

1 of Nursing (BSN) programs, RN to MSN (Master of
2 Science of Nursing) programs, or BSN to Doctoral
3 programs.”.

4 ***Subtitle B—Innovations in the***
5 ***Health Care Workforce***

6 **SEC. 5101. NATIONAL HEALTH CARE WORKFORCE COMMIS-**
7 **SION.**

8 (a) *PURPOSE.*—It is the purpose of this section to es-
9 tablish a National Health Care Workforce Commission
10 that—

11 (1) serves as a national resource for Congress,
12 the President, States, and localities;

13 (2) communicates and coordinates with the De-
14 partments of Health and Human Services, Labor,
15 Veterans Affairs, Homeland Security, and Education
16 on related activities administered by one or more of
17 such Departments;

18 (3) develops and commissions evaluations of edu-
19 cation and training activities to determine whether
20 the demand for health care workers is being met;

21 (4) identifies barriers to improved coordination
22 at the Federal, State, and local levels and recommend
23 ways to address such barriers; and

1 (5) *encourages innovations to address population*
2 *needs, constant changes in technology, and other envi-*
3 *ronmental factors.*

4 (b) *ESTABLISHMENT.*—*There is hereby established the*
5 *National Health Care Workforce Commission (in this sec-*
6 *tion referred to as the “Commission”).*

7 (c) *MEMBERSHIP.*—

8 (1) *NUMBER AND APPOINTMENT.*—*The Commis-*
9 *sion shall be composed of 15 members to be appointed*
10 *by the Comptroller General, without regard to section*
11 *5 of the Federal Advisory Committee Act (5 U.S.C.*
12 *App.).*

13 (2) *QUALIFICATIONS.*—

14 (A) *IN GENERAL.*—*The membership of the*
15 *Commission shall include individuals—*

16 (i) *with national recognition for their*
17 *expertise in health care labor market anal-*
18 *ysis, including health care workforce anal-*
19 *ysis; health care finance and economics;*
20 *health care facility management; health care*
21 *plans and integrated delivery systems;*
22 *health care workforce education and train-*
23 *ing; health care philanthropy; providers of*
24 *health care services; and other related fields;*
25 *and*

1 (ii) who will provide a combination of
2 professional perspectives, broad geographic
3 representation, and a balance between
4 urban, suburban, rural, and frontier rep-
5 resentatives.

6 (B) INCLUSION.—

7 (i) IN GENERAL.—The membership of
8 the Commission shall include no less than
9 one representative of—

10 (I) the health care workforce and
11 health professionals;

12 (II) employers;

13 (III) third-party payers;

14 (IV) individuals skilled in the
15 conduct and interpretation of health
16 care services and health economics re-
17 search;

18 (V) representatives of consumers;

19 (VI) labor unions;

20 (VII) State or local workforce in-
21 vestment boards; and

22 (VIII) educational institutions
23 (which may include elementary and
24 secondary institutions, institutions of
25 higher education, including 2 and 4

1 *year institutions, or registered appren-*
2 *ticeship programs).*

3 *(ii) ADDITIONAL MEMBERS.—The re-*
4 *maining membership may include addi-*
5 *tional representatives from clause (i) and*
6 *other individuals as determined appropriate*
7 *by the Comptroller General of the United*
8 *States.*

9 *(C) MAJORITY NON-PROVIDERS.—Individ-*
10 *uals who are directly involved in health profes-*
11 *sions education or practice shall not constitute a*
12 *majority of the membership of the Commission.*

13 *(D) ETHICAL DISCLOSURE.—The Comp-*
14 *troller General shall establish a system for public*
15 *disclosure by members of the Commission of fi-*
16 *nancial and other potential conflicts of interest*
17 *relating to such members. Members of the Com-*
18 *mission shall be treated as employees of Congress*
19 *for purposes of applying title I of the Ethics in*
20 *Government Act of 1978. Members of the Com-*
21 *mission shall not be treated as special govern-*
22 *ment employees under title 18, United States*
23 *Code.*

24 *(3) TERMS.—*

1 (A) *IN GENERAL.*—*The terms of members of*
2 *the Commission shall be for 3 years except that*
3 *the Comptroller General shall designate staggered*
4 *terms for the members first appointed.*

5 (B) *VACANCIES.*—*Any member appointed to*
6 *fill a vacancy occurring before the expiration of*
7 *the term for which the member's predecessor was*
8 *appointed shall be appointed only for the re-*
9 *mainder of that term. A member may serve after*
10 *the expiration of that member's term until a suc-*
11 *cessor has taken office. A vacancy in the Com-*
12 *mission shall be filled in the manner in which*
13 *the original appointment was made.*

