Summary of PPACA Provisions Related to HRSA’s Health Professions Programs and Other PHSA Workforce Programs

The Patient Protection and Affordable Care Act (PPACA, P.L. 111-148) includes numerous provisions that reauthorize health professions education and training programs authorized under Title VII of the Public Health Service Act (PHSA). Through these programs, the Health Resources and Services Administration (HRSA) provides grants to medical and other health professions schools to improve the diversity, distribution, and supply of the health professions workforce with an emphasis on primary care and interdisciplinary education and training. The programs fall under five categories:

- Student loans;
- Primary care;
- Health professions training for diversity;
- Interdisciplinary, community-based linkages; and
- Health professions and public health workforce.

Please find below a summary of the updated, expanded, and new programs under Title VII of the PHSA.

PPACA also updates or establishes several additional workforce programs authorized in other parts of the Public Health Service Act. Among others, examples of these programs and activities include:

- National Health Care Workforce Commission;
- Primary care extension program;
- National Health Service Corps;
- Public Health Sciences Track; and
- Title VIII nursing education programs.

A brief summary of these programs follows the summary of the HRSA Title VII health professions programs.

Health Professions Programs under Title VII of the Public Health Service Act

Sec. 5002: Definitions
(a) This subsection defines “allied health professional,” “health care career pathway,” “institution of higher education,” “low income individual,” “state workforce investment board,” “local workforce investment board,” “postsecondary education,” and “registered apprenticeship program.”

(b) Within Title VII of the Public Health Service Act, this subsection redefines “physician assistant education program,” and defines “Area Health Education Center,” “Area Health Education Center Program,” “clinical social worker,” “cultural competency,” “direct care worker,” “Federally qualified health center,” “frontier health professional shortage area,” “graduate psychology,” “health disparity population,” “health literacy,” “mental health service professional,” “one-stop delivery system center,” “paraprofessional child and adolescent mental health worker,” “racial and ethnic minority group,” “racial and ethnic minority population,” and “rural health clinic.”

(c) This subsection amends and defines terms within Title VIII of the Public Health Service Act.
Student Loans

Sec. 5201: Federally Supported Student Loan Funds
This section updates the HRSA Title VII student loan programs, including the Primary Care Loan. Specifically, the legislation establishes a more reasonable default rate (2 percent greater than the rate the student would pay if compliant, instead of 18 percent); requires loan recipients to practice primary care for the earlier of 10 years or the date the loan is repaid; and directs HRSA to amend loan guidelines to reflect that HHS shall not require parental information to determine financial need for independent students, with determination of need for such information at the discretion of the loan officer. The section also includes a “Sense of the Congress” that funds repaid under the loan program should be used for the program instead of returned to the Treasury.

Health Professions Training for Diversity

Sec. 5401 and Sec. 5402: Centers of Excellence and Health Care Professionals Training for Diversity
Sec. 5401 reauthorizes the Title VII Centers of Excellence (COE) at $50 million for each of FYs 2010 through 2015 and such sums for subsequent years. The legislation also updates the formula for funding allocations to reflect funding levels in excess of $40 million. Sec. 5402 increases the maximum award for Title VII faculty loan repayment from $20,000 to $30,000, and reauthorizes the program at $5 million for each of FYs 2010-2014. This section also reauthorizes the Title VII Scholarships for Disadvantaged Students program at $51 million for FY 2010 (and such sums for each of FYs 2011-2014) and reauthorizes the Title VII Health Careers Opportunity Program (HCOP) at $60 million for FY 2010 and such sums for FYs 2011-2014.

Sec. 5307: Cultural Competency, Prevention and Public Health, and Individuals with Disabilities Training
This section amends Section 741 of the Public Health Service Act (42 USC 293e) to direct the Secretary to support the development, evaluation, and dissemination of research, demonstration projects, and model health professions curricula (including continuing education programs) for cultural competency, prevention, and public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities. The section also directs the Secretary to collaborate with health professional societies, licensing and accreditation entities, and other experts. Model curricula developed under this section shall be disseminated through the Internet Clearinghouse under Section 270, and the Secretary is directed to evaluate adoption and implementation of these curricula and “facilitate inclusion of these competency measures in quality measurement systems as appropriate.” The legislation also amends Section 807 of the Public Health Service Act to establish the same program for nursing curricula. The section authorizes such sums as necessary for each of FYs 2010-2015 for both the Title VII and the Title VIII programs.

