

116TH CONGRESS
1ST SESSION

S. 299

To amend title VII of the Public Health Service Act to reauthorize programs that support interprofessional geriatric education and training 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

JANUARY 31, 2019

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 and training 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 and the Geriatrics Academic
12 Career Award.

13 **SEC. 3. PURPOSE.**

14 It is the purpose of this Act to develop the next gen-
15 eration of geriatric scientists and innovators, improving
16 health outcomes and care delivery for older adults. To-
17 gether, the Geriatrics Workforce Enhancement Program
18 and the Geriatrics Academic Career Award develop a
19 workforce capable of providing complex, high-quality care
20 that improves health outcomes and saves valuable re-
21 sources by reducing unnecessary costs for a growing and
22 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 meets the require-
 20 ments of this paragraph if such program sup-
 21 ports the development of a health care work-
 22 force that maximizes patient and family engage-
 23 ment and improves health outcomes for older
 24 adults by integrating geriatrics with primary
 25 care and other appropriate specialties. Special
 26 emphasis shall be placed on providing the pri-

1 mary care workforce with the knowledge and
 2 skills to care for older adults and collaborating
 3 with community partners to address gaps in
 4 health care for older adults through individual-
 5 , system-, community-, and population-level
 6 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) PROGRAM REQUIREMENTS.—

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 “(iii) shall give priority to applicants
20 with programs or activities should substan-
21 tially benefit rural, underserved, or Native
22 American populations of older adults; and

23 “(iv) may give priority to any pro-
24 gram that—

1 “(I) integrates geriatrics and ger-
2 ontology into primary care practice,
3 especially with respect to medical,
4 dental, and psychosocial care, elder
5 abuse, pain management, and advance
6 care planning;

7 “(II) offers courses to infuse core
8 geriatric principles of care into other
9 specialties across care settings, includ-
10 ing practicing clinical specialists,
11 health care administrators, faculty
12 without backgrounds in geriatrics,
13 students from all health professions,
14 as approved by the Secretary, to im-
15 prove knowledge and clinical skills for
16 the care of older adults;

17 “(III) emphasizes integration
18 into existing service delivery locations
19 and care across settings, including
20 primary care clinics, medical homes,
21 Federally qualified health centers, am-
22 bulatory care clinics, age-friendly
23 health systems, critical access hos-
24 pitals, emergency care, assisted living
25 and nursing facilities, and home- and

1 community-based services, including
 2 senior day care;

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

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

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

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

23 “(B) SPECIAL CONSIDERATION.—In
 24 awarding grants under paragraph (1), particu-
 25 larly with respect to awarding, in fiscal year

1 2020, any amount appropriated for such fiscal
2 year for purposes of carrying out this sub-
3 section that is in excess of the amount appro-
4 priated for the most recent previous fiscal year
5 for which appropriations were made such pur-
6 poses, the Secretary shall give special consider-
7 ation to 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 subsection
14 (a)(1) of this section as in effect before the
15 date of enactment of the Geriatrics Work-
16 force Improvement 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.—

14 “(I) ANNUAL REPORT.—At the
15 end of each year in which the Sec-
16 retary awards grants under this sub-
17 section, the Secretary shall submit to
18 Congress a report that provides a
19 summary of the financial and pro-
20 grammatic performance of such
21 grants, which may include factors
22 such as the number trainees, the
23 number of professions and disciplines,
24 the number of partnerships with
25 health care delivery sites, the number

1 of faculty and practicing professionals
2 who participated in continuing edu-
3 cation programs, and other factors
4 that assess the impact of the program
5 under this subsection on the health
6 status of older adults.

7 “(II) SUMMARY REPORTS.—Not
8 later than 1 year after the completion
9 of each 5-year grant term under this
10 subsection, the Secretary shall submit
11 to Congress a report—

12 “(aa) that provides a sum-
13 mary of the financial and pro-
14 grammatic performance of the
15 funded grants and a summary of
16 other factors that assess the im-
17 pact of the program under this
18 subsection on the health status of
19 older adults, quality of care for
20 older adults, and the knowledge
21 and skills of the Nation’s health
22 care workforce to care for older
23 adults; and

24 “(bb) which may include
25 factors such as the number of

1 trainees, the number of profes-
 2 sions and disciplines, the number
 3 of partnerships with health care
 4 delivery sites, and the number of
 5 faculty and practicing profes-
 6 sionals who participated in con-
 7 tinuing education program.

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

14 “(8) AUTHORIZATION OF APPROPRIATIONS.—
 15 For purposes of carrying out this subsection, in ad-
 16 dition to any other funding available for such pur-
 17 pose, there is authorized to be appropriated
 18 \$45,000,000 for each of fiscal years 2020 through
 19 2024.

20 “(b) GERIATRIC ACADEMIC CAREER AWARDS.—

21 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-
 22 retary shall establish a program to provide geriatric
 23 academic career awards to eligible entities applying
 24 on behalf of eligible individuals to promote the ca-
 25 reer 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 entity described in paragraph (1), (3), or (4) of section 799B or section 801(2); or

“(ii) another accredited health professions school or graduate program approved by the Secretary.

“(B) ELIGIBLE INDIVIDUAL.—For purposes of this subsection, the term ‘eligible individual’ means an individual who—

“(i)(I) is board certified or board eligible in internal medicine, family practice, psychiatry, or licensed dentistry, or has completed required training in a discipline and is employed in an accredited health professions school or graduate program that is approved by the Secretary; or

“(II) has completed an approved fellowship program in geriatrics or gerontology, 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), an eligible
 16 entity, on behalf of eligible individuals, shall—

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 (6); and

1 “(C) provide, in such form and manner as
 2 the Secretary may require, documented commit-
 3 ment from such school or program to spend 50
 4 percent of the individual’s time that is sup-
 5 ported by the award on teaching and developing
 6 skills in interprofessional education in geri-
 7 atrics.

8 “(4) EQUITABLE DISTRIBUTION.—In making
 9 awards under this subsection, the Secretary shall en-
 10 sure that awards are equitably distributed, including
 11 among rural or underserved populations across the
 12 various geographical regions of the United States.

13 “(5) AMOUNT AND DURATION.—

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

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

21 “(ii) \$90,000.

22 “(B) DURATION.—The Secretary shall
 23 make awards under paragraph (1) for a period
 24 not to exceed 5 years.

1 “(6) SERVICE REQUIREMENT.—An individual
2 who receives an award under this subsection shall
3 provide training in clinical geriatrics or gerontology,
4 including the training of interprofessional teams of
5 health care professionals. The provision of such
6 training shall constitute at least 50 percent of the
7 obligations of such individual under the award.

8 “(7) AUTHORIZATION OF APPROPRIATIONS.—
9 There is authorized to be appropriated \$6,000,000
10 for each of fiscal years 2020 through 2024 for pur-
11 poses of carrying out this subsection.

12 “(c) INAPPLICABILITY.—Section 791(a) shall not
13 apply with respect to grants under subsection (a) or
14 awards under subsection (b).”.

○