14 (C) *INITIAL APPOINTMENTS.*—*The Comp-*
15 *troller General shall make initial appointments*
16 *of members to the Commission not later than*
17 *September 30, 2010.*

18 (4) *COMPENSATION.*—*While serving on the busi-*
19 *ness of the Commission (including travel time), a*
20 *member of the Commission shall be entitled to com-*
21 *penetration at the per diem equivalent of the rate pro-*
22 *vided for level IV of the Executive Schedule under sec-*
23 *tion 5315 of title 5, United States Code, and while so*
24 *servicing away from home and the member's regular*
25 *place of business, a member may be allowed travel ex-*

1 *penses, as authorized by the Chairman of the Com-*
2 *mission. Physicians serving as personnel of the Com-*
3 *mission may be provided a physician comparability*
4 *allowance by the Commission in the same manner as*
5 *Government physicians may be provided such an al-*
6 *lowance by an agency under section 5948 of title 5,*
7 *United States Code, and for such purpose subsection*
8 *(i) of such section shall apply to the Commission in*
9 *the same manner as it applies to the Tennessee Valley*
10 *Authority. For purposes of pay (other than pay of*
11 *members of the Commission) and employment bene-*
12 *fits, rights, and privileges, all personnel of the Com-*
13 *mission shall be treated as if they were employees of*
14 *the United States Senate. Personnel of the Commis-*
15 *sion shall not be treated as employees of the Govern-*
16 *ment Accountability Office for any purpose.*

17 (5) *CHAIRMAN, VICE CHAIRMAN.—The Comp-*
18 *troller General shall designate a member of the Com-*
19 *mission, at the time of appointment of the member,*
20 *as Chairman and a member as Vice Chairman for*
21 *that term of appointment, except that in the case of*
22 *vacancy of the chairmanship or vice chairmanship,*
23 *the Comptroller General may designate another mem-*
24 *ber for the remainder of that member's term.*

1 (6) *MEETINGS.*—*The Commission shall meet at*
2 *the call of the chairman, but no less frequently than*
3 *on a quarterly basis.*

4 (d) *DUTIES.*—

5 (1) *RECOGNITION, DISSEMINATION, AND COMMU-*
6 *UNICATION.*—*The Commission shall—*

7 (A) *recognize efforts of Federal, State, and*
8 *local partnerships to develop and offer health*
9 *care career pathways of proven effectiveness;*

10 (B) *disseminate information on promising*
11 *retention practices for health care professionals;*
12 *and*

13 (C) *communicate information on important*
14 *policies and practices that affect the recruitment,*
15 *education and training, and retention of the*
16 *health care workforce.*

17 (2) *REVIEW OF HEALTH CARE WORKFORCE AND*
18 *ANNUAL REPORTS.*—*In order to develop a fiscally sus-*
19 *tainable integrated workforce that supports a high-*
20 *quality, readily accessible health care delivery system*
21 *that meets the needs of patients and populations, the*
22 *Commission, in consultation with relevant Federal,*
23 *State, and local agencies, shall—*

1 (A) review current and projected health care
2 workforce supply and demand, including the top-
3 ics described in paragraph (3);

4 (B) make recommendations to Congress and
5 the Administration concerning national health
6 care workforce priorities, goals, and policies;

7 (C) by not later than October 1 of each year
8 (beginning with 2011), submit a report to Con-
9 gress and the Administration containing the re-
10 sults of such reviews and recommendations con-
11 cerning related policies; and

12 (D) by not later than April 1 of each year
13 (beginning with 2011), submit a report to Con-
14 gress and the Administration containing a re-
15 view of, and recommendations on, at a min-
16 imum one high priority area as described in
17 paragraph (4).