Primary Care Training Programs

Sec. 5301: Training in Family Medicine, General Internal Medicine, General Pediatrics, and Physician Assistantship
This section amends the Title VII primary care medicine programs (Sec. 747) to authorize primary care medicine programs distinctly from primary care dentistry programs, and authorizes payments for five years (instead of three years). As previously authorized, the legislation allows the Secretary to make grants to or contracts with accredited public or nonprofit private hospitals, medical schools, or other public or private nonprofit entities, or affiliated physician assistant training programs, for primary care education and training activities. Such activities include:

- To plan, develop, operate, or participate in an accredited residency or internship program (or other accredited professional training program) in family medicine, general internal medicine, or general pediatrics (as previously authorized);
- To provide need-based traineeships and fellowships to medical students, interns, residents, practicing physicians, or other medical personnel who plan to specialize/work in family medicine, general internal medicine, or general pediatrics (as previously authorized);
- To plan, develop, and operate a program for training physicians who plan to teach in family medicine, general internal medicine, or general pediatrics training programs (as previously authorized, excepting eligibility of geriatrics);
- To plan, develop, and operate a program for training physicians teaching in community-based settings;
- To provide traineeships and fellowships to physicians who plan to teach or conduct research in a family medicine, general internal medicine, or general pediatrics training program (as previously authorized, excepting eligibility of geriatrics);
- To plan, develop, and operate physician assistant education programs and training programs for individuals who will teach (as previously authorized);
- To plan, develop, and operate a demonstration program that provides training in new competencies recommended by the HRSA Advisory Committee on Primary Care Training in Medicine and Dentistry (ACTPCMD) and the National Health Care Workforce Commission, which may include:
  - Training relevant to patient-centered medical homes (as defined by the Secretary for this section);
  - Developing tools and curricula relevant to patient-centered medical homes; and
  - Providing continuing education relevant to patient-centered medical homes; and
- To plan, develop, and operate joint-degree programs to provide interdisciplinary and interprofessional graduate training in public health and other health professions to provide training in environmental health, infectious disease control, disease prevention and health promotion, epidemiological studies and injury control.

Additionally, the legislation authorizes the Secretary to make five-year “capacity building” grants to medical schools to establish, maintain or improve academic units or programs that improve clinical teaching and research in family medicine, general internal medicine, or general pediatrics; or programs that integrate administrative units (AAUs) in such fields to enhance interdisciplinary recruitment, training, and faculty development. Preference for “capacity building” grants will go to applicants establishing or expanding units/programs in family medicine, general internal medicine, or general pediatrics. Priority for awards will go to applicants that:

- Propose a collaborative project between AAUs of primary care;
- Propose innovative approaches to clinical teaching using models of primary care (such as the patient-centered medical home, team management of chronic disease, and interprofessional integrated models of health care);
• Have a record of training the greatest or demonstrate improvement in percentages of providers that enter and remain in primary care practice;
• Have a record of training individuals from underrepresented minority groups or rural or disadvantaged background;
• Provide training in the care of vulnerable populations such as children, older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-relate disorders, individuals with HIV/AIDS, and individuals with disabilities;
• Establish formal relationships and submit joint applications with federally qualified health centers, rural health clinics, AHECs, or clinics located in underserved areas or serve underserved populations;
• Teach trainees skill to provide interprofesisonal, integrated care;
• Provide training in competencies recommended by ACTPCMD and the National Health Care Workforce Commission (with specified competencies including enhanced communication with patients, evidence-based practice, chronic disease management, preventive care, and HIT); or
• Provide training in cultural competency and health literacy.

The legislation authorizes $125 million in FY 2010 and such sums as may be necessary for each of FYs 2011 through 2014, for all programs under this section except integrating AAUs. Fifteen percent of funds appropriated are reserved for PA training programs. For integrating AAUs, the legislation authorizes $750,000 for each of FYs 2010 through 2014.

Sec. 5302: Training Opportunities for Direct Care Workers
This section authorizes within Title VII (Sec. 747a) a program awarding grants to accredited higher education institutions that have established public-private educational partnerships with a nursing home or skilled nursing facility, agency/entity providing home and community-based services to individuals with disabilities, or other long-term care provider. Grantees should use funds to provide financial assistance to eligible individuals pursuing coursework with the intent of working in the field of geriatrics, disability services, long-term services or supports, or chronic care management for a minimum of two years. The bill authorizes $10 million for FYs 2011-2013.

