I

111TH CONGRESS
1ST SESSION

H. R. 2929

To enhance the primary care workforce through the establishment of a National Health Workforce Advisory Board and the provision of workforce data and analysis.

IN THE HOUSE OF REPRESENTATIVES

JUNE 17, 2009

Mr. SARBANES (for himself and Mr. BRALEY of Iowa) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To enhance the primary care workforce through the establishment of a National Health Workforce Advisory Board and the provision of workforce data and analysis.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Health Care Workforce Incentive Act of 2009''.

TITLE I—NATIONAL HEALTH WORKFORCE ADVISORY BOARD

SEC. 101. ESTABLISHMENT.

There is established an independent National Health Workforce Advisory Board (in this title referred to as the ''Advisory Board'') to advise Congress on issues affecting the health care workforce, consistent with this title.

SEC. 102. PURPOSE.

(a) IN GENERAL.—The purpose of the Advisory Board is to improve the supply, distribution, diversity, and quality of health professionals in the health care workforce by—

(1) examining the impact of policies on workforce and workforce shortages from a multijurisdictional perspective, including the Department of Labor, Department of Health and Human Services, the Department of Veterans Affairs, and the Department of Defense;

(2) developing innovative solutions to increase the short-term supply of the health care workforce, including a plan to rapidly deploy health care professionals in the field;

(3) coming up with a national plan for increasing the long-term supply and structure of the health care workforce;

(4) making health care professionals more accessible to the general population, especially low-income, underserved, uninsured, minority, those expereincing health disparities, and rural populations;

(5) improving the training of primary care physicians, nurses, dentists, physician assistants, behavioral and mental health professionals, public health professionals, and other health professionals;

(6) training faculty educators in the health professions; and

(7) utilizing data from a variety of sources, including the Health Resources and Services Administration, the Centers for Medicare & Medicaid Services, and State Councils that report to the National Workforce Data Center of the Health Resources and Services Administration.

(b) DUTIES.—

(1) REVIEW OF HEALTH CARE WORKFORCE AND ANNUAL REPORTS.—With the goal of developing a fiscally sustainable integrated workforce which supports high-quality health care delivery system that meets the needs of patients and populations, the Advisory Board shall—

(A) review health care workforce and projected workforce needs, including the topics described in paragraph (2);

(B) make recommendations to Congress concerning national workforce priorities, goals, and policies;

(C) examine and develop innovative short-term and long-term solutions for rapid training and deployment of personnel into the health care workforce;

(D) not later than 6 months after its creation, the Board shall develop short-term solutions for rapid training and deployment of personnel into the workforce, submit to Congress a report on such solutions;

(E) by not later than January 31 of each year (beginning with 2011), submit a report to Congress containing the results of such reviews and its recommendations concerning related policies; and

(F) by not later than April 1 of each year (beginning with 2011), submit a report to Congress containing a review of and recommendations on at minimum one high priority area as described in paragraph (3).

(2) SPECIFIC TOPICS TO BE REVIEWED.—

(A) Current health care workforce demographics, skill sets, and needs, with projected needs over the following 10- and 25-year periods.

(B) Health care workforce training capacity, including number of students trained, number of qualified faculty, training infrastructure and training needs, with projected needs over the following 10- and 25-year periods.

(C) The implications of new and existing Federal policies which affect the workforce, including but not limited to Medicare and Medicaid GME policies, title VII and title VIII of the Public Health Service Act, and the National Health Service Corps with recommendations for aligning these programs with national health workforce priorities and goals.

(D) Health care workforce needs of special populations, such as minorities, rural populations, underserved populations, and geriatric and pediatric populations with recommendations for new and existing Federal policies to meet the needs of these special populations.

(3) HIGH PRIORITY TOPICS.—High priority topics are health care workforce areas which require special attention. The topics may be determined by the Advisory Board or assigned by appropriate committees of Congress. Initial high priority topics include—

(A) integrated workforce planning maximizing the skill sets of health care professionals across disciplines;

(B) integrated workforce planning for short-term and rapid deployment into the health care workforce;

(C) analysis of the nature, scopes of practice, and demands for health workers in the enhanced information technology and management work place;

(D) Medicare and Medicaid graduate medical education policies and recommendations for aligning with national workforce goals;

(E) nursing workforce capacity at all levels of nurse training, training capacity, projected needs, and integration within the health care system;

(F) dental workforce capacity, training capacity, projected needs, and integration within the health care system; and

(G) mental health workforce capacity, training capacity and projected needs.