18 (3) *SPECIFIC TOPICS TO BE REVIEWED.*—The
19 topics described in this paragraph include—

20 (A) current health care workforce supply
21 and distribution, including demographics, skill
22 sets, and demands, with projected demands dur-
23 ing the subsequent 10 and 25 year periods;

24 (B) health care workforce education and
25 training capacity, including the number of stu-

1 *dents who have completed education and train-*
2 *ing, including registered apprenticeships; the*
3 *number of qualified faculty; the education and*
4 *training infrastructure; and the education and*
5 *training demands, with projected demands dur-*
6 *ing the subsequent 10 and 25 year periods;*

7 *(C) the education loan and grant programs*
8 *in titles VII and VIII of the Public Health Serv-*
9 *ice Act (42 U.S.C. 292 et seq. and 296 et seq.),*
10 *with recommendations on whether such programs*
11 *should become part of the Higher Education Act*
12 *of 1965 (20 U.S.C. 1001 et seq);*

13 *(D) the implications of new and existing*
14 *Federal policies which affect the health care*
15 *workforce, including Medicare and Medicaid*
16 *graduate medical education policies, titles VII*
17 *and VIII of the Public Health Service Act (42*
18 *U.S.C. 292 et seq. and 296 et seq.), the National*
19 *Health Service Corps (with recommendations for*
20 *aligning such programs with national health*
21 *workforce priorities and goals), and other health*
22 *care workforce programs, including those sup-*
23 *ported through the Workforce Investment Act of*
24 *1998 (29 U.S.C. 2801 et seq.), the Carl D. Per-*
25 *kins Career and Technical Education Act of*

1 2006 (20 U.S.C. 2301 et seq.), the Higher Edu-
2 cation Act of 1965 (20 U.S.C. 1001 et seq.), and
3 any other Federal health care workforce pro-
4 grams;

5 (E) the health care workforce needs of spe-
6 cial populations, such as minorities, rural popu-
7 lations, medically underserved populations, gen-
8 der specific needs, individuals with disabilities,
9 and geriatric and pediatric populations with
10 recommendations for new and existing Federal
11 policies to meet the needs of these special popu-
12 lations; and

13 (F) recommendations creating or revising
14 national loan repayment programs and scholar-
15 ship programs to require low-income, minority
16 medical students to serve in their home commu-
17 nities, if designated as medical underserved com-
18 munity.

19 (4) HIGH PRIORITY AREAS.—

20 (A) IN GENERAL.—The initial high priority
21 topics described in this paragraph include each
22 of the following:

23 (i) Integrated health care workforce
24 planning that identifies health care profes-
25 sional skills needed and maximizes the skill

1 *sets of health care professionals across dis-*
2 *ciplines.*

3 *(ii) An analysis of the nature, scopes of*
4 *practice, and demands for health care work-*
5 *ers in the enhanced information technology*
6 *and management workplace.*

7 *(iii) An analysis of how to align Medi-*
8 *care and Medicaid graduate medical edu-*
9 *cation policies with national workforce*
10 *goals.*

11 *(iv) The education and training capac-*
12 *ity, projected demands, and integration*
13 *with the health care delivery system of each*
14 *of the following:*

15 *(I) Nursing workforce capacity at*
16 *all levels.*

17 *(II) Oral health care workforce ca-*
18 *capacity at all levels.*

19 *(III) Mental and behavioral*
20 *health care workforce capacity at all*
21 *levels.*

22 *(IV) Allied health and public*
23 *health care workforce capacity at all*
24 *levels.*

1 (V) *Emergency medical service*
2 *workforce capacity, including the re-*
3 *tention and recruitment of the volun-*
4 *teer workforce, at all levels.*

5 (VI) *The geographic distribution*
6 *of health care providers as compared to*
7 *the identified health care workforce*
8 *needs of States and regions.*

9 (B) *FUTURE DETERMINATIONS.—The Com-*
10 *mission may require that additional topics be*
11 *included under subparagraph (A). The appro-*
12 *priate committees of Congress may recommend to*
13 *the Commission the inclusion of other topics for*
14 *health care workforce development areas that re-*
15 *quire special attention.*

16 (5) *GRANT PROGRAM.—The Commission shall—*
17 (A) *review implementation progress reports*
18 *on, and report to Congress about, the State*
19 *Health Care Workforce Development Grant pro-*
20 *gram established in section 5102;*

21 (B) *in collaboration with the Department of*
22 *Labor and in coordination with the Department*
23 *of Education and other relevant Federal agen-*
24 *cies, make recommendations to the fiscal and ad-*

1 *ministrative agent under section 5102(b) for*
2 *grant recipients under section 5102;*

3 (C) *assess the implementation of the grants*
4 *under such section; and*

5 (D) *collect performance and report informa-*
6 *tion, including identified models and best prac-*
7 *tices, on grants from the fiscal and administra-*
8 *tive agent under such section and distribute this*
9 *information to Congress, relevant Federal agen-*
10 *cies, and to the public.*

11 (6) *STUDY.—The Commission shall study effec-*
12 *tive mechanisms for financing education and training*
13 *for careers in health care, including public health and*
14 *allied health.*