Sec. 5303: Training in General, Pediatric, and Public Health Dentistry
This section authorizes funding and activities for the Title VII dentistry programs distinctly from the Title VII primary care medicine programs (under newly designated Sec. 748). The legislation allows schools of dentistry and other eligible entities to use grants to develop and operate training programs for students and oral health care providers that plan to teach, financial assistance for students and dentists who plan to teach, faculty development, pre-doctoral training, faculty loan repayment, and technical assistance. The legislation authorizes $30 million for FY 2010 and such sums for each of FYs 2011-2015, and allows awardees to carry over funds from one fiscal year to another without obtaining approval from the Secretary (for up to three years).

Sec. 5508: Increasing Teaching Capacity
(a) Teaching Health Center Development Grants – This subsection establishes a new section, 749A, under the Title VII primary care programs. Under the new program, the Secretary may award 3-year grants of up to $500,000 to “teaching health centers” – defined as an entity that is a community based, ambulatory patient care center and operates a primary care residency program – for the purpose of establishing new accredited or expanded primary care residency programs. For the purpose of the new section, primary care residency programs are defined as approved graduate medical residency training programs.
programs in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and
gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics. Potential grantees include
Federally Qualified Health Centers, community mental health centers, rural health clinics, Indian Health
Service health centers, and Title X family planning programs. Preference is awarded to applicants that
document affiliation with an area health education center (AHEC) program.

Grant funds may be used to establish or expand the residency training program (including covering costs
associated with curriculum development; recruitment, training, and retention of residents and faculty;
accreditation; and faculty salaries during the development phase) as well as for technical assistance.

The legislation authorizes $25 million for FY 2010, $50 million for each of FYs 2011-2012, and such
sums thereafter. No more than $5 million annually may be used for technical assistance program grants.

(b) National Health Service Corps Teaching Capacity – This subsection allows up to 50 percent of time
spent teaching by a member of the Corps to be counted toward his or her service obligation.

(c) Payments to Qualified Teaching Health Centers – This subsection adds a new subpart, XI, to Part D
of Title III of the Public Health Service Act (Sec. 340H) to provide payments to qualified “teaching
health centers” for expansion or establishment of new approved graduate medical residency training
programs. The legislation appropriates such sums as necessary up to $230 million for the period of FYs
2011-2015 to carry out this new section. (Please see more detailed summary of this subsection at:

Sec. 10501(l): Rural Physician Training Grants
This subsection creates a new section, 749B, within the Title VII primary care programs establishing a
grant program for accredited medical or osteopathic medical schools to establish, improve, or expand
“rural-focused” training programs. Funded programs should enroll no fewer than 10 students with
admission priority for students who have lived in and express a commitment to practicing medicine in an
“underserved community” (the Secretary is directed to define “underserved community” by regulation
within 60 days of enactment). Priority for grants will go to applicants that demonstrate (as determined
by the Secretary) a record of successfully training students practicing medicine in underserved rural
communities; that an existing academic program produces a “high percentage” of graduates that practice
medicine in underserved rural communities; rural community institutional partnerships; or submit a plan
for the long-term tracking of where graduates of the entity practice medicine.

Didactic coursework and clinical experience should include clinical rotations in underserved rural
communities, applicable specialties, and other additional coursework or training experiences focused on
medical issues prevalent in underserved rural communities. Where available, the program should assist
students in obtaining clinical training experiences in locations with postgraduate programs offering
residency training opportunities in underserved rural communities, and should provide and require
students to participate in group activities to develop, maintain, and reinforce the commitment to practice
in an underserved community.

Grantees will be required to submit annual reports on the success of the program, including residency
program selection of graduating students. Funds should supplement, not supplant, other funds expended
by the grantee to carry out these activities, and grantees will be required to maintain non-Federal

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funding for the program at pre-grant levels. The legislation authorizes $4 million for each of FYs 2010-2013.

**Interdisciplinary, Community-based Linkages**

**Sec. 5403: Interdisciplinary, Community-based Linkages**

(a) Area Health Education Centers – This subsection reauthorizes the Area Health Education Center program (PHSA section 751) by creating an “Infrastructure Development Award” (35 percent of grants awarded) for eligible entities, including schools of medicine, incorporated consortia, or the parent institutions (or, for states with no AHECs, a school of nursing). The legislation also authorizes “Point of Service Maintenance and Enhancement Awards” (60 percent of grants awarded) for previous awardees operating an AHEC program that have a center/centers no longer eligible to receive an “Infrastructure Development Award.”