(4) AGENDA AND ADDITIONAL REVIEWS.—The Advisory Board shall consult periodically with the chairmen and ranking minority members of the appropriate committees of Congress regarding the Advisory Board's agenda, progress towards achieving this agenda and requests for high priority topics.

SEC. 103. MEMBERSHIP AND RELATED PROVISIONS.

(a) MEMBERSHIP.—

(1) NUMBER AND APPOINTMENT.—The Advisory Board shall be composed of 15 members appointed by the Comptroller General.

(2) QUALIFICATIONS.—

(A) IN GENERAL.—The membership of the Advisory Board shall include individuals with national recognition for their expertise in the provision of health services, health care workforce analysis, health care finance and economics, health facility management, health plans and integrated delivery systems, higher education, health care philanthropy, and other re-

lated fields, who will provide a mix of professional perspectives, broad geographic representation, and a balance between urban and rural representatives.

(B) INCLUSION.—The membership of the Advisory Board shall include (but not be limited to) health professionals, employers, third-party payers, individuals skilled in the conduct and interpretation of health services and health economics research. Such membership shall also include representatives of consumers.

(C) MAJORITY NON-PROVIDERS.—Individuals who are directly involved in health professions education or practice shall not constitute a majority of the membership of the Advisory Board.

(D) ETHICAL DISCLOSURE.—The Comptroller General shall establish a system for public disclosure by members of the Advisory Board of financial and other potential conflicts of interest relating to such members.

(3) TERMS.—

(A) IN GENERAL.—The terms of members of the Advisory Board shall be for 3 years except that the Comptroller General shall des-

ignate staggered terms for the members first appointed.

(B) VACANCIES.—Any member appointed to fill a vacancy occurring before the expiration of the term for which the member's predecessor was appointed shall be appointed only for the remainder of that term. A member may serve after the expiration of that member's term until a successor has taken office. A vacancy in the Advisory Board shall be filled in the manner in which the original appointment was made.

(4) COMPENSATION.—While serving on the business of the Advisory Board (including travel time), a member of the Advisory Board shall be entitled to compensation at the per diem equivalent of the rate provided for level IV of the Executive Schedule under section 5315 of title 5, United States Code; and while so serving away from home and the member's regular place of business, a member may be allowed travel expenses, as authorized by the Chairman of the Advisory Board. Physicians serving as personnel of the Advisory Board may be provided a physician comparability allowance by the Advisory Board in the same manner as Government physicians may be provided such an allowance by an

agency under section 5948 of title 5, United States Code, and for such purpose subsection (i) of such section shall apply to the Advisory Board in the same manner as it applies to the Tennessee Valley Authority. For purposes of pay (other than pay of members of the Advisory Board) and employment benefits, rights, and privileges, all personnel of the Advisory Board shall be treated as if they were employees of the United States Senate.

(5) CHAIRMAN; VICE CHAIRMAN.—The Advisory Board members shall elect by a majority vote the Advisory Board chairman and vice chairman for the term of their appointment of portion remaining. Elections shall occur at the end of any chairman or vice chairman's term or should a Advisory Board member leave the Advisory Board for any reason.

(6) MEETINGS.—The Advisory Board shall meet at the call of the Chairman.

(b) DIRECTOR AND STAFF; EXPERTS AND CONSULTANTS.—Subject to such review as the Comptroller General deems necessary to assure the efficient administration of the Advisory Board, the Advisory Board may—

(1) employ and fix the compensation of an Executive Director (subject to the approval of the Comptroller General) and such other personnel as

may be necessary to carry out its duties (without regard to the provisions of title 5, United States Code, governing appointments in the competitive service);

(2) seek such assistance and support as may be required in the performance of its duties from appropriate Federal departments and agencies;

(3) enter into contracts or make other arrangements, as may be necessary for the conduct of the work of the Advisory Board (without regard to section 3709 of the Revised Statutes (41 U.S.C. 5));

(4) make advance, progress, and other payments which relate to the work of the Advisory Board;

(5) provide transportation and subsistence for persons serving without compensation; and

(6) prescribe such rules and regulations as it deems necessary with respect to the internal organization and operation of the Advisory Board.

(c) POWERS.—

(1) OBTAINING OFFICIAL DATA.—The Advisory Board may secure directly from any department or agency of the United States information necessary to enable it to carry out this section. Upon request of the Chairman, the head of that department or

agency shall furnish that information to the Advisory Board on an agreed upon schedule.

