

115TH CONGRESS
1ST SESSION

H. R. 3713

To amend the Public Health Service Act to support geriatrics education and training to address the elder care workforce shortage, promote interdisciplinary team-based care, educate and engage family caregivers, and improve the quality of care delivered to older adults, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 8, 2017

Ms. SCHAKOWSKY (for herself, Ms. MATSUI, and Mr. MCKINLEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to support geriatrics education and training to address the elder care workforce shortage, promote interdisciplinary team-based care, educate and engage family caregivers, and improve the quality of care delivered to older adults, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Geriatrics Workforce
5 and Caregiver Enhancement Act”.

1 **SEC. 2. EDUCATION AND TRAINING RELATING TO GERI-**
2 **ATRICS.**

3 Section 753 of the Public Health Service Act (42
4 U.S.C. 294c) is amended to read as follows:

5 **“SEC. 753. EDUCATION AND TRAINING RELATING TO GERI-**
6 **ATRICS.**

7 **“(a) GERIATRICS WORKFORCE ENHANCEMENT PRO-**
8 **GRAM.—**

9 **“(1) IN GENERAL.—**The Secretary shall award
10 grants under this subsection to entities described in
11 paragraph (1), (3), or (4) of section 799B, section
12 801(2), or section 865(d), or other health profes-
13 sions schools or programs approved by the Sec-
14 retary, for the establishment or operation of geri-
15 atric workforce enhancement programs that meet
16 the requirements of paragraph (2).

17 **“(2) REQUIREMENTS.—**A geriatrics workforce
18 enhancement program meets the requirements of
19 this paragraph if such program supports the devel-
20 opment of a health care workforce that maximizes
21 patient and family engagement and improves health
22 outcomes for older adults by integrating geriatrics
23 with primary care and other appropriate specialties.
24 Special emphasis should be placed on providing the
25 primary care workforce with the knowledge and
26 skills to care for older adults and collaborating with

1 community partners to address gaps in health care
2 for older adults through individual, system, commu-
3 nity, and population level changes. Areas of pro-
4 grammatic focus may include the following:

5 “(A) Transforming clinical training envi-
6 ronments to integrated geriatrics and primary
7 care delivery systems to ensure trainees are well
8 prepared to practice in and lead in such sys-
9 tems.

10 “(B) Developing providers who can assess
11 and address the needs and preferences of older
12 adults and their families and caregivers at the
13 individual, community, and population levels.

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

19 “(D) Providing Alzheimer’s disease and re-
20 lated dementias (ADRD) education to the fami-
21 lies and caregivers of older adults, direct care
22 workers, health professions students, faculty,
23 and providers.

1 “(3) DURATION.—The Secretary shall award
2 grants under paragraph (1) for a period not to ex-
3 ceed five years.

4 “(4) APPLICATION.—To be eligible to receive a
5 grant under paragraph (1), an entity described in
6 such paragraph shall submit to the Secretary an ap-
7 plication at such time, in such manner, and con-
8 taining such information as the Secretary may re-
9 quire.

10 “(5) PRIORITY.—In awarding grants under
11 paragraph (1), the Secretary—

12 “(A) shall ensure an equitable geographic
13 distribution of grant recipients;

14 “(B) shall give priority to—

15 “(i) programs with the goal of improv-
16 ing and providing comprehensive coordi-
17 nated care of older adults, including med-
18 ical, dental, and psychosocial needs;

19 “(ii) programs that support the train-
20 ing and retraining of faculty, preceptors,
21 primary care providers, and providers in
22 other specialties to increase their knowl-
23 edge of geriatrics and gerontology;

24 “(iii) programs that provide clinical
25 experiences across care settings, including

1 ambulatory care, hospitals, post-acute care,
2 nursing homes, federally qualified health
3 centers, and home and community-based
4 services;

5 “(iv) programs that emphasize edu-
6 cation and engagement of family caregivers
7 on disease self-management, medication
8 management, and stress reduction strate-
9 gies;

10 “(v) programs that provide training to
11 the health care workforce on disease self-
12 management, motivational interviewing,
13 medication management, and stress reduc-
14 tion strategies;

15 “(vi) programs that provide training
16 to the health care workforce on social de-
17 terminants of health in order to better ad-
18 dress the geriatric health care needs of di-
19 verse populations; and

20 “(vii) programs that integrate geri-
21 atrics competencies and interprofessional
22 collaborative practice into health care edu-
23 cation and training curricula for residents,
24 fellows, and students; and

25 “(C) may give priority to—

1 “(i) programs that substantially ben-
2 efit rural or underserved populations of
3 older adults;

4 “(ii) programs that integrate behav-
5 ioral health competencies into primary care
6 practice, especially with respect to elder
7 abuse, pain management, and advance care
8 planning; or

9 “(iii) programs that offer short-term
10 intensive courses (referred to in this clause
11 as a ‘fellowship’) that focus on geriatrics,
12 gerontology, chronic care management, and
13 long-term care that provide supplemental
14 training for faculty members in medical
15 schools and other health professions
16 schools or graduate programs in psy-
17 chology, pharmacy, nursing, social work,
18 dentistry, public health, allied health, or
19 other health disciplines, as approved by the
20 Secretary. Such a fellowship shall be open
21 to current faculty, and appropriately
22 credentialed volunteer faculty and practi-
23 tioners, to upgrade their knowledge and
24 clinical skills for the care of older adults,
25 and adults with functional and cognitive

1 limitations and to enhance their inter-
2 disciplinary teaching skills.