Grants of at least $250,000 annually (with adjustments based on appropriated funding levels) should be used to recruit individuals from underrepresented, disadvantaged, or rural backgrounds into the health professions; to develop and implement strategies to foster community-based training and education with an emphasis on primary care in underserved areas; to facilitate community-based field placements or preceptorships; to conduct interdisciplinary training involving an array of health professionals; to deliver or facilitate continuing education for health professionals with an emphasis on individuals providing care in underserved areas and for health disparity populations; to propose and implement outcomes measurement and evaluation strategies; and to establish a youth public health program to recruit high school students into health careers (with a focus on public health careers). Grantees may also use awards for other “innovative opportunities,” such as coordinating community-based participatory research with academic health centers and developing curricula in collaboration with community-based programs.

Similar to the previous authorization, the legislation requires that 10 percent of clinical education required for medical students occur in community settings removed from the primary teaching facility. Additionally, each AHEC program should include at least one area health education center that is independent from the awardee; is not a medical school or its parent institution; designates a unique underserved area/population removed from the participating teaching facilities’ main location; fosters networking and collaboration between academic health centers and community-based centers; serves communities in partnership with academic medical centers and in coordination with the public workforce investment system; and has a community-based governing/advisory board that reflects the diversity of the communities involved.

Grantees must provide matching funds for at least 50 percent of costs (including 25 percent in cash), with the ability to apply for waivers of not more than 75 percent of required matching for the first three years of an Infrastructure Development Award.

The bill authorizes $125 million for FYs 2010-2014, and includes a “Sense of Congress” that every state should have an AHEC program. Awardees may carry over funds from one fiscal year to another without the Secretary’s approval up to three years.

(b) Continuing Educational Support for Health Professionals Serving in Underserved Communities – This subsection strikes the authorization for the Health Education Training Centers (PHSA section 752)
and creates instead a new grant program to support activities to improve health care, increase retention, increase representation of minority faculty members, enhance the practice environment, and provide information dissemination and educational support to reduce professional isolation. Eligible entities include health professions schools, academic health centers, State or local governments, other public or private non-profit entities, and for-profit entities the Secretary determines appropriate. Funds should be used to “provide innovative supportive activities to enhance education through distance learning, continuing educational activities, collaborative conferences, and electronic and telelearning activities, with priority for primary care.” The legislation authorizes $5 million for this subsection for each of FYs 2010-2014, and such sums for subsequent years.

Sec. 5305: Geriatric Education and Training; Career Awards; Comprehensive Geriatric Education

(a) This subsection expands the Title VII geriatrics training program (PHSA section 753) to award a maximum of 24 grants of $150,000 to geriatric education centers (GECs) to develop CME-satisfying “fellowships” (short-term intensive courses) on geriatrics, chronic care management, and long-term care for medical and other health professions faculty. Courses should be offered at the GEC or the medical or other health professions schools with which the GEC is affiliated. In addition to the fellowships, grant recipients must also either offer (a) family caregiver and direct care provider training with certain specifications at minimum or no cost; or (b) incorporate mental health best practices into all training courses, where appropriate. Activities should meet targets approved by the Secretary for number of faculty/practitioners trained. Grants should supplement, not supplant other funding sources. The legislation authorizes an additional $10.8 million for this subsection for the period of FYs 2011-2014.

The legislation also establishes “Geriatric Career Incentive Awards,” for non-physician health care providers pursuing a degree in geriatrics or related fields. Grantees must commit to teaching or practicing in geriatrics, long term care, or chronic care management for a minimum of five years. The bill authorizes $10 million for the period of FYs 2011-2013 for this subsection.

(b) This subsection expands eligibility for Geriatric Academic Career Awards beyond physicians to include dentistry and all health professions disciplines approved by the Secretary. Additionally, each grantee must provide assurances that he or she has a full-time faculty appointment in a health professions institution and a documented commitment to spend 75 percent of his or her time on teaching and developing skills in interdisciplinary geriatrics education. Funds must supplement, not supplant other funding sources, and the Secretary will make payments to medical school or other institutions.

(c) This subsection amends the Title VIII Comprehensive Geriatric Education program.

