

114TH CONGRESS
2D SESSION

S. _____

To enhance the rural health workforce, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. FRANKEN introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To enhance the rural health workforce, 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 “Strengthening Our
5 Rural Health Workforce Act of 2016”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents for this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.

TITLE I—COMPREHENSIVE STRATEGIC PLANNING FOR
WORKFORCE NEEDS

Sec. 101. National Health Care Workforce Commission.

TITLE II—INCREASING THE ADOPTION OF RURAL TRAINING
TRACK PROGRAMS

- Sec. 201. Clarifying description of rural training tracks.
Sec. 202. GAO study and report on Medicare payments for graduate medical education.
Sec. 203. Distribution of additional residency positions.

TITLE III—SUPPORTING PRIMARY CARE WORKFORCE

- Sec. 301. Reauthorization of primary care residency expansion program.
Sec. 302. Reauthorization of area health education centers.

TITLE IV—SUPPORTING EMERGING PROFESSIONS

- Sec. 401. Authorizing appropriations for Quentin N. Burdick program for rural interdisciplinary training.
Sec. 402. Dental therapists.
Sec. 403. Allied health professionals.
Sec. 404. Community health workers.
Sec. 405. GAO report.

TITLE V—MENTAL HEALTH WORKFORCE

- Sec. 501. Establishing mental health and substance use disorder curriculum.
Sec. 502. Streamlining mental and behavioral health workforce programs.

1 **TITLE I—COMPREHENSIVE**
2 **STRATEGIC PLANNING FOR**
3 **WORKFORCE NEEDS**

4 **SEC. 101. NATIONAL HEALTH CARE WORKFORCE COMMIS-**
5 **SION.**

6 Section 5101 of the Patient Protection and Afford-
7 able Care Act (42 U.S.C. 294q) is amended—

8 (a) in subsection (h)—

9 (1) by striking paragraphs (1) and (2) and in-
10 serting the following:

11 “(1) APPROPRIATIONS.—There are authorized
12 to be appropriated, and there are appropriated, out
13 of any monies in the Treasury not otherwise appro-

1 priated, \$10,000,000 for each fiscal year to carry
2 out this section.”; and

3 (2) by redesignating paragraph (3) as para-
4 graph (2); and

5 (b) in subsection (d)—

6 (1) in paragraph (7), by adding at the end
7 “Whenever feasible, Congress and the Department
8 of Health and Human Services shall recognize and
9 implement such recommendations.”; and

10 (2) by adding at the end the following:

11 “(9) DATA TRACKING.—

12 “(A) DATA TRACKING MECHANISM.—The
13 Commission shall develop, or enter into a con-
14 tract with another entity to develop, a mecha-
15 nism for tracking information on the career
16 paths of graduates of medical schools and resi-
17 dency programs, as described in subparagraph
18 (B), and shall make such information publicly
19 available.

20 “(B) RECORDKEEPING.—The Commission
21 shall collect or ensure the collection of data,
22 using the mechanism developed under subpara-
23 graph (A), concerning—

1 “(i) the specialty and subspecialty
2 training of all graduates of medical schools
3 receiving Federal funding; and

4 “(ii) the professional trajectory of all
5 graduates of medical schools receiving Fed-
6 eral funding for not less than 15 years
7 after each individual graduates from med-
8 ical school, including data concerning grad-
9 uates who practice medicine—

10 “(I) in underserved areas such as
11 health professional shortage areas (as
12 designated by the Secretary under
13 section 332 of the Public Health Serv-
14 ice Act (42 U.S.C. 254e));

15 “(II) with medically underserved
16 populations (as defined in section
17 330(b)(3) of the Public Health Serv-
18 ice Act (42 U.S.C. 254b(b)(3)));

19 “(III) in Federally-qualified
20 health centers (as defined in section
21 1905(l)(2)(B) of the Social Security
22 Act (42 U.S.C. 1396d(l)(2)(B)));

23 “(IV) in rural health clinics (as
24 defined in section 1861(aa)(2) of the

1 Social Security Act (42 U.S.C.
2 1395x(aa)(2));

3 “(V) in the health care system of
4 the Department of Veterans Affairs;
5 and

6 “(VI) in clinics of the Indian
7 Health Services.”.

