pediatric surgical specialty, the child and adolescent psychiatry subspecialty, or child and adolescent mental and behavioral health, as applicable; and

“(ii) a sufficient pediatric population, as determined by the Secretary, to support the addition of a practitioner in the pediatric medical subspecialty, the pediatric surgical specialty, the child and adolescent psychiatry subspecialty, or child and adolescent mental and behavioral health, as applicable; and

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

“(b) **ELIGIBILITY REQUIREMENTS.**—

“(1) **PEDIATRIC MEDICAL SPECIALISTS AND PEDIATRIC SURGICAL SPECIALISTS.**—For purposes of loan repayment agreements under this section with respect to pediatric medical subspecialty and pediatric surgical specialty practitioners, the term ‘qualified health professional’ means a licensed physician who—

“(A) is entering or receiving training in an accredited pediatric medical subspecialty or pediatric surgical subspecialty residency or fellowship; or

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

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

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

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

“(C) is a mental health service professional who has completed (but not before the end of the calendar year in which the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019 is enacted) specialized training or clinical experience in child and adolescent mental health described in subparagraph (A).

“(3) **ADDITIONAL ELIGIBILITY REQUIREMENTS.**—The Secretary may not enter into a loan repayment agreement under this section with a qualified health professional unless—

“(A) the professional agrees to work in, or for a provider serving, an area or community with a shortage of eligible qualified health professionals (as defined in paragraphs (1) and (2));

“(B) the professional is a United States citizen, a permanent legal United States resident, or lawfully present in the United States; and

“(C) if the professional is enrolled in a graduate program, the program is accredited, and the professional has an acceptable level of academic standing (as determined by the Secretary).

“(c) **PRIORITY.**—In entering into loan repayment agreements under this section, the Secretary shall give priority to applicants who—

“(1) have familiarity with evidence-based methods and cultural and linguistic competence in health care services; and

“(2) demonstrate financial need.

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

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

“(2) \$20,000,000 to carry out this section with respect to qualified health professionals described in subsection (b)(2).”.

**SEC. 5. INCREASING WORKFORCE DIVERSITY IN THE PROFESSIONS OF PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY, AND SPEECH-LANGUAGE PATHOLOGY.**

Title VII of the Public Health Service Act is amended—

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

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

**“PART G—INCREASING WORKFORCE DIVERSITY IN THE PROFESSIONS OF PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY, AND SPEECH-LANGUAGE PATHOLOGY**

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

“(a) **IN GENERAL.**—The Secretary may award grants and contracts to eligible entities to increase educational opportunities in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology for eligible individuals by—

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

“(A) completion of an accelerated degree program;

“(B) completion of an associate’s, bachelor’s, master’s, or doctoral degree program; and

“(C) entry by a diploma or associate’s degree practitioner into a bridge or degree completion program;

“(2) providing assistance for completion of prerequisite courses or other preparation necessary for acceptance for enrollment in the eligible entity; and

“(3) carrying out activities to increase the retention of students in one or more programs in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology.

“(b) **CONSIDERATION OF RECOMMENDATIONS.**—In carrying out subsection (a), the Secretary shall take into consideration the recommendations of national organizations representing the

professions of physical therapy, occupational therapy, audiology, and speech-language pathology, including the American Physical Therapy Association, the American Occupational Therapy Association, the American Speech-Language-Hearing Association, the American Academy of Audiology, and the Academy of Doctors of Audiology.

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

“(1) **IN GENERAL.**—The Secretary may require recipients of awards under this section to report to the Secretary concerning the annual admission, retention, and graduation rates for eligible individuals in programs of the recipient leading to a degree in any of the professions of physical therapy, occupational therapy, audiology, and speech-language pathology.

“(2) **FALLING RATES.**—If any of the rates reported by a recipient under paragraph (1) fall below the average for such recipient over the two years preceding the year covered by the report, the recipient shall provide the Secretary with plans for immediately improving such rates.

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

“(d) **DEFINITIONS.**—In this section:

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

“(A) is accredited by—

“(i) the Council on Academic Accreditation in Audiology and Speech-Language Pathology or the Accreditation Commission for Audiology Education;

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

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

“(B) is carrying out a program for recruiting and retaining students underrepresented in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology (including racial or ethnic minorities, or students from disadvantaged backgrounds).

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

“(A) is a member of a class of persons who are underrepresented in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology (including individuals who are racial or ethnic minorities, or are from disadvantaged backgrounds);

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

“(C) is enrolled (or accepted for enrollment) at an audiology, speech-language pathology, physical therapy, or occupational therapy program as a full-time student at an eligible entity.

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

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Illinois (Ms. SCHAKOWSKY) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentlewoman from Illinois.