3 “(6) AUTHORIZATION OF APPROPRIATIONS.—In
4 addition to any other funding available to carry out
5 this subsection, there is authorized to be appro-
6 priated \$45,800,000 for each of fiscal years 2018
7 through 2023 for purposes of carrying out this sub-
8 section.

9 “(b) GERIATRIC ACADEMIC CAREER AWARDS.—

10 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-
11 retary shall establish a program to provide Geriatric
12 Academic Career Awards to eligible entities applying
13 on behalf of eligible individuals to promote the ca-
14 reer development of such individuals as academic
15 geriatricians or other academic geriatrics health pro-
16 fessionals.

17 “(2) ELIGIBILITY.—

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

21 “(i) an entity described in paragraph
22 (1), (3), or (4) of section 295p or section
23 296(2); or

1 “(ii) an accredited health professions
2 school or graduate program approved by
3 the Secretary.

4 “(B) ELIGIBLE INDIVIDUAL.—For pur-
5 poses of this subsection, the term ‘eligible indi-
6 vidual’ means an individual who—

7 “(i) is board certified or board eligible
8 in internal medicine, family practice, psy-
9 chiatry, or licensed dentistry, or has com-
10 pleted any required training in a discipline
11 and is employed in an accredited health
12 professions school or graduate program
13 that is approved by the Secretary; or

14 “(ii) has completed an approved fel-
15 lowship program in geriatrics or geron-
16 tology, or has completed specialty training
17 in geriatrics or gerontology as required by
18 the discipline and any additional geriatrics
19 or gerontology training as required by the
20 Secretary; and

21 “(iii) has a junior (non-tenured) fac-
22 ulty appointment at an accredited school of
23 allopathic medicine, osteopathic medicine,
24 nursing, social work, psychology, dentistry,
25 pharmacy, or other allied health disciplines

1 in an accredited health professions school
2 or graduate program that is approved by
3 the Secretary.

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

7 “(A) submits to the Secretary an applica-
8 tion, at such time, in such manner, and con-
9 taining such information as the Secretary may
10 require, and the Secretary approves such applica-
11 tion;

12 “(B) provides, in such form and manner as
13 the Secretary may require, assurances that the
14 eligible individual on whose behalf an applica-
15 tion was submitted under subparagraph (A) will
16 meet the service requirement described in para-
17 graph (7); and

18 “(C) provides, in such form and manner as
19 the Secretary may require, assurances that such
20 individual has a full-time faculty appointment
21 in an accredited health professions school or
22 graduate program and documented commitment
23 from such school or program to spend 50 per-
24 cent of the total time of such individual on

1 teaching and developing skills in interdiscipli-
2 nary education in geriatrics.

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

5 “(A) shall give priority to eligible entities
6 that apply on behalf of eligible individuals who
7 are on the faculty of institutions that integrate
8 geriatrics education, training, and best prac-
9 tices into academic program criteria;

10 “(B) may give priority to eligible entities
11 that operate a geriatrics workforce enhance-
12 ment program under subsection (a);

13 “(C) shall ensure that grants are equitably
14 distributed among rural or underserved popu-
15 lations of older adults across the various geo-
16 graphical regions of the United States;

17 “(D) shall pay particular attention to geri-
18 atrics healthcare workforce needs among under-
19 served populations and rural areas; and

20 “(E) may not require an eligible individual,
21 or an eligible entity applying on behalf of an eli-
22 gible individual, to be a recipient of a grant or
23 contract under section 753(a) or 750 of title
24 VII of the Public Health Service Act.

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

9 “(6) AMOUNT AND DURATION.—

10 “(A) AMOUNT.—The amount of an award
11 under this subsection for eligible individuals
12 who are physicians shall equal \$75,000 for fis-
13 cal year 1998, adjusted for subsequent fiscal
14 years to reflect the increase in the Consumer
15 Price Index. The Secretary shall determine the
16 amount of an award under this subsection for
17 individuals who are not physicians.

18 “(B) DURATION.—The Secretary shall
19 make awards under paragraph (1) for a period
20 not to exceed five years.

21 “(C) PAYMENT TO INSTITUTION.—The
22 Secretary shall make payments to institutions
23 which include schools of medicine, osteopathic
24 medicine, nursing, social work, psychology, den-
25 tistry, and pharmacy, or other allied health dis-

1 cipline in an accredited health professions
2 school or graduate program that is approved by
3 the Secretary.

4 “(7) SERVICE REQUIREMENT.—An eligible indi-
5 vidual on whose behalf an application was submitted
6 and approved under paragraph (3)(A) shall provide
7 training in clinical geriatrics or gerontology, includ-
8 ing the training of interdisciplinary teams of health
9 care professionals.

10 “(8) AUTHORIZATION OF APPROPRIATIONS.—
11 There is authorized to be appropriated \$5,200,000
12 for each of fiscal years 2018 through 2023 for pur-
13 poses of carrying out this subsection.”.

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