8 **TITLE II—INCREASING THE**
9 **ADOPTION OF RURAL TRAIN-**
10 **ING TRACK PROGRAMS**

11 **SEC. 201. CLARIFYING DESCRIPTION OF RURAL TRAINING**
12 **TRACKS.**

13 Section 1886(h)(4)(H)(iv) of the Social Security Act
14 (42 U.S.C. 1395ww(h)(4)(H)(iv)) is amended by adding
15 at the end the following new sentence: “The Secretary,
16 in coordination with representatives of the Centers for
17 Medicare & Medicaid Services, the Health Resources Serv-
18 ices Administration, and the Federal Office of Rural
19 Health Policy, shall develop a consistent definition of ap-
20 proved medical residency training programs (or rural
21 tracks) in a rural area for purposes of this section and
22 any other residency training program administered by the
23 Secretary.”.

1 **SEC. 202. GAO STUDY AND REPORT ON MEDICARE PAY-**
2 **MENTS FOR GRADUATE MEDICAL EDU-**
3 **CATION.**

4 (a) STUDY.—The Comptroller General of the United
5 States shall conduct a study on the effectiveness of pay-
6 ments for graduate medical education costs and indirect
7 costs for of medical education under subsections (h) and
8 (d)(5)(B) of section 1886 of the Social Security Act (42
9 U.S.C. 1395ww), including efforts to distribute unused
10 residency positions under subsection (h)(8) of such sec-
11 tion, to meet the primary care and mental health needs
12 of individuals living in rural areas. Such study shall in-
13 clude—

14 (1) an analysis of the number of additional resi-
15 dency positions available as a result of such distribu-
16 tion that are being used to train residents who prac-
17 tice in rural areas after completing their residency;
18 and

19 (2) identification of approved medical residency
20 training programs with proven track records in
21 training primary care physicians and psychiatrists
22 who practice in rural areas.

23 (b) REPORT.—Not later than 1 year after the date
24 of enactment of this Act, the Comptroller General of the
25 United States shall submit to Congress a report con-
26 taining the results of the study conducted under sub-

1 section (a), together with recommendations for such legis-
2 lation and administrative action as the Comptroller Gen-
3 eral determines appropriate.

4 **SEC. 203. DISTRIBUTION OF ADDITIONAL RESIDENCY POSI-**
5 **TIONS.**

6 (a) IN GENERAL.—Section 1886(h) of the Social Se-
7 curity Act (42 U.S.C. 1395ww(h)) is amended—

8 (1) in paragraph (4)(F)(i), by striking “and
9 (8)” and inserting “, (8), and (9)”;

10 (2) in paragraph (4)(H)(i), by striking “and
11 (8)” and inserting “, (8), and (9)”;

12 (3) in paragraph (7)(E), by inserting “para-
13 graph (9),” after “paragraph (8),”; and

14 (4) by adding at the end the following new
15 paragraph:

16 “(9) DISTRIBUTION OF ADDITIONAL RESIDENCY
17 POSITIONS.—

18 “(A) REDUCTIONS IN LIMIT BASED ON UN-
19 USED POSITIONS.—

20 “(i) IN GENERAL.—Except as pro-
21 vided in clause (ii), if a hospital’s reference
22 resident level (as defined in subparagraph
23 (H)) is less than the otherwise applicable
24 resident limit (as defined in such subpara-
25 graph), effective for portions of cost re-

1 porting periods occurring on or after July
2 1, 2020, the otherwise applicable resident
3 limit shall be reduced by 65 percent of the
4 difference between such otherwise applica-
5 ble resident limit and such reference resi-
6 dent level.

7 “(ii) EXCEPTIONS.—This subpara-
8 graph shall not apply to—

9 “(I) a hospital with fewer than
10 250 acute care inpatient beds that is
11 located in a rural area (as defined in
12 subsection (d)(2)(D)(ii)), including a
13 hospital treated as being located in a
14 rural area under subsection (d)(8)(E);

15 “(II) a hospital that was part of
16 a qualifying entity which had a vol-
17 untary residency reduction plan ap-
18 proved under paragraph (6)(B) or
19 under the authority of section 402 of
20 Public Law 90–248, if the hospital
21 demonstrates to the Secretary that it
22 has a specified plan in place for filling
23 the unused positions by not later than
24 2 years after the date of enactment of
25 this paragraph; or

1 “(III) a hospital described in
2 paragraph (4)(H)(v).

3 “(B) DISTRIBUTION.—

4 “(i) IN GENERAL.—The Secretary
5 shall increase the otherwise applicable resi-
6 dent limit for each qualifying hospital that
7 submits an application under this subpara-
8 graph by such number as the Secretary
9 may approve for portions of cost reporting
10 periods occurring on or after July 1, 2020.
11 The aggregate number of increases in the
12 otherwise applicable resident limit under
13 this subparagraph shall be equal to the ag-
14 gregate reduction in such limits attrib-
15 utable to subparagraph (A) (as estimated
16 by the Secretary).