**GENERAL LEAVE**

Ms. SCHAKOWSKY. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous materials on H.R. 2781.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Illinois?

There was no objection.

Ms. SCHAKOWSKY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in strong support of H.R. 2781, the EMPOWER for Health Act of 2019, or Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act, which I introduced with my colleague, Congressman BURGESS, in May. This legislation advanced out of the Committee on Energy and Commerce by unanimous vote.

By 2032, the United States may see a shortage of up to 122,000 physicians, but we already have a significant physician shortage. If healthcare access were equitable across all races, socioeconomic statuses, and geographic locations, the United States would need almost 100,000 more doctors immediately.

This legislation is one solution to this real problem. The EMPOWER for Health Act will spur growth in our healthcare workforce and ensure increased funding for several title VII health, education, and training programs over the next 5 years.

Madam Speaker, I reserve the balance of my time.

Mr. BURGESS. Madam Speaker, I yield myself such time as I may consume.

As an author of the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019, also known as the EMPOWER for Health Act, I rise in support of this bill, H.R. 2781. This moved with strong bipartisan support through regular order in the Energy and Commerce Committee and its Health Subcommittee.

As the chairman of the Energy and Commerce Health Subcommittee in the last Congress, I made it a priority to get this bill to the House floor. While I succeeded in doing so, the Senate did not take up the legislation; so I hope, this year, with plenty of time and plenty of runway, the Senate will reauthorize these critically important programs.

This legislation reauthorizes the title VII health professions workforce programs for fiscal years 2020 through 2024.

Title VII programs have expired, but they continue to receive appropriations. In fact, in fiscal year 2018, the appropriations levels for these programs actually increased. Reauthorizing these physician workforce programs will provide the needed stability to those who depend upon this funding.

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Title VII of the Public Health Service Act includes programs that are vital to building and maintaining a well-educated, well-trained physician workforce. The EMPOWER Act reauthorizes the funding for Area Health Education Centers at more than \$40 million a year. These centers are critical in providing both medical education and healthcare services to medically underserved areas.

The bill also reauthorizes programs that incentivize diversity in the physician workforce, including the Centers of Excellence program which this bill authorizes at a level of \$24 million per year. This particular program provides grants to medical schools that have a disproportionate number of minority students for the purpose of expanding the school's capacity or to improve curriculum.

Primary care is an important aspect of our Nation's healthcare system, and now many Americans receive the majority of their healthcare services through primary care centers. H.R. 2781 reauthorizes funding for our Primary Care Training and Enhancement Program at more than \$50 million a year. This program provides grants to hospitals and other professional schools to develop and operate supplemental primary training programs.

Lastly, this bill aims to strengthen our workforce that cares for our geriatric population. This bill makes strides towards modernizing the Geriatric Workforce Enhancement program and the Geriatric Academic Career Awards. With an aging population, our workforce needs to be adequately trained in handling the unique needs of our seniors. These two programs enable physicians and other providers to be able to achieve that training.

I want to thank Representative SCHAKOWSKY and the staff of the Energy and Commerce Committee for their work on this legislation. Reauthorizing title VII is long overdue, especially in a time when our existing physician workforce is struggling to keep up with the demand for healthcare services.

Madam Speaker, I urge support of this legislation, and I reserve the balance of my time.

Ms. SCHAKOWSKY. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, for decades title VII programs have assisted students from minority and economically disadvantaged backgrounds to enter the health professions by focusing on development, retention, matriculation, and graduation, but we still have a lot of work to do.

In 1998 about 7 percent of the medical school matriculants were Black, and 5 percent were Hispanic and Latino. In 2016 those numbers only increased to 8.2 percent for African Americans and 6.2 percent for Hispanics and Latinos. I believe the extreme racial health disparities in this country are directly linked to the lack of underrepresented minorities in medicine. This legislation reflects our commitment to a diverse workforce by authorizing higher funding levels for these diversity programs.

We also have a rapidly growing population of older Americans, as Mr. BURGESS mentioned. This legislation will address the extreme shortage of health professionals expertly trained for care of the rapidly growing and diverse population of older Americans.

As well, the pediatric workforce is at a crisis point right now. In my home State of Illinois, for example, we face severe shortages of child and adolescent psychiatrists. Children with special or complex health issues often have to wait months before a specialist can see them, and this is unacceptable. So this legislation will encourage physicians to specialize in pediatric care by authorizing funding for this critical program for the first time since 2010.

Finally, this bill also creates a new program to increase diversity in the professions of physical therapists, occupational therapists, audiologists, and speech-language pathologists. This was a section that was added by my colleague from Illinois, BOBBY RUSH, and we appreciate that.

This bill assures almost \$2 billion in funding over the next 5 years for these essential programs.