Sec. 5306: Mental and Behavioral Health Education and Training Grants

This section authorizes grants to institutions of higher education for development, expansion, or enhancement of training programs in social work (authorized at $8 million for FYs 2010-2013), graduate psychology (authorized at $12 million for FYs 2010-2013, with at least $10 million for doctoral, postdoctoral, and internship level training), training in professional child and adolescent mental health (authorized at $10 million for FYs 2010-2013) and pre-service or in-service training to paraprofessionals in child and adolescent mental health (authorized at $5 million for FYs 2010-2013). The legislation establishes priorities for applicants seeking awards under this section, and requires applicants to demonstrate a diversity of participants in the institutions’ programs; knowledge and understanding of concerns of specified individuals and groups; prioritization of cultural and linguistic competency; data, assurances, and information required by the Secretary; and payment of liquidated damages, as determined by the Secretary, in the case of violation of the agreement.
Sec. 4305(c): Program for Education and Training in Pain Care
This section establishes a new section under Title VII of the PHSA, Sec. 759, which allows the Secretary to award grants, cooperative agreements, and contracts to health professions schools and other entities for the development and implementation of pain care education and training programs. The legislation defines “pain care” as “the assessment, diagnosis, treatment or management of acute or chronic pain regardless of causation or body location.” Awardees must include information on means for assessing diagnosing, treating, and managing pain; applicable laws, regulations, rules, and policies on controlled substances (including barriers to patient access); interdisciplinary approaches to delivery of pain care; cultural, linguistic, literacy, geographic, and other barriers to care; and recent developments in provision of pain care. The section authorizes such sums for each of FYs 2010 through 2012.

Health Professions and Public Health Workforce

Sec. 5103: Health Care Workforce Program Assessment
(a) This section authorizes the State and Regional Centers for Health Workforce Analysis (PHSA section 761) and establishes under Title VII a National Center for Health Workforce Analysis that will coordinate with the newly created Commission (Sec. 5101) to evaluate and develop benchmarks for the Title VII programs; to establish and maintain a public registry of Title VII grants, as well as a database that compiles data from longitudinal evaluations (see below). The National Center is directed to collaborate with Federal agencies and relevant professional and educational organizations to link data on Title VII grants to appropriate data sets.

This section also authorizes the Secretary to increase the amount of a Title VII grant to establish and maintain a longitudinal evaluation of individuals that have participated in a Title VII program. For the National Center, the bill authorizes $7.5 million for each of FYs 2010-2014. For the state and regional centers, the bill authorizes $4.5 million in each of FYs 2010-2014. For longitudinal evaluation grants, the bill authorizes such sums as necessary for FYs 2010-2014.

(b) The legislation directs that within 180 days of enactment, the responsibilities and resources of HRSA’s National Center for Health Workforce Analysis should be transferred to the newly created National Center.

(c) This subsection establishes a preference for grant applicants that utilize a longitudinal evaluation.

(d) This subsection directs the HRSA Advisory Committee on Training in Primary Care Medicine and Dentistry, Advisory Committee on Interdisciplinary, Community-Based Linkages, and Council on Graduate Medical Education to develop, publish, and implement performance measures for Title VII programs, develop and publish guidelines for longitudinal evaluations, and recommend appropriations levels for Title VII programs.

Sec. 10501 (m): Preventive Medicine and Public Health Training Grant Program
This section reauthorizes the Title VII preventive medicine and public health training grant program, and extends eligibility for grants beyond schools of medicine and public health to public or private nonprofit hospitals and State, local, or tribal health departments (or consortia thereof) as well (schools of dentistry are no longer listed as eligible entities, but public health dentistry activities are authorized
under Sec. 5303 of the legislation (Sec. 748 of the PHSA). Grantees may use funds to plan, develop operate, or participate in an accredited residency or internship program in preventive medicine or public health; defray costs of a program’s required practicum experiences; and establish, maintain or improve academic administrative units or programs that improve clinical teaching in preventive medicine and public health. This section requires the Secretary to submit to Congress an annual report on the program. The legislation authorizes $43 million for the public health and preventive medicine training programs, with no more than 30 percent reserved for public health traineeships.

Sec. 5203: Health Care Workforce Loan Repayment Programs
This section authorizes under a new PHSA section, 775, a loan repayment program for health professionals agreeing to serve at least two years in pediatric medical subspecialties, pediatric surgical specialties, or child and adolescent mental and behavioral health. Eligible individuals must agree to work in a health professional shortage area or medically underserved area, or to serve a medically underserved population, with priority for those who will work in a school setting; have familiarity with evidence-based methods and cultural and linguistic competence health care services; and demonstrate financial need. Awardees receive up to $35,000 for each year of service, up to three years. For pediatric medical specialists and pediatric surgical specialists, the legislation authorizes $30 million for each of FYs 2010 through 2014, and for child and adolescent mental and behavioral health professionals, the legislation authorizes $20 million for each of FYs 2010 – 2013.