17 “(ii) REQUIREMENTS.—Subject to
18 clause (iii), a hospital that receives an in-
19 crease in the otherwise applicable resident
20 limit under this subparagraph shall ensure,
21 during the 5-year period beginning on the
22 date of such increase, that—

23 “(I) the number of full-time
24 equivalent primary care residents, as
25 defined in paragraph (5)(H) (as de-

1 terminated by the Secretary), excluding
2 any additional positions under sub-
3 clause (II), is not less than the aver-
4 age number of full-time equivalent
5 primary care residents (as so deter-
6 mined) during the 3 most recent cost
7 reporting periods ending prior to the
8 date of enactment of this paragraph;
9 and

10 “(II) not less than 75 percent of
11 the positions attributable to such in-
12 crease are in a primary care, psychi-
13 atry, or general surgery residency (as
14 determined by the Secretary).

15 The Secretary may determine whether a
16 hospital has met the requirements under
17 this clause during such 5-year period in
18 such manner and at such time as the Sec-
19 retary determines appropriate, including at
20 the end of such 5-year period.

21 “(iii) REDISTRIBUTION OF POSITIONS
22 IF HOSPITAL NO LONGER MEETS CERTAIN
23 REQUIREMENTS.—In the case where the
24 Secretary determines that a hospital de-
25 scribed in clause (ii) does not meet either

1 of the requirements under subclause (I) or
2 (II) of such clause, the Secretary shall—

3 “(I) reduce the otherwise applica-
4 ble resident limit of the hospital by
5 the amount by which such limit was
6 increased under this paragraph; and

7 “(II) provide for the distribution
8 of positions attributable to such re-
9 duction in accordance with the re-
10 quirements of this paragraph.

11 “(C) CONSIDERATIONS IN REDISTRIBU-
12 TION.—In determining for which hospitals the
13 increase in the otherwise applicable resident
14 limit is provided under subparagraph (B), the
15 Secretary shall take into account—

16 “(i) the demonstration likelihood of
17 the hospital filling the positions made
18 available under this paragraph within the
19 first 3 cost reporting periods beginning on
20 or after July 1, 2020, as determined by
21 the Secretary; and

22 “(ii) whether the hospital has an ac-
23 credited rural training track (as described
24 in paragraph (4)(H)(iv)).

1 “(D) PRIORITY FOR CERTAIN AREAS.—In
2 determining for which hospitals the increase in
3 the otherwise applicable resident limit is pro-
4 vided under subparagraph (B), subject to sub-
5 paragraph (E), the Secretary shall distribute
6 the increase to hospitals based on the following
7 factors:

8 “(i) Whether the hospital and the ap-
9 proved medical residency training program
10 of the hospital have a proven track record
11 of primary care and rural support (as de-
12 termined by the Secretary).

13 “(ii) Whether the hospital is located
14 in a State, a territory of the United States,
15 or the District of Columbia that is among
16 the top 20 States, territories, or Districts
17 in terms of the ratio of the geographic area
18 of the State, territory, or District in
19 square miles that is rural compared to the
20 geographic area in each other State, terri-
21 tory, or District in square miles that is
22 rural (as determined by the Secretary
23 based solely on the most recent available
24 population data published by the Bureau
25 of the Census).

1 “(iii) Whether the hospital is located
2 in a rural area (as defined in subsection
3 (d)(2)(D)(ii)), including a hospital treated
4 as being located in a rural area under sub-
5 section (d)(8)(E).

6 “(E) RESERVATION OF POSITIONS FOR
7 CERTAIN HOSPITALS.—

8 “(i) IN GENERAL.—Subject to clause
9 (ii), the Secretary shall reserve the posi-
10 tions available for distribution under this
11 paragraph as follows:

12 “(I) 70 percent of such positions
13 for distribution to hospitals described
14 in clause (i) of subparagraph (D).

15 “(II) 30 percent of such positions
16 for distribution to hospitals described
17 in clause (ii) and (iii) of such sub-
18 paragraph.

19 “(ii) EXCEPTION IF POSITIONS NOT
20 REDISTRIBUTED BY JULY 1, 2020.—In the
21 case where the Secretary does not dis-
22 tribute positions to hospitals in accordance
23 with clause (i) by July 1, 2020, the Sec-
24 retary shall distribute such positions to
25 other hospitals in accordance with the con-

1 siderations described in subparagraph (C)
2 and the priority described in subparagraph
3 (D).

