

115TH CONGRESS
2D SESSION

S. 2888

To amend Title VII of the Public Health Service Act to reauthorize programs that support interprofessional geriatric education, training, and advance research to develop a geriatric-capable workforce, improving health outcomes for a growing and diverse aging American population and their families, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 21, 2018

Ms. COLLINS (for herself and Mr. CASEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend Title VII of the Public Health Service Act to reauthorize programs that support interprofessional geriatric education, training, and advance research to develop a geriatric-capable workforce, improving health outcomes for a growing and diverse aging American population and their families, 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 Improvement Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) In 2016, 46,000,000 adults age 65 or older
4 lived in the United States, and this number is ex-
5 pected to double to over 98,000,000 by 2060. Three
6 out of four older adults are expected to have mul-
7 tiple chronic conditions, which increases the com-
8 plexity of care needed and increases medical expend-
9 itures.

10 (2) Thirty percent of older adults in the United
11 States, about 14,000,000 individuals, are projected
12 to need specialized geriatric care by 2030. That care
13 will require at least 20,000 geriatricians and even
14 more geriatric-trained health professionals. There
15 are nearly 1,000,000 physicians in the United
16 States, less than 7,300 of whom are board-certified
17 geriatricians. There are 3,600,000 nurses in the
18 United States, of whom, less than 1 percent are reg-
19 istered nurses certified in geriatrics and less than 3
20 percent are advanced practice nurses certified in ger-
21 iatrics. There are similarly few professionals cer-
22 tified in geriatrics among professionals in social
23 work, pharmacy, psychiatry, and the allied health
24 disciplines.

25 (3) Health professionals trained in geriatrics
26 understand the unique health needs and complex

1 care challenges associated with aging. Outcomes as-
2 sociated with interprofessional geriatric teams in-
3 clude improved health-related quality of life, fewer
4 emergency room visits, fewer hospital admissions
5 and, in the case of hospitalization, shorter length of
6 stay and lower costs per admission.

7 (4) Two federally funded initiatives have his-
8 torically aimed to reduce the widening gap between
9 the numbers of older adults and health professionals
10 trained in geriatrics: The Geriatrics Workforce En-
11 hancement Program (referred to in this section as
12 “GWEP”) and the Geriatrics Academic Career
13 Award (referred to in this section as “GACA”).

14 **SEC. 3. PURPOSE.**

15 It is the purpose of this Act to develop the next gen-
16 eration of geriatric scientists and innovators, improving
17 health outcomes and care delivery for older adults. To-
18 gether, the Geriatrics Workforce Enhancement Program
19 and the Geriatrics Academic Career Award develop a
20 workforce capable of providing complex, high-quality care
21 that improves health outcomes and saves valuable re-
22 sources by reducing unnecessary costs for a growing and
23 diverse aging population.

1 **SEC. 4. 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 atrics Workforce Enhancement Programs that meet
16 the requirements of paragraph (2).

17 **“(2) REQUIREMENTS.—**

18 **“(A) IN GENERAL.—**A Geriatrics Work-
19 force Enhancement Program (referred to in this
20 section as ‘GWEP’) meets the requirements of
21 this paragraph if such program supports the
22 development of a health care workforce that
23 maximizes patient and family engagement and
24 improves health outcomes for older adults by
25 integrating geriatrics with primary care and
26 other appropriate specialties. Special emphasis

1 shall be placed on providing the primary care
2 workforce with the knowledge and skills to care
3 for older adults and collaborating with commu-
4 nity partners to address gaps in health care for
5 older adults through individual-, system-, com-
6 munity-, and population-level changes.

7 “(B) PROGRAMMATIC FOCUS.—Areas of
8 programmatic focus for a program meeting the
9 requirements of this paragraph may include the
10 following:

11 “(i) Transforming clinical training en-
12 vironments into integrated geriatrics and
13 primary care delivery systems to ensure
14 trainees are well prepared to practice in
15 and lead such systems.

16 “(ii) Developing providers from mul-
17 tiple disciplines and specialties to work
18 interprofessionally to assess and address
19 the needs and preferences of older adults
20 and their families and caregivers at the in-
21 dividual, community, and population levels.

22 “(iii) Creating and delivering commu-
23 nity-based programs that will provide older
24 adults and their families and caregivers
25 with education and training to improve

1 health outcomes and the quality of care for
2 such adults.

3 “(iv) Providing education on Alz-
4 heimer’s disease and related dementias to
5 families and caregivers of older adults, di-
6 rect care workers, and health professions
7 students, faculty, and providers.

8 “(3) DURATION.—The Secretary shall award
9 grants under paragraph (1) for a period not to ex-
10 ceed 5 years.