(2) DATA COLLECTION.—In order to carry out its functions, the Advisory Board shall—

(A) utilize existing information, both published and unpublished, where possible, collected and assessed either by its own staff or under other arrangements made in accordance with this section;

(B) carry out, or award grants or contracts for, original research and experimentation, where existing information is inadequate; and

(C) adopt procedures allowing any interested party to submit information for the Advisory Board's use in making reports and recommendations.

(3) ACCESS OF GAO TO INFORMATION.—The Comptroller General shall have unrestricted access to all deliberations, records, and nonproprietary data of the Advisory Board, immediately upon request.

(4) PERIODIC AUDIT.—The Advisory Board shall be subject to periodic audit by the Comptroller General.

(d) COOPERATION.—The Advisory Board shall carry out its duties in cooperation with the Council on Graduate Medical Education established under section 762 of the Public Health Service Act (42 U.S.C. 294o), the National Advisory Council on the National Health Service Corps established by section 337 of such Act (42 U.S.C. 254j), the Advisory Committee on Training in Primary Care Medicine and Dentistry established pursuant to section 748 of such Act (42 U.S.C. 2931), the Advisory Committee on Interdisciplinary, Community-Based Linkages established pursuant to section 756 of such Act (42 U.S.C. 294f), and the National Advisory Council on Nurse Education and Practice established pursuant to section 845 of such Act (42 U.S.C. 297t).

(e) AUTHORIZATION OF APPROPRIATIONS.—

(1) REQUEST FOR APPROPRIATIONS.—The Advisory Board shall submit requests for appropriations in the same manner as the Comptroller General submits requests for appropriations, but amounts appropriated for the Advisory Board shall be separate from amounts appropriated for the Comptroller General.

(2) AUTHORIZATION.—There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.

(f) HEALTH CARE WORKFORCE DEFINITION.—In this section, the term ''health care workforce'' includes all health care providers with direct patient care and support responsibilities, including physicians, nurses, physician assistants, pharmacists, dentists, allied health professionals, mental health professionals, and public health professionals.

TITLE II—WORKFORCE DATA AND ANALYSIS

SEC. 201. CENTER FOR WORKFORCE DATA AND ANALYSIS.

(a) ESTABLISHMENT.—There is established a National Center for Workforce Data and Analysis in the Department of Health and Human Services.

(b) DUTIES.—Such Center shall comprehensively and regularly gather data, provide projections, and conduct research on the supply, demand, distribution, diversity, and development of the health care workforce, including information on specific disciplines, specialties, and subspecialties.

(c) AUTHORITY.—Such Center is authorized to accept applications for and administer grants for the purpose of establishing State and Regional Health Workforce Councils under section 202.

SEC. 202. STATE AND REGIONAL HEALTH WORKFORCE COUNCILS.

(a) ESTABLISHMENT.—The Secretary of Health and Human Services, through the National Center for Workforce Data and Analysis, shall establish a competitive State Health Workforce Shortage grants program (in this section referred to as the ''Grant Program'') under which, for the purposes described, the Secretary may make formula grants or an allotment of funds to States.

(b) PURPOSES.—The purpose of the Grant Program is to harmonize health workforce needs and medical education through incorporating local and regional perspectives through the organization of State and regional health workforce councils to—

(1) ensure access to health services for all individuals, particularly those with low incomes or limited access to health services, through an adequate health care workforce;

(2) improve the supply, distribution, diversity, and development of the health care workforce, taking into consideration the supply, distribution, and diversity of health care workforce profession specialties and subspecialties in a manner consistent with—

(A) determining high-need geographic areas;

(B) determining high-priority specialties; and

(C) determining the optimal mix and numbers of primary care physicians per population and as a percentage of the total health care workforce;

(3) create State-specific health care workforce goals and objectives that are consistent with and aligned to health status goals and national health care workforce objectives developed under the National Health Workforce Advisory Board under title I; and

(4) during the first 12-month period funded through grants provided under this section, establish or designate a State health care workforce planning entity to establish statewide processes for State health care workforce planning, State health workforce data collection, policy recommendations, and State resource allocations.