4 “(F) LIMITATION.—A hospital may not re-
5 ceive more than 75 full-time equivalent addi-
6 tional residency positions under this paragraph.

7 “(G) APPLICATION OF PER RESIDENT
8 AMOUNTS FOR PRIMARY CARE AND NONPRI-
9 MARY CARE.—With respect to additional resi-
10 dency positions in a hospital attributable to the
11 increase provided under this paragraph, the ap-
12 proved FTE per resident amounts are deemed
13 to be equal to the hospital per resident amounts
14 for primary care and nonprimary care com-
15 puted under paragraph (2)(D) for that hospital.

16 “(H) DEFINITIONS.—In this paragraph,
17 the terms ‘reference resident level’, ‘resident
18 level’, and ‘otherwise applicable resident limit’
19 have the meaning given such terms in para-
20 graph (8)(H).

21 “(I) AFFILIATION.—The provisions of this
22 paragraph shall be applied to hospitals which
23 are members of the same affiliated group (as
24 defined by the Secretary under paragraph
25 (4)(H)(ii)) and the reference resident level for

1 each such hospital shall be the reference resi-
2 dent level with respect to the cost reporting pe-
3 riod that results in the smallest difference be-
4 tween the reference resident level and the other-
5 wise applicable resident limit.”.

6 (b) IME.—

7 (1) IN GENERAL.—Section 1886(d)(5)(B)(v) of
8 the Social Security Act (42 U.S.C.
9 1395ww(d)(5)(B)(v)), in the second sentence, is
10 amended by striking “and (h)(8)” and inserting “,
11 (h)(8), and (h)(9)”.

12 (2) CONFORMING AMENDMENT.—Section
13 1886(d)(5)(B) of the Social Security Act (42 U.S.C.
14 1395ww(d)(5)(B)) is amended by adding at the end
15 the following new clause:

16 “(xi) For discharges occurring on or after July
17 1, 2020, insofar as an additional payment amount
18 under this subparagraph is attributable to resident
19 positions distributed to a hospital under subsection
20 (h)(9)(B), the indirect teaching adjustment factor
21 shall be computed in the same manner as provided
22 under clause (ii) with respect to such resident posi-
23 tions.”.

24 (c) CONFORMING AMENDMENT.—Section 422(b)(2)
25 of the Medicare Prescription Drug, Improvement, and

1 Modernization Act of 2003 (Public Law 108–173 is
2 amended by striking “and (8)” and inserting “, (8), and
3 (9)”.

4 **TITLE III—SUPPORTING**
5 **PRIMARY CARE WORKFORCE**

6 **SEC. 301. REAUTHORIZATION OF PRIMARY CARE RESI-**
7 **DENCY EXPANSION PROGRAM.**

8 Section 747 of the Public Health Service Act (42
9 U.S.C. 293k) is amended—

10 (1) in subsection (b)(3)(E), by striking “vulner-
11 able populations” and inserting “individuals with a
12 mental illness or substance use disorder or other vul-
13 nerable populations,”; and

14 (2) in subsection (c)—

15 (A) in paragraph (1), by striking
16 “\$125,000,000” and all that follows through
17 the period at the end and inserting
18 “\$168,000,000 for the period of fiscal years
19 2017 through 2021.”; and

20 (B) in paragraph (3), by striking “2010
21 through 2014” and inserting “2017 through
22 2021”.

1 **SEC. 302. REAUTHORIZATION OF AREA HEALTH EDU-**
2 **CATION CENTERS.**

3 Section 751(j)(1) of the Public Health Service Act
4 (42 U.S.C. 294a(j)(1)) is amended by striking
5 “\$125,000,000 for each of the fiscal years 2010 through
6 2014” and inserting “\$40,000,000 for each of fiscal years
7 2017 through 2021”.

8 **TITLE IV—SUPPORTING**
9 **EMERGING PROFESSIONS**

10 **SEC. 401. AUTHORIZING APPROPRIATIONS FOR QUENTIN N.**
11 **BURDICK PROGRAM FOR RURAL INTER-**
12 **DISCIPLINARY TRAINING.**

13 Section 754 of the Public Health Service Act (42
14 U.S.C. 794d) is amended by adding at the end the fol-
15 lowing:

16 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated \$10,000,000 for each
18 of fiscal years 2017 through 2021 to carry out this sec-
19 tion.”.