Madam Speaker, I reserve the balance of my time.

Mr. BURGESS. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, I have no additional speakers and am prepared to close.

This is a good bill. It was a good bill last Congress when we passed it then and sent it over to the Senate. The authorization on these programs has expired. They are continuing to receive funding. The people who depend upon these programs deserve the certainty that reauthorization would allow.

Madam Speaker, I urge passage of the bill, and I yield back the balance of my time.

Ms. SCHAKOWSKY. Madam Speaker, I yield myself such time as I may consume.

I will close with this: I thank all the Members who worked together to produce this great legislation, especially my colleague, Congressman MICHAEL BURGESS, who has been a champion of these issues and introduced the bill along with me and the chairman of our Energy and Commerce Committee, Mr. PALLONE.

I also would like to give a quick thank you to the Energy and Commerce Health Subcommittee staff on both sides of the aisle and my health policy advisor, Osaremen Okolo.

Madam Speaker, I would also like to include in the RECORD a few letters and statements from the Association of American Medical Colleges, the American Academy of Pediatrics, the Eldercare Workforce Alliance, the American Geriatrics Society, the National Association for Geriatric Education and the National Hispanic Medical Association all urging strong support for this legislation.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

"The HRSA Title VII programs improve access to care for rural and underserved communities and create a diverse and culturally competent health workforce, which can enhance patients' health outcomes," said the AAMC (Association of American Medical Colleges). "We applaud the House of Representatives for passing bipartisan Title VII reauthorization and recognizing the need to increase federal funding in our nation's health workforce infrastructure."

## AMERICAN GERIATRICS SOCIETY

“The future we’re working for at the AGS—a future when all older Americans have access to high-quality, person-centered care—begins by building the workforce to make that possible, and by ensuring that workforce can connect us to the tools and supports we need as we grow older together,” observed Nancy E. Lundebjerg, MPA, CEO of the AGS. “The EMPOWER for Health Act will make that possible by supporting two training programs that are as critical to our future as they are widely supported, thanks in large part to the bipartisan efforts that will make this bill law.”

## ELDERCARE WORKFORCE ALLIANCE

“Our nation faces a severe and growing shortage of eldercare professionals with the skills and training to meet the unique healthcare needs of older adults,” said Amy York, Executive Director of the Eldercare Workforce Alliance. “EWA supports the EMPOWER for Health Act of 2019 because it expands the only federal geriatrics training program. That’s an investment in an eldercare workforce that can support well-coordinated, high-quality care for all older Americans.”

## NATIONAL ASSOCIATION FOR GERIATRIC EDUCATION

“NAGE is please to support the EMPOWER Act which will enable the GWEP and GACA programs to continue to train health care professionals and caregivers across the nation to care for older adults with the most effective and efficient practices. We are particularly indebted to Representative Schakowsky who is a true leader in aging and health care policy.”

## AMERICAN ACADEMY OF PEDIATRICS

“Across the country, there are significant shortages of pediatric subspecialists, which lead to long commutes for parents seeking care for their children and appointment wait times that can last more than three months. For a child with a complex, serious health condition, three months can seem like a lifetime. Children with complex medical conditions are among the most vulnerable; their ability to see the right doctor in a reasonable amount of time should not be determined by where they live. The EMPOWER for Health Act reauthorizes the Pediatric Subspecialty Loan Repayment Program, which is an important step toward addressing the shortage and geographic disparities that impact a child’s ability to access subspecialty care. The American Academy of Pediatrics thanks Rep. Schakowsky (D-Ill.) and Rep. Mike Burgess (R-Texas) for their leadership advancing this important legislation.”—American Academy of Pediatrics President Kyle Yasuda, MD, FAAP

## NATIONAL ASSOCIATION FOR GERIATRIC EDUCATION, NATIONAL ASSOCIATION OF GERIATRIC EDUCATION CENTERS,

October 28, 2019.

Hon. JAN SCHAKOWSKY,  
House of Representatives,  
Washington, DC.

DEAR REPRESENTATIVE SCHAKOWSKY: On behalf of the HRSA Title VII and Title VIII funded Geriatrics Workforce Enhancement Programs (GWEPs) across the country, thank you for your past support of geriatric education and for introducing the EMPOWER for Health Act of 2019, which is scheduled to come to the floor of the House for consideration today. The National Association for Geriatric Education (NAGE) is pleased to offer our full support for the EMPOWER Act, which will reauthorize the GWEP and once again make the Geriatrics Academic Career Award program (GACA) a

part of the effort to prepare the geriatrics workforce for the aging of our population. We and the growing numbers of older adults, caregivers, and clinicians caring for elders are pleased that you have been able to move this bill forward and will urge the Senate to follow this lead and provide the resources to address our nation’s growing demand for geriatric care.