Sec. 5204: Public Health Workforce Recruitment and Retention Programs
This section establishes a public health workforce loan repayment program under new PHSA section 776. Eligible individuals must accept employment for three or more years with a Federal, State, local or tribal public health agency or a related training fellowship. Individuals may receive a greater loan repayment amount in exchange for agreeing to relocate to a “priority service area.” The legislation authorizes $195 million for FY 2010 and such sums for each of FYs 2011 through 2015.

Sec. 5206: Grants for State and Local Programs
This section amends the Title VII public health training programs to allow grant funds to support public health workforce loan repayment. Additionally, this section establishes a new program (new PHSA section 777) authorizing the Secretary to make grants to educational institutions to award scholarships to mid-career professionals in the public health and allied health workforce to receive additional training in those fields. The legislation authorizes $60 million in FY 2010 and such sums for each of FYs 2011-2015. Fifty percent of appropriated funds shall be allotted to public health, and 50 percent to allied health.

Sec. 5314: Fellowship Training in Public Health
This section adds a new section, 778, to Title VII of the Public Health Service Act (public health training programs) and directs the Secretary to “provide for the expansion of existing fellowship programs operated through the Centers for Disease Control and Prevention” as well as expansion of other programs to alleviate shortages in State and local health departments in applied public health epidemiology and public health laboratory science and informatics. Funds may also be used to expand the Epidemic Intelligence Service. The bill authorizes $39.5 million for each of FYs 2010-2013, with funding levels designated by activity.

Other Health Workforce Programs
Sec. 5101: National Health Care Workforce Commission
This section establishes a National Health Care Workforce Commission, comprised of 15 individuals representing a broad range of stakeholders appointed by the Comptroller General. The majority of members should be individuals that are not directly involved in health professions education or practice. The commission is required to submit to Congress and the Administration an annual report that reviews and includes recommendations on current and projected health care workforce supply and demand (including training capacity and implications of new and existing Federal health workforce policies, such as Title VII and Medicare and Medicaid GME), as well as an annual report on at least one “high priority area” specified in the bill (such as aligning Medicare and Medicaid GME with national workforce goals). The commission will oversee the newly created State Health Care Workforce Development Grants (Sec. 5102) and will assess and receive reports from the newly established National Center for Health Care Workforce Analysis (Sec. 5103) under Title VII. The commission will be funded through appropriations distinct from the amounts appropriated for the Comptroller General, authorized at “such sums as may be necessary.”

Sec. 5102: State Health Care Workforce Development Grants
This section establishes a competitive grant program administered by HRSA, but the National Health Care Workforce Commission (Sec. 5101) will oversee development, implementation, and evaluation activities. One-year planning grants of up to $150,000 (with a 15 percent matching requirement) will be awarded to eligible state workforce investment boards, administered by an agency designated by the Governor. Grants should be used to analyze state labor markets; identify high-demand health care sectors; identify existing resources to recruit, educate or train, and retain a skilled health workforce; describe academic and industry standards; describe education and training policies; and identify state and federal policies for and barriers to comprehensive workforce development strategy. The Commission will recommend which eligible state partnerships will receive two-year implementation grants (with a 25 percent matching requirement) to implement activities resulting in a comprehensive workforce development plan for the State. The bill authorizes $8 million in FY 2010 for the planning grants and $150 million in FY 2010 for implementation grants, with “such sums as may be necessary” in subsequent years.

Sec. 5405: Primary Care Extension Program
This section establishes under Title III of the PHSA a Primary Care Extension Program that will offer grants through states to support and assist primary care providers in educating health care professionals on preventive medicine, health promotion, chronic disease management, mental and behavioral health services, and evidence-based and evidence-informed therapies and techniques. For this section, primary care provider is defined as “a clinician who provides integrated accessible health care services and who is accountable for addressing a large majority of personal health needs, including providing preventive and health promotion services for men, women, and children of all ages, developing a sustained partnership with patients, and practicing in the context of family and community, as recognized by a State licensing or regulatory authority, unless otherwise specified in this section.”