20 **SEC. 402. DENTAL THERAPISTS.**

21 (a) TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC
22 HEALTH DENTISTRY.—Section 748 of the Public Health
23 Service Act (42 U.S.C. 293k-2) is amended—

24 (1) in subsection (a)(1)—

1 (A) in subparagraph (A), by inserting
2 “dental therapists,” after “practicing dentists,”;
3 and

4 (B) in subparagraph (B), by inserting
5 “dental therapists,” after “practicing dentists,”;
6 and

7 (2) in subsection (b)—

8 (A) by striking “programs in dental or
9 dental hygiene” and inserting “programs in
10 dental, dental therapy, or dental hygiene”; and

11 (B) by striking “dental students, residents,
12 and dental hygiene students” and inserting
13 “dental students, residents, dental therapy stu-
14 dents, and dental hygiene students”.

15 (b) FUNDING FOR PRIMARY DENTAL DEMONSTRATION PROGRAM.—
16

17 (1) TIMEFRAME.—Section 340G-1(b) of the
18 Public Health Service Act (42 U.S.C. 256g-1(b)) is
19 amended—

20 (A) by striking “2 years” and inserting
21 “10 years”; and

22 (B) by striking “7 years” and inserting
23 “14 years”.

24 (2) SENSE OF SENATE.—It is the sense of the
25 Senate that—

1 (A) section 340G-1 of the Public Health
2 Service Act (42 U.S.C. 256g-1) should be fully
3 funded for each of fiscal years 2017 through
4 2021; and

5 (B) any appropriations Act appropriating
6 amounts for fiscal year 2017, or any subse-
7 quent fiscal year through fiscal year 2021,
8 should not contain any language prohibiting the
9 availability of funds for such section.

10 **SEC. 403. ALLIED HEALTH PROFESSIONALS.**

11 (a) DEFINITION OF ALLIED HEALTH PROFES-
12 SIONALS.—Section 799B(5) of the Public Health Service
13 Act (42 U.S.C. 295p(5)) is amended—

14 (1) in subparagraph (B)(v), by striking “; and”
15 and inserting “, including services related to man-
16 aging the implementation and operation of health in-
17 formation technology;”;

18 (2) in subparagraph (C), by striking the period
19 and inserting “; and”; and

20 (3) by adding at the end the following:

21 “(D) who may be licensed or certified to
22 practice in an emerging health care profession
23 as defined by the Secretary, which may include
24 community paramedics, dental therapists,
25 doulas, and other community health workers.”.

1 (b) LOAN FORGIVENESS FOR ALLIED HEALTH PRO-
2 FESSIONALS.—Section 428K(h) of the Higher Education
3 Act of 1965 (20 U.S.C. 1078–11(h)) is amended—

4 (1) by striking “this section such sums” and in-
5 serting “this section—

6 “(1) such sums”;

7 (2) by striking the period and inserting “;
8 and”; and

9 (3) by adding at the end the following:

10 “(2) such sums as may be necessary for each
11 of fiscal years 2017 through 2021 to provide loan
12 forgiveness in accordance with this section for indi-
13 viduals meeting the requirements of subsection
14 (b)(18).”.

15 (c) TRAINING FOR MID-CAREER PUBLIC AND ALLIED
16 HEALTH PROFESSIONALS.—Section 777 of the Public
17 Health Service Act (42 U.S.C. 295f-2) is amended—

18 (1) in subsection (b)(2), by inserting “, includ-
19 ing individuals who are foreign-trained health pro-
20 fessionals” before the period; and

21 (2) by redesignating subsection (c) as sub-
22 section (d);

23 (3) by inserting after subsection (b) the fol-
24 lowing:

25 “(c) PREFERENCE.—

1 “(1) ELIGIBLE INSTITUTIONS.—In making
2 grants under this section, the Secretary shall
3 prioritize awarding grants to eligible entities located
4 in rural or underserved areas.

5 “(2) ELIGIBLE INDIVIDUALS.—In awarding
6 scholarships to eligible individuals under this section,
7 an eligible entity shall prioritize individuals from
8 rural or underserved communities.”; and

9 (4) in subsection (d), as so redesignated, by
10 striking “2015” and inserting “2021”.