15 (7) *RECOMMENDATIONS.—The Commission shall*
16 *submit recommendations to Congress, the Department*
17 *of Labor, and the Department of Health and Human*
18 *Services about improving safety, health, and worker*
19 *protections in the workplace for the health care work-*
20 *force.*

21 (8) *ASSESSMENT.—The Commission shall assess*
22 *and receive reports from the National Center for*
23 *Health Care Workforce Analysis established under sec-*
24 *tion 761(b) of the Public Service Health Act (as*
25 *amended by section 5103).*

1 (e) *CONSULTATION WITH FEDERAL, STATE, AND*
2 *LOCAL AGENCIES, CONGRESS, AND OTHER ORGANIZA-*
3 *TIONS.—*

4 (1) *IN GENERAL.—The Commission shall consult*
5 *with Federal agencies (including the Departments of*
6 *Health and Human Services, Labor, Education, Com-*
7 *merce, Agriculture, Defense, and Veterans Affairs and*
8 *the Environmental Protection Agency), Congress, the*
9 *Medicare Payment Advisory Commission, the Med-*
10 *icaid and CHIP Payment and Access Commission,*
11 *and, to the extent practicable, with State and local*
12 *agencies, Indian tribes, voluntary health care organi-*
13 *zations, professional societies, and other relevant pub-*
14 *lic-private health care partnerships.*

15 (2) *OBTAINING OFFICIAL DATA.—The Commis-*
16 *sion, consistent with established privacy rules, may*
17 *secure directly from any department or agency of the*
18 *Executive Branch information necessary to enable the*
19 *Commission to carry out this section.*

20 (3) *DETAIL OF FEDERAL GOVERNMENT EMPLOY-*
21 *EES.—An employee of the Federal Government may*
22 *be detailed to the Commission without reimbursement.*
23 *The detail of such an employee shall be without inter-*
24 *ruption or loss of civil service status.*

1 (f) *DIRECTOR AND STAFF; EXPERTS AND CONSULT-*
2 *ANTS.—Subject to such review as the Comptroller General*
3 *of the United States determines to be necessary to ensure*
4 *the efficient administration of the Commission, the Com-*
5 *mission may—*

6 (1) *employ and fix the compensation of an execu-*
7 *utive director that shall not exceed the rate of basic*
8 *pay payable for level V of the Executive Schedule and*
9 *such other personnel as may be necessary to carry out*
10 *its duties (without regard to the provisions of title 5,*
11 *United States Code, governing appointments in the*
12 *competitive service);*

13 (2) *seek such assistance and support as may be*
14 *required in the performance of its duties from appro-*
15 *priate Federal departments and agencies;*

16 (3) *enter into contracts or make other arrange-*
17 *ments, as may be necessary for the conduct of the*
18 *work of the Commission (without regard to section*
19 *3709 of the Revised Statutes (41 U.S.C. 5));*

20 (4) *make advance, progress, and other payments*
21 *which relate to the work of the Commission;*

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

24 (6) *prescribe such rules and regulations as the*
25 *Commission determines to be necessary with respect*

1 *to the internal organization and operation of the*
2 *Commission.*

3 *(g) POWERS.—*

4 *(1) DATA COLLECTION.—In order to carry out*
5 *its functions under this section, the Commission*
6 *shall—*

7 *(A) utilize existing information, both pub-*
8 *lished and unpublished, where possible, collected*
9 *and assessed either by its own staff or under*
10 *other arrangements made in accordance with*
11 *this section, including coordination with the Bu-*
12 *reau of Labor Statistics;*

13 *(B) carry out, or award grants or contracts*
14 *for the carrying out of, original research and de-*
15 *velopment, where existing information is inad-*
16 *equately, and*

17 *(C) adopt procedures allowing interested*
18 *parties to submit information for the Commis-*
19 *sion's use in making reports and recommenda-*
20 *tions.*

21 *(2) ACCESS OF THE GOVERNMENT ACCOUNT-*
22 *ABILITY OFFICE TO INFORMATION.—The Comptroller*
23 *General of the United States shall have unrestricted*
24 *access to all deliberations, records, and data of the*
25 *Commission, immediately upon request.*

1 (3) *PERIODIC AUDIT.*—*The Commission shall be*
2 *subject to periodic audit by an independent public ac-*
3 *countant under contract to the Commission.*