(c) APPLICATION FOR GRANT.—For the purpose of this subsection, a grant is in accordance if the following is met:

(1) USE OF FUNDS.—For the purposes described in subsection (b), State and Regional Health

Workforce Councils may use grant funds under this section to—

(A) collect and analyze State and regional health workforce supply, distribution, diversity, demand and training capacity data, following any data collection and reporting standards set by the National Health Workforce Advisory Board;

(B) determine critical State/regional level health workforce needs, including identifying—

(i) high-priority specialties and disciplines, which may be region specific; and

(ii) high-need geographic areas;

(C) establish State/regional health workforce goals and recommendations to coordinate with national level goals set by the National Health Workforce Advisory Board;

(D) devise short- and long-term plans and initiatives for meeting State/regional health workforce goals;

(E) devise State/regional level plans that set specific targets for increasing primary care capacity, including training and retaining more primary care physicians, nurses, physicians as-

sistants, and other members of the allied health workforce; and

(F) make recommendations to the National Health Workforce Advisory Board on the realignment of graduate medical education under title XVIII of the Social Security Act to meet State/regional health workforce goals, including—

(i) recommendations for GME funding cap modifications; and

(ii) proposals for alternative funding and distribution frameworks aligned with State/regional health workforce goals.

(2) STATE/REGION WIDE HEALTH WORKFORCE ASSESSMENT.—The application includes a plan for a state/region wide health workforce assessment that—

(A) will be updated not less than every 5 years;

(B) identifies—

(i) current and future State and regional health workforce supply, distribution, diversity, demand and training capacity;

(ii) projected needs related to the supply, distribution, diversity and development of the State/regional health workforce; and

(iii) short- and long-term State/region specific health workforce goals and objectives consistent with health status goals and national health workforce objectives developed under section (103) of previous title.

(3) ANNUAL REPORTS.—The application includes a plan for annual reports submitted to HRSA and to the National Health Workforce Advisory Board to include an annually updated plan to meet the goals and objectives and address the needs identified under the State/Region wide health workforce assessment described in paragraph (1), and such plan includes strategies related to—

(A) collaboration between—

(i) State departments of labor, health, education, higher education, veterans affairs, environment, and professional licensure; and

(ii) State health workforce investment boards;

(B) State data collection;

(C) State Medicare and Medicaid policies; and

(D) State health professions licensure and regulation.

(4) DESCRIPTION OF FUNDING USE.—The application includes a description of how funds received through the grant will be used—

(A) in accordance with subparagraphs (1) and (2) of subsection (b), to ensure access to health services for all individuals and to improve the supply, distribution, diversity, and development of the health workforce, such as through programs related to—

(i) health workforce training and education capacity;

(ii) the health care safety net workforce, including health centers under section 330;

(iii) provider cultural competency;

(iv) health workforce diversity;

(v) health workforce pipeline development;

(vi) health workforce retention;

(vii) health workforce faculty recruitment;

(viii) health workforce faculty retention;

(ix) health workforce career ladders;

(x) public awareness; and

(xi) health workforce scholarship and loan repayment programs;

(B) to create State-specific health workforce goals and objectives in accordance with subsection (b)(3) and to develop annual plans in accordance with subsection (b)(4) to meet such goals and objectives; and

(C) during the first 12-month period funded through the grant, to establish or designate in accordance with subsection (a)(2)(D) a State health workforce planning entity to establish statewide processes for State health workforce planning, State health workforce data collection, policy recommendations, and State resource allocations.

(5) DEVELOPMENT OF APPLICATION.—The application—

(A) is developed by or in consultation with the State agency that will be responsible for administering the program; and

(B) is made publicly available during its development or after its submission to the Secretary in order to facilitate public comment.

(d) ADDITIONAL DUTIES AND AUTHORITIES.—A State and Regional Health Workforce Council funded through a grant under this section shall—

(1) submit analyses and recommendations to the Advisory Board under title I, at least on an annual basis;

(2) have the authority to allocate any future increases in State graduate medical education caps under title XVIII of the Social Security Act, consistent with section 203 and the amendments made by title III; and

(3) shall be eligible to apply for the authority to administer direct graduate medical education funds under title XVIII of such Act at the State level in order to achieve flexibility in direct graduate medical education placements to meet State health needs.

(e) DETERMINATION OF AMOUNT OF ALLOTMENT.—

(1) IN GENERAL.—The Secretary shall determine the amount of the allotment to each State under this section for a fiscal year based on a formula.

(2) DEVELOPMENT OF FORMULA.—The formula referred to in paragraph (1) shall be determined by the Secretary by regulation, taking into consideration the following criteria:

(A) Existing shortages and deficiencies in health workforce distribution.

(B) Rural, urban, and frontier areas.

(C) Community health centers.

(D) The number of medical, nursing, and allied health professions schools in each State.

(f) REPORTS.—A State and Regional Health Workforce Council funded through a grant under this section shall submit data to the National Health Workforce Advisory Board under title I and the National Workforce Data Center established under section 201 on an annual basis for purposes of consideration and incorporation into the recommendations made by the National Health Workforce Advisory Board.

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