11 **SEC. 404. COMMUNITY HEALTH WORKERS.**

12 Section 399V of the Public Health Service Act (42
13 U.S.C. 280g-11) is amended—

14 (1) in subsection (b)—

15 (A) in paragraph (4), by striking “; or”;

16 (B) in paragraph (5), by striking the pe-
17 riod and inserting “; or”; and

18 (C) by adding at the end the following:

19 “(6) to educate, guide, and provide assistance
20 with patients enrolled in patient-centered medical
21 homes, accountable care organizations (as such term
22 is used in section 1899 of the Social Security Act),
23 other State certified medical or health care homes,
24 or other coordinated care models.”; and

25 (2) in subsection (d)(1)—

1 (A) in subparagraph (B), by striking “or”
2 after the semicolon;

3 (B) in subparagraph (C), by inserting “or”
4 after the semicolon; and

5 (C) by adding at the end the following:

6 “(D) that meet the requirements of sub-
7 paragraph (A), (B), or (C) and are designated
8 as a health professional shortage area under
9 section 332(a);”.

10 **SEC. 405. GAO REPORT.**

11 (a) IN GENERAL.—Not later than 2 years after the
12 date of enactment of this Act, the Comptroller General
13 of the United States shall prepare and submit to Congress
14 a report on emerging health care professions as defined
15 by the Secretary of Health and Human Services.

16 (b) CONTENTS.—The report prepared under sub-
17 section (a) shall include recommendations on—

18 (1) improving data collection with respect to
19 emerging health care professions, such as commu-
20 nity health workers, community paramedics, and
21 dental therapists;

22 (2) establishing a systematic way for Federal
23 officials to track State financing and use of commu-
24 nity health workers, community paramedics, and
25 dental therapists;

1 (3) improving methodologies to calculate the re-
2 turn on investment associated with supporting
3 emerging health care professions and the impact of
4 such professions on health care quality;

5 (4) standards for certification and training of
6 individuals in emerging health care professions;

7 (5) establishing a process to ensure that the
8 Secretary of Health and Human Services contin-
9 ually—

10 (A) assesses emerging health care profes-
11 sions for quality and consistency; and

12 (B) recognizes and incorporates these pro-
13 fessions in health care delivery; and

14 (6) establishing a centralized source for evi-
15 dence on emerging health care professions to facili-
16 tate the establishment of best practices for expanded
17 use of emerging health care professions.

18 **TITLE V—MENTAL HEALTH**

19 **WORKFORCE**

20 **SEC. 501. ESTABLISHING MENTAL HEALTH AND SUB-** 21 **STANCE USE DISORDER CURRICULUM.**

22 (a) IN GENERAL.—Subpart I of part C of title VII
23 of the Public Health Service Act (42 U.S.C. 293K et seq.)
24 is amended by inserting after section 747A the following:

1 **“SEC. 747B. ESTABLISHING MENTAL HEALTH AND SUB-**
2 **STANCE USE DISORDER CURRICULUM.**

3 “(a) SUPPORT AND DEVELOPMENT OF MENTAL
4 HEALTH AND SUBSTANCE USE DISORDER TRAINING
5 PROGRAMS.—

6 “(1) IN GENERAL.—The Secretary may make
7 grants to, or enter into contracts with, a school of
8 medicine or osteopathic medicine, a nursing school,
9 a physician assistant training program, a school of
10 pharmacy, a school of social work, an accredited
11 public or nonprofit private hospital, or a public or
12 private nonprofit entity which the Secretary has de-
13 termined is capable of carrying out such grant or
14 contract to establish, maintain, or improve—

15 “(A) academic units or programs that in-
16 clude content and clinical experiences related to
17 mental health and substance use disorder fields,
18 with a special focus on addiction;

19 “(B) programs that enhance interdiscipli-
20 nary recruitment, training, and faculty develop-
21 ment for the purposes of improving clinical
22 teaching and research in mental health and
23 substance use disorder fields, including addic-
24 tion;

25 “(C) programs that develop, assess, and
26 disseminate evidence-based practices for the de-

1 sign of academic units, training programs, and
2 faculty development initiatives in mental health
3 and substance use disorder fields, including ad-
4 diction; and

5 “(D) recommendations for medical edu-
6 cation curriculum content standards regarding
7 mental health and substance use disorders, in-
8 cluding addiction, to ensure that students are
9 able to recognize, diagnose, and treat mental
10 health and substance use disorders.

11 “(2) PARTNERSHIP REQUIRED.—To be eligible
12 to receive a grant or contract under paragraph (1),
13 an entity shall enter into a partnership with a med-
14 ical education accrediting organization (such as the
15 Liaison Committee on Medical Education, the Ac-
16 creditation Council for Graduate Medical Education,
17 the Commission on Osteopathic College Accredita-
18 tion, the Accreditation Commission for Education in
19 Nursing, the Commission on Collegiate Nursing
20 Education, the Accreditation Council for Pharmacy
21 Education, the Council on Social Work Education,
22 or the Accreditation Review Commission on Edu-
23 cation for the Physician Assistant).