4 (h) *AUTHORIZATION OF APPROPRIATIONS.*—

5 (1) *REQUEST FOR APPROPRIATIONS.*—*The Com-*
6 *mission shall submit requests for appropriations in*
7 *the same manner as the Comptroller General of the*
8 *United States submits requests for appropriations.*
9 *Amounts so appropriated for the Commission shall be*
10 *separate from amounts appropriated for the Comp-*
11 *troller General.*

12 (2) *AUTHORIZATION.*—*There are authorized to be*
13 *appropriated such sums as may be necessary to carry*
14 *out this section.*

15 (3) *GIFTS AND SERVICES.*—*The Commission*
16 *may not accept gifts, bequeaths, or donations of prop-*
17 *erty, but may accept and use donations of services for*
18 *purposes of carrying out this section.*

19 (i) *DEFINITIONS.*—*In this section:*

20 (1) *HEALTH CARE WORKFORCE.*—*The term*
21 *“health care workforce” includes all health care pro-*
22 *viders with direct patient care and support respon-*
23 *sibilities, such as physicians, nurses, nurse practi-*
24 *tioners, primary care providers, preventive medicine*
25 *physicians, optometrists, ophthalmologists, physician*

1 *assistants, pharmacists, dentists, dental hygienists,*
2 *and other oral healthcare professionals, allied health*
3 *professionals, doctors of chiropractic, community*
4 *health workers, health care paraprofessionals, direct*
5 *care workers, psychologists and other behavioral and*
6 *mental health professionals (including substance*
7 *abuse prevention and treatment providers), social*
8 *workers, physical and occupational therapists, cer-*
9 *tified nurse midwives, podiatrists, the EMS workforce*
10 *(including professional and volunteer ambulance per-*
11 *sonnel and firefighters who perform emergency med-*
12 *ical services), licensed complementary and alternative*
13 *medicine providers, integrative health practitioners,*
14 *public health professionals, and any other health pro-*
15 *fessional that the Comptroller General of the United*
16 *States determines appropriate.*

17 (2) *HEALTH PROFESSIONALS.*—*The term “health*
18 *professionals” includes—*

19 (A) *dentists, dental hygienists, primary*
20 *care providers, specialty physicians, nurses,*
21 *nurse practitioners, physician assistants, psy-*
22 *chologists and other behavioral and mental*
23 *health professionals (including substance abuse*
24 *prevention and treatment providers), social*
25 *workers, physical and occupational therapists,*

1 *public health professionals, clinical pharmacists,*
2 *allied health professionals, doctors of chiro-*
3 *practic, community health workers, school*
4 *nurses, certified nurse midwives, podiatrists, li-*
5 *icensed complementary and alternative medicine*
6 *providers, the EMS workforce (including profes-*
7 *sional and volunteer ambulance personnel and*
8 *firefighters who perform emergency medical serv-*
9 *ices), and integrative health practitioners;*

10 *(B) national representatives of health pro-*
11 *fessionals;*

12 *(C) representatives of schools of medicine,*
13 *osteopathy, nursing, dentistry, optometry, phar-*
14 *macy, chiropractic, allied health, educational*
15 *programs for public health professionals, behav-*
16 *ioral and mental health professionals (as so de-*
17 *finied), social workers, pharmacists, physical and*
18 *occupational therapists, oral health care indus-*
19 *try dentistry and dental hygiene, and physician*
20 *assistants;*

21 *(D) representatives of public and private*
22 *teaching hospitals, and ambulatory health facili-*
23 *ties, including Federal medical facilities; and*

1 (E) any other health professional the Comp-
2 troller General of the United States determines
3 appropriate.

4 **SEC. 5102. STATE HEALTH CARE WORKFORCE DEVELOP-**
5 **MENT GRANTS.**

6 (a) *ESTABLISHMENT.*—There is established a competi-
7 tive health care workforce development grant program (re-
8 ferred to in this section as the “program”) for the purpose
9 of enabling State partnerships to complete comprehensive
10 planning and to carry out activities leading to coherent and
11 comprehensive health care workforce development strategies
12 at the State and local levels.

13 (b) *FISCAL AND ADMINISTRATIVE AGENT.*—The
14 Health Resources and Services Administration of the De-
15 partment of Health and Human Services (referred to in this
16 section as the “Administration”) shall be the fiscal and ad-
17 ministrative agent for the grants awarded under this sec-
18 tion. The Administration is authorized to carry out the pro-
19 gram, in consultation with the National Health Care Work-
20 force Commission (referred to in this section as the “Com-
21 mission”), which shall review reports on the development,
22 implementation, and evaluation activities of the grant pro-
23 gram, including—

24 (1) administering the grants;