The Secretary is directed to award 6-year program grants or 2-year planning grants to states to establish “Primary Care Extension Program State Hubs” that at minimum include primary care departments of 1 or more health professions schools in the state, the state health department, and the state-level entities
responsible for administering the Medicaid and Medicare programs. Hubs may also include hospital associations, primary care practice-based research networks, health professional societies, State primary care associations, State licensing boards, consumer groups, and others. Hubs will submit to the Secretary a plan for coordinating functions with quality improvement organizations and area health education centers; contract with and administer grant funds to county- or local-level entities that serve as the “Primary Care Extension Agency”; and organize State-wide or multistate networks of local-level Primary Care Extension Agencies to share and disseminate information and practices.

Local Primary Care Extension Agencies will assist primary care providers in implementing a patient-centered medical home; develop and support primary care learning communities; participate in a national network of Primary Care Extension Hubs; and develop a plan for financial sustainability after the initial 6-year period of program establishment, infrastructure development, and planning. The legislation also allows Agencies to conduct other activities, such as technical assistance for community health teams, data collection, and other activities.

The bill authorizes $120 million for each of FYs 2011 and 2012 and such sums for each of FYs 2013 through 2014. No more than 10 percent of the grant should be used to carry out administrative activities and funds should not be used for direct patient care.

Sec. 5207: Funding for the National Health Service Corps
This section incrementally increases the authorization for the National Health Service Corps (NHSC) to $1.15 billion in FY 2015. Sec. 5207 also provides a formula for increased authorizations in future years proportionate to increases in the cost of health professions education and increases in the population that resides in health professional shortage areas.

Sec. 5315: United States Public Health Sciences Track
The legislation creates a new Part D under Title II of the Public Health Service Act to establish a “Public Health Sciences Track” administered by the Surgeon General (with advice from the Workforce Commission established in Sec. 5101 of the legislation) organized to graduate annually at least 150 medical students (10 of whom shall be awarded studentships to the Uniformed Services University of Health Sciences); 100 dental students; 250 nursing students; 100 public health students; 100 behavioral and mental health professional students; 100 physician assistant or nurse practitioner students; and 50 pharmacy students. The Track shall be located at accredited, affiliated health professions education training programs at academic health centers in regions determined by the Surgeon General.

The Surgeon General, considering recommendations of the Commission, will prescribe procedures for selecting students at the Track with priority for applicants from rural communities and underrepresented minorities. Upon admission, Track students will receive tuition (or tuition remission) and a stipend for each school year up to four years enrolled in the Track, pursuant to an agreement between the Track and the institution. Students must agree to maintain enrollment and acceptable academic level of standing until completion, to complete a residency or internship in a specialty determined by the Surgeon General, and to serve within the Commissioned Corps of the Public Health Service for a period of two years for each year enrolled in the Track (the period of obligated service may be reduced under certain circumstances). The Surgeon General, based on recommendations of the Workforce Commission, shall
establish stipend rates and Federal tuition remission rates for the Track, and institutions participating in the track must agree to accept the remission rate as payment in full.

The Surgeon General is directed to obtain the services of (and may confer academic titles upon) professors, instructors, and administrative employees to operate the Track, utilizing existing health professions training institutions as possible. Salary schedules and benefits for faculty and staff will be determined by the Secretary on a comparable basis with employees of fully accredited health professions schools. Additionally, the Surgeon General may negotiate agreements with agencies of the Federal Government to use on a reimbursable basis Federal medical resources, though the facilities will retain their identities and basic missions. Educational programs that may be established for Track students include postdoctoral, postgraduate, and technological programs or a cooperative program for medical and other health professional students. The legislation also directs the Surgeon General to establish programs in continuing medical education for health professionals, and to develop an integrated longitudinal plan for health professions continuing education that emphasizes patient-centered, interdisciplinary, and care coordination skills, throughout the continuum of health related education, training, and practice. Experience with deployment of emergency response teams should be included during the clinical experiences. Highly qualified Track faculty, students, and graduates may be appointed to elite Federal disaster preparedness teams, if they meet certain to-be determined criteria.

The legislation directs the Secretary to transfer from the Public Health and Social Services Emergency Fund such sums as necessary to carry out the Track, beginning in FY 2010. The Secretary may develop the Track in phases.