24 “(b) PREFERENCE IN MAKING AWARDS UNDER THIS
25 SECTION.—In making awards of grants and contracts

1 under subsection (a), the Secretary shall give preference
2 to any qualified applicant for such an award that agrees
3 to expend the award for the purpose of—

4 “(1) establishing academic units or programs in
5 mental health and substance use disorder fields, in-
6 cluding addiction medicine; or

7 “(2) substantially expanding such units or pro-
8 grams.

9 “(c) PRIORITIES IN MAKING AWARDS.—In awarding
10 grants or contracts under subsection (a), the Secretary
11 shall give priority to qualified applicants that—

12 “(1) have a record of training the greatest per-
13 centage of mental health and substance use disorder
14 providers, including addiction providers, who enter
15 and remain in mental health and substance use dis-
16 order fields;

17 “(2) have a record of training the greatest per-
18 centage of providers, or that have demonstrated sig-
19 nificant improvements in the percentage of providers
20 trained, who enter and remain in settings with inte-
21 grated primary and mental health and substance use
22 disorder health care service, or have a record of es-
23 tablishing multidisciplinary addiction medicine fel-
24 lowship training programs;

1 “(3) have a record of training individuals who
2 are from underrepresented minority groups, includ-
3 ing native populations, or from a rural or disadvan-
4 taged background;

5 “(4) provide training in the care of rural and
6 vulnerable populations, such as children, pregnant
7 and post-partum women, older adults, homeless indi-
8 viduals, victims of trafficking, victims of abuse or
9 trauma, and other groups as defined by the Sec-
10 retary;

11 “(5) teach trainees the skills to provide inter-
12 professional, integrated care through collaboration
13 among health professionals; or

14 “(6) provide training in cultural competency
15 and health literacy.

16 “(d) DURATION OF AWARDS.—The period during
17 which payments are made to an entity from an award of
18 a grant or contract under this section shall be 5 years.

19 “(e) AUTHORIZATION OF APPROPRIATIONS.—For
20 purposes of carrying out this section, there are authorized
21 to be appropriated such sums as may be necessary for
22 each of fiscal years 2017 through 2021.”.

23 (b) INCREASING TRANSPARENCY REGARDING GRAD-
24 UATE MEDICAL EDUCATION ON MENTAL HEALTH AND
25 SUBSTANCE USE DISORDERS.—Not later than 5 years

1 after the date of the enactment of this Act, and annually
2 thereafter, the Secretary of Health and Human Services
3 shall submit to Congress a report that describes the activi-
4 ties that hospitals receiving funding under the Medicare
5 program under title XVIII of the Social Security Act (42
6 U.S.C. 1395 et seq.) have underway to promote inter-
7 disciplinary care teams and provide training for all med-
8 ical residents, medical students, and faculty in mental
9 health and substance use disorders, including addiction
10 medicine.

11 **SEC. 502. STREAMLINING MENTAL AND BEHAVIORAL**
12 **HEALTH WORKFORCE PROGRAMS.**

13 (a) IN GENERAL.—Part D of title VII of the Public
14 Health Service Act (42 U.S.C. 294 et seq.) is amended—

15 (1) by striking sections 755 (42 U.S.C. 294e)
16 and 756 (42 U.S.C. 294e–1);

17 (2) by redesignating sections 757 (42 U.S.C.
18 294f) and 759 (42 U.S.C. 294i) as sections 756 and
19 757, respectively; and

20 (3) by inserting after section 754 the following:

21 **“SEC. 755. MENTAL AND BEHAVIORAL HEALTH EDUCATION**
22 **AND TRAINING GRANTS.**

23 “(a) GRANTS AUTHORIZED.—The Secretary may
24 award grants to eligible institutions of higher education

1 to support the recruitment of students for, and education
2 and clinical experience of the students in—

3 “(1) accredited institutions of higher education
4 or accredited professional training programs that are
5 establishing or expanding internships or other field
6 placement programs in mental health in psychiatry,
7 psychology, school psychology, behavioral pediatrics,
8 psychiatric nursing, social work, school social work,
9 substance use disorder prevention and treatment,
10 marriage and family therapy, occupational therapy,
11 school counseling, or professional counseling, includ-
12 ing such internships or programs with a focus on
13 child and adolescent mental health and transitional-
14 age youth;