11 “(4) APPLICATIONS.—To be eligible to receive a
12 grant under paragraph (1), an entity described in
13 such paragraph shall submit to the Secretary an ap-
14 plication at such time, in such manner, and con-
15 taining such information as the Secretary may re-
16 quire, including the specific measures the applicant
17 will use to demonstrate that the project is improving
18 the quality of care provided to older adults in the
19 applicant’s region, which may include—

20 “(A) improvements in access to care pro-
21 vided by a health professional with training in
22 geriatrics or gerontology;

23 “(B) improvements in family caregiver ca-
24 pacity to care for older adults;

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

4 “(D) reports on how the applicant will im-
5 plement specific innovations with the target au-
6 dience to improve older adults health status or
7 the quality of care.

8 “(5) PRIORITY.—

9 “(A) IN GENERAL.—In awarding grants
10 under paragraph (1), the Secretary—

11 “(i) shall ensure an equitable geo-
12 graphic distribution of grant recipients
13 based on State and regional aging demo-
14 graphics;

15 “(ii) shall give priority to programs
16 that demonstrate coordination with other
17 programmatic efforts funded under this
18 program or other public or private entities;
19 and

20 “(iii) may give priority to any pro-
21 gram that—

22 “(I) substantially benefits rural,
23 underserved, or Native American pop-
24 ulations of older adults;

1 “(II) integrates geriatrics and
2 gerontology into primary care prac-
3 tice, especially with respect to med-
4 ical, dental, and psychosocial care,
5 elder abuse, pain management, and
6 advance care planning;

7 “(III) offers courses to infuse
8 core geriatric principles of care into
9 other specialties across care settings,
10 including practicing clinical special-
11 ists, health care administrators, fac-
12 ulty without backgrounds in geri-
13 atrics, students from all health profes-
14 sions, as approved by the Secretary,
15 to improve knowledge and clinical
16 skills for the care of older adults;

17 “(IV) emphasizes integration into
18 existing service delivery locations and
19 care across settings, including pri-
20 mary care clinics, medical homes,
21 Federally-qualified health centers, am-
22 bulatory care clinics, inpatient hos-
23 pitals, emergency care, assisted living
24 and nursing facilities, and home- and
25 community-based services, including

1 senior day care, in order to increase
2 innovation and reduce redundancy
3 across GWEPs;

4 “(V) supports the training and
5 retraining of faculty, preceptors, pri-
6 mary care providers, and other direct
7 care providers to increase their knowl-
8 edge of geriatrics and gerontology;

9 “(VI) emphasizes education and
10 engagement of family caregivers on
11 disease self-management, medication
12 management, and stress-reduction
13 strategies for older adults;

14 “(VII) provides training to the
15 health care workforce on disease self-
16 management, medication manage-
17 ment, stress-reduction strategies, and
18 social determinants of health in older
19 adults; or

20 “(VIII) proposes to conduct out-
21 reach to communities that have a
22 shortage of geriatric workforce profes-
23 sionals.

24 “(B) SPECIAL CONSIDERATION.—In
25 awarding grants under paragraph (1), particu-

1 larly with respect to awarding, in fiscal year
2 2019, any amount appropriated for such fiscal
3 year for purposes of carrying out this sub-
4 section that is in excess of the amount appro-
5 priated for fiscal year 2018 for such purposes,
6 the Secretary shall give special consideration to
7 entities that operate—

8 “(i) in communities that have a short-
9 age of geriatric workforce professionals;
10 and

11 “(ii) in States in which no entity has
12 previously received an award under such
13 paragraph (including under section
14 753(a)(1) as in effect before the date of
15 enactment of the Geriatrics Workforce Im-
16 provement Act).

17 “(6) AWARD AMOUNTS.—Awards under para-
18 graph (1) shall be in an amount determined by the
19 Secretary. Entities that submit applications under
20 this subsection that describe a plan for providing
21 geriatric education and training for home health
22 workers and family caregivers are eligible to receive
23 \$100,000 per year more than entities that do not in-
24 clude a description of such a plan.

25 “(7) REPORTING.—

1 “(A) REPORTS FROM ENTITIES.—Each en-
2 tity awarded a grant under paragraph (1) shall
3 submit an annual report to the Secretary on the
4 financial and programmatic performance under
5 such grant, which may include factors such as
6 the number of trainees, the number of profes-
7 sions and disciplines, the number of partner-
8 ships with health care delivery sites, the num-
9 ber of faculty and practicing professionals who
10 participated in continuing education programs,
11 and other factors, as the Secretary may require.

12 “(B) REPORTS TO CONGRESS.—

13 “(i) IN GENERAL.—Not later than 5
14 years after the date of enactment of the
15 Geriatrics Workforce Improvement Act, the
16 Secretary shall submit to Congress a re-
17 port that provides a summary of the finan-
18 cial and programmatic performance of the
19 funded grants, which may include factors
20 such as the number trainees, the number
21 of professions and disciplines, the number
22 of partnerships with health care delivery
23 sites, the number of faculty and practicing
24 professionals who participated in con-
25 tinuing education programs, and other fac-

1 tors that assess the impact of the program
2 under this subsection on the health status
3 of older adults, quality of care for older
4 adults, and the knowledge and skills of the
5 Nation’s health care workforce to care for
6 older adults.