We appreciate the many discussions that your staff facilitated with NAGE, as well as with the Eldercare Workforce Alliance, the American Geriatrics Society, and The Gerontological Society of America during the process of developing this legislation. This authorization and related funding are needed for the development of a health care workforce specifically trained to care for older adults and to support their family caregivers. The modest increase in the authorization in your bill will have an important impact on training in geriatric care. Likewise, the funds you have authorized for the GACA program complement the GWEP, and support faculty that will teach and lead geriatrics programs. The bill will also assist in ensuring that rural and underserved areas will have geriatrics education programs.

NAGE is a non-profit membership organization representing GWEP sites, Centers on Aging, and Geriatric Education Centers that provide education and training to health professionals in the areas of geriatrics and gerontology. Our mission is to help America’s healthcare workforce be better prepared to render age-appropriate care to today’s older Americans and those of tomorrow.

Thank you for your continued support for geriatric education programs.

Sincerely,

CATHERINE CARRICO, PH.D,  
President NAGE/  
NAGEC; Associate  
Director, Wyoming  
Geriatric Workforce  
Enhancement Pro-  
gram, Wyoming Cen-  
ter on Aging; Clin-  
ical Assistant Pro-  
fessor, College of  
Health Sciences,  
University of Wyo-  
ming.

NATIONAL HISPANIC  
MEDICAL ASSOCIATION,  
Washington, DC, July 21, 2019.

Hon. JAN SCHAKOWSKY,  
Committee on Energy & Commerce, House of  
Representatives, Washington, DC.

DEAR CONGRESSWOMAN SCHAKOWSKY: On behalf of the National Hispanic Medical Association (NHMA) Board of Directors, we strongly support H.R. 2781 “Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health (EMPOWER for Health) Act of 2019”.

We support the amendment of Title VII of the Public Health Service Act to reauthorize certain programs relating to the health professions workforce from FY 2020 through FY 2024. Critical health professional development programs revolving around the underserved, Hispanic communities of this country have been a staple of our organization. The programs listed in this document are essential to furthering patient population, physician parity.

The Centers of Excellence program award recipients, who recruit, train, and retain underrepresented minority students and faculty at health professional schools, achieve the ultimate goal of producing a quality healthcare workforce whose racial and ethnic diversity is representative of the U.S. populations.

Health Professionals Training for Diver- sity has provided scholarships for disadvan-

tagged students, loan repayments, and fellowships regarding faculty positions. These programs have assisted students from minority and economically disadvantaged back- grounds to enter the health professions for decades by focusing on student development, retention, matriculation, and graduation.

Past health professional school, graduate medical education enjoys funds and accreditation authorized by this legislation. The Primary Care Training and Enhancement program accredits and funds residency and internship programs in the fields of family medicine, general internal medicine, and general pediatrics, and provides a need-based financial assistance.

The National Hispanic Medical Association strongly supports H.R. 2781 “Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health (EMPOWER for Health) Act of 2019”. We are especially supportive since this bill reauthorizes the aforementioned programs and generally furthers a healthcare workforce that represents the U.S. patient population.

Sincerely,

ELENA RIOS, MD, MSPH, FACP,  
President & CEO.

Ms. SCHAKOWSKY, Madam Speaker, I certainly urge all my colleagues to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Ms. TITUS). The question is on the motion offered by the gentlewoman from Illinois (Ms. SCHAKOWSKY) that the House suspend the rules and pass the bill, H.R. 2781, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

## TITLE VIII NURSING WORKFORCE REAUTHORIZATION ACT OF 2019

Ms. SCHAKOWSKY, Madam Speaker, I move to suspend the rules and pass the bill (H.R. 728) to amend title VIII of the Public Health Service Act to extend advanced education nursing grants to support clinical nurse specialist programs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 728

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

(a) **SHORT TITLE.**—This Act may be cited as the “Title VIII Nursing Workforce Reauthorization Act of 2019”.

(b) **TABLE OF CONTENTS.**—The table of contents of this Act is as follows:

- Sec. 1. Short title; table of contents.  
Sec. 2. General provisions.  
Sec. 3. Nurse practitioners, nurse midwives, nurse anesthetists, and other advanced education nurses.  
Sec. 4. Increasing nursing workforce diversity.  
Sec. 5. Strengthening capacity for basic nurse education and practice.  
Sec. 6. Student loans.  
Sec. 7. National Advisory Council on Nurse Education and Practice.  
Sec. 8. Other provisions.

**SEC. 2. GENERAL PROVISIONS.**

(a) **APPLICATION.**—Section 802(c) of the Public Health Service Act (42 U.S.C. 296a(c)) is amended by striking “shall address relevant national