15 “(2) accredited doctoral, internship, and post-
16 doctoral residency programs of health service psy-
17 chology, including clinical psychology, counseling,
18 and school psychology, for the development and im-
19 plementation of interdisciplinary training of psy-
20 chology graduate students for providing behavioral
21 and mental health services, including substance use
22 disorder prevention and treatment services, and the
23 development of faculty in health service psychology;

24 “(3) accredited master’s and doctoral degree
25 programs of social work for the development and im-

1 plementation of interdisciplinary training of social
2 work graduate students for providing behavioral and
3 mental health services, including substance use dis-
4 order prevention and treatment services, and the de-
5 velopment of faculty in social work; or

6 “(4) State-licensed mental health nonprofit and
7 for-profit organizations to enable such organizations
8 to pay for programs for preservice or in-service
9 training in a behavioral health-related paraprofes-
10 sional field with preference for preservice or in-serv-
11 ice training of paraprofessional child and adolescent
12 mental health workers.

13 “(b) ELIGIBILITY REQUIREMENTS.—To be eligible
14 for a grant under this section, an institution of higher edu-
15 cation shall demonstrate—

16 “(1) an ability to recruit and place the students
17 described in subsection (a) in areas with a high need
18 and high demand population or rural or underserved
19 areas;

20 “(2) that individuals and groups from different
21 racial, ethnic, cultural, geographic, religious, lin-
22 guistic, and class backgrounds, and different genders
23 and sexual orientations, participate in the programs
24 of the institution;

1 “(3) knowledge and understanding of the con-
2 cerns of the individuals and groups described in
3 paragraph (2), especially individuals with mental
4 health symptoms or diagnoses, particularly children
5 and adolescents, and transitional-age youth;

6 “(4) that any internship or other field place-
7 ment program assisted through the grant will
8 prioritize cultural and linguistic competency; and

9 “(5) that the institution of higher education will
10 provide to the Secretary such data, assurances, and
11 information as the Secretary may require.

12 “(c) INSTITUTIONAL REQUIREMENT.—For grants
13 awarded under paragraphs (2) and (3) of subsection (a),
14 at least 4 of the grant recipients shall be historically black
15 colleges or universities or other minority-serving institu-
16 tions.

17 “(d) PRIORITY.—In selecting grant recipients, the
18 Secretary shall give priority to—

19 “(1) for grants awarded under paragraphs (1),
20 (2), and (3) of subsection (a), programs that have
21 demonstrated the ability to train psychology and so-
22 cial work professionals to work in integrated care
23 settings;

24 “(2) for a grant under subsection (a)(4), pro-
25 grams for paraprofessionals that emphasize the role

1 of the family and the lived experience of the con-
2 sumer and family-paraprofessional partnerships; and

3 “(3) programs with a record of training individ-
4 uals from rural and underserved communities and
5 placing graduates in these communities.

6 “(e) REPORT TO CONGRESS.—Not later than 2 years
7 after the date of enactment of the Strengthening Our
8 Rural Health Workforce Act of 2016, and annually there-
9 after, the Secretary shall submit to Congress a report on
10 the effectiveness of the grants under this section in—

11 “(1) providing graduate students support for
12 experiential training (internship or field placement);

13 “(2) recruiting of students interested in behav-
14 ioral health practice;

15 “(3) developing and implementing interprofes-
16 sional training and integration within primary care;

17 “(4) developing and implementing accredited
18 field placements and internships; and

19 “(5) collecting data on the number of students
20 trained in mental health and the number of available
21 accredited internships and field placements.

22 “(f) AUTHORIZATION OF APPROPRIATION.—There
23 are authorized to be appropriated to carry out this section
24 such sums as may be necessary for each of fiscal years
25 2017 through 2021.”.

1 (b) CONFORMING AMENDMENTS.—The Public
2 Health Service Act (42 U.S.C. 201 et seq.), as amended
3 by subsection (a), is further amended—

4 (1) in section 338A(d)(2)(A) (42 U.S.C.
5 254l(d)(2)(A)), by striking “or under section 758”;

6 (2) in section 756(b)(2) (42 U.S.C. 294f(b)(2)),
7 as so redesignated, by striking “, 753(b), and
8 755(b)” and inserting “and 753(b)”; and

9 (3) in section 761 (42 U.S.C. 294n)—

10 (A) in subsection (b)(2)(E), by striking
11 “757(d)(3)” and inserting “756(d)(3)”;

12 (B) in subsection (d)(2)(B), by striking
13 “757(d)(3)” and inserting “756(d)(3)”; and

14 (C) in subsection (d)(3), by striking
15 “757(d)(4)” and inserting “756(d)(4)”.