Reauthorization of Title VIII Nursing Education Programs
The legislation reauthorizes nursing education programs under Title VIII of the Public Health Service Act, including:

- Sec. 5202 Nursing Student Loan Program
- Sec. 5308: Advanced Nursing Education Grants
- Sec. 5309: Nurse Education, Practice, and Retention Grants
- Sec. 5310: Loan Repayment and Scholarship Program
- Sec. 5311: Nurse Faculty Loan Program
- Sec. 5312: Authorization of Appropriations for Parts B through D of Title VIII
- Sec. 5404: Workforce Diversity Grants
- Sec. 5305(c): Comprehensive Geriatric Education

Sec. 5313: Grants to Promote the Community Health Workforce
This section authorizes a new section under Title III of the PHSA to award grants through the Centers for Disease Control and Prevention (CDC) to support community health workers that promote positive health behaviors for populations in medically underserved communities. Eligible entities include public or non-profit entity (including a hospital, Federally-qualified health center, public health department, free health clinic, and a State or public subdivision) and consortia thereof. Priority shall be awarded to applicants that: target geographic areas with a high percentage of uninsured residents eligible for insurance, with a high percentage of residents suffering from chronic diseases, or with high infant mortality rates; have experience providing health or related services to the underserved; and have documented community activity and experience with community health workers. The legislation directs
the Secretary to encourage – but not require – collaborations with academic institutions and “one-stop delivery systems.”

Funds should be used to educate, guide, and provide outreach regarding: health problems prevalent in medically underserved communities (particularly racial and ethnic minority populations); effective strategies to promote positive and discourage risky health behaviors; enrollment in health insurance, including CHIP, Medicare, and Medicaid. Funds also should be used to identify, educate, refer, and enroll underserved populations to appropriate health care agencies and organization and to educate, guide, and provide home visitation services regarding maternal health and prenatal care. The Secretary shall establish and monitor compliance with guidelines to assure the quality of training and supervision of community health workers funded through this program and for assuring cost-effectiveness of the programs. The section authorizes such sums for each of FYs 2010-2014.

Sec.5304: Alternative Dental Health Care Providers Demonstration Project
This section authorizes within two years of enactment under Title III of the PHSA a 5-year demonstration program awarding 15 grants to establish training programs for or to employ alternative dental health care providers in rural and underserved communities. Alternative health care providers includes primary care physicians; community dental health coordinators; advance practice, independent, or supervised dental hygienists; dental therapists; dental health aides; or other health professionals determined by the Secretary. Eligible entities should be within an accredited dental education program or institution, and be an institution of higher education; public-private partnership; federally qualified health center; Indian Health Service facility; State or county public health clinic; or public hospital or health system. The IOM will conduct a study of the demonstration program. The section authorizes such sums as necessary for the program.

Sec. 5205: Allied Health Workforce Recruitment and Retention Programs
This section amends Section 428K of the Higher Education Act (20 U.S.C. 1078-11) to allow eligibility of certain allied health professionals.

Sec.5208: Nurse-managed Health Clinics
This section authorizes grants under Title III of the Public Health Service Act to operate nurse-managed health clinics (NMHC) that provide comprehensive primary health care services without regard to income or insurance status. The clinics must be led by at least one advanced practice nurse, nurses must be the major providers of services at the NMHC, and the NMHC must be associated with a school, college, university, or department of nursing, federally qualified health center, or independent nonprofit health or social services agency. The section authorizes $50 million in FY 2010 and such sums for each of FYs 2011-2014.

Sec.5209: Elimination of Cap on Commissioned Corps
This section eliminates the provision that limits participation in the commissioned corps to 2,800.

Sec. 5210: Establishing a Ready Reserve Corps
This section establishes under Title II of the Public Health Service Act a Ready Reserve Corps within the Commissioned Corps for service during a national emergency as well as routine public health response missions. As of the date of enactment, the section also redesignates officers of the previous Reserve Corps as officers of the “Regular Corps.” Commissioned officers of the Regular Corps are to be appointed by the President with the advice and consent of the Senate, while commissioned officers of the Ready Reserve Corps are to be appointed by the President.

Ready Reserve Corps members may be called to active duty by the Surgeon General to respond to national emergencies and public health crises, to fill critical positions left vacant by members of the Regular Corps who have been called to duty elsewhere, to respond to foreign and domestic public health emergencies, and to serve in isolated, hardship, and medically underserved communities. The section authorizes $5 million for each of FYs 2010-2014 for recruitment to and training the Commissioned Corps, and $12.5 million for each of FYs 2010-2014 for the Ready Reserve Corps.