7 “(ii) PUBLIC AVAILABILITY.—The
8 Secretary shall make each report sub-
9 mitted under clause (i), and supporting
10 data publicly available in an accessible for-
11 mat on the internet website of the Health
12 Resources and Services Administration.

13 “(8) AUTHORIZATION OF APPROPRIATIONS.—
14 For purposes of carrying out this subsection, in ad-
15 dition to any other funding available for such pur-
16 pose, there is authorized to be appropriated
17 \$45,000,000 for each of fiscal years 2019 through
18 2023.

19 “(b) GERIATRIC ACADEMIC CAREER AWARDS.—

20 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-
21 retary shall establish a program to provide geriatric
22 academic career awards to eligible entities applying
23 on behalf of eligible individuals to promote the ca-
24 reer development of such individuals as academic

1 geriatricians or other academic geriatrics health pro-
2 fessionals.

3 “(2) ELIGIBILITY.—

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

7 “(i) an entity described in paragraph
8 (1), (3), or (4) of section 799B or section
9 801(2); or

10 “(ii) another accredited health profes-
11 sions school or graduate program approved
12 by the Secretary.

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

16 “(i)(I) is board certified or board eli-
17 gible in internal medicine, family practice,
18 psychiatry, or licensed dentistry, or has
19 completed required training in a discipline
20 and is employed in an accredited health
21 professions school or graduate program
22 that is approved by the Secretary; or

23 “(II) has completed an approved fel-
24 lowship program in geriatrics or geron-
25 tology, or has completed specialty training

1 in geriatrics or gerontology as required by
2 the discipline and any additional geriatrics
3 or gerontology training as required by the
4 Secretary; and

5 “(ii) has a junior, nontenured, faculty
6 appointment at an accredited health pro-
7 fessions school or graduate program in
8 geriatrics or a geriatrics health profession
9 such as psychology, pharmacy, nursing, so-
10 cial work, dentistry, public health, allied
11 health, health care administration, or an-
12 other health discipline, as determined by
13 the Secretary.

14 “(3) APPLICATION REQUIREMENTS.—In order
15 to receive an award under paragraph (1), the eligible
16 entity shall, on behalf of eligible individuals—

17 “(A) submit to the Secretary or a designee
18 an application, at such time, in such manner,
19 and containing such information as the Sec-
20 retary may require;

21 “(B) provide, in such form and manner as
22 the Secretary may require, assurances that the
23 eligible individual on whose behalf an applica-
24 tion was submitted will meet the service re-
25 quirement described in paragraph (7); and

1 “(C) provide, in such form and manner as
2 the Secretary may require, assurances that such
3 eligible individual has a full-time faculty ap-
4 pointment in an accredited health professions
5 school or graduate program and documented
6 commitment from such school or program to
7 spend 50 percent of the total time of such indi-
8 vidual on teaching and developing skills in
9 interdisciplinary education in geriatrics.

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

12 “(A) shall give priority to eligible entities
13 who have not received an award under sub-
14 section (a)(1) (including as such subsection was
15 in effect prior to the date of enactment of the
16 Geriatrics Workforce Improvement Act) and
17 who establish a mentoring plan to support the
18 integration of geriatrics education, training,
19 and best practices into academic program cri-
20 teria; and

21 “(B) shall ensure that grants are equitably
22 distributed, including among rural or under-
23 served populations across the various geo-
24 graphical regions of the United States.

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 on behalf
8 of the professional development, with respect to geri-
9 atrics, of such individual.

10 “(6) AMOUNT AND DURATION.—

11 “(A) AMOUNT.—The amount of an award
12 under this subsection for an eligible individual
13 for each fiscal year of such award shall be the
14 lesser of—

15 “(i) 50 percent of the eligible individ-
16 ual’s annual full-time salary for such fiscal
17 year; or

18 “(ii) \$90,000.

19 “(B) DURATION.—The Secretary shall
20 make awards under paragraph (1) for a period
21 not to exceed 5 years.

22 “(C) PAYMENT TO INSTITUTION.—The
23 Secretary shall make payments to institutions
24 which include schools of medicine, osteopathic
25 medicine, nursing, social work, psychology, den-

1 tistry, and pharmacy, or other allied health dis-
2 cipline in an accredited health professions
3 school or graduate program that is approved by
4 the Secretary.

5 “(7) SERVICE REQUIREMENT.—At the end of
6 an award period, an eligible individual on whose be-
7 half an application was submitted and approved
8 under paragraph (3) shall continue to teach geri-
9 atrics to geriatric health professionals in their fac-
10 ulty role, or continue to provide training in clinical
11 geriatrics or gerontology, including the training of
12 interdisciplinary teams of health care professionals,
13 for a period of time that is equivalent to the dura-
14 tion of the award.

15 “(8) AUTHORIZATION OF APPROPRIATIONS.—
16 There is authorized to be appropriated \$6,000,000
17 for each of fiscal years 2019 through 2023 for pur-
18 poses of carrying out this subsection.”.

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