

110TH CONGRESS
2D SESSION

S. 3730

To expand, train, and support all sectors of the health care workforce to care for the growing population of older individuals in the United States.

IN THE SENATE OF THE UNITED STATES

DECEMBER 10, 2008

Mr. KOHL introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To expand, train, and support all sectors of the health care workforce to care for the growing population of older individuals in the United States.

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; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Retooling the Health Care Workforce for an Aging
6 America Act of 2008”.

7 (b) **TABLE OF CONTENTS.**—The table of contents of
8 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

TITLE I—AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT

Subtitle A—Health Professions Education Related to Geriatrics

- Sec. 101. Geriatric education centers.
- Sec. 102. Improving geriatric training for physicians, dentists, and behavior and mental health professionals.
- Sec. 103. Geriatric academic career awards.
- Sec. 104. Geriatric Career Incentive Awards.
- Sec. 105. National Center for Health Workforce Analysis.

Subtitle B—Improved Nursing Services

- Sec. 121. Comprehensive geriatric education nursing grant program.

TITLE II—AMENDMENTS TO THE WORKFORCE INVESTMENT ACT OF 1998

- Sec. 201. Core services.
- Sec. 202. Individual training accounts.
- Sec. 203. Collaboration between State boards and the veterans agencies of the States.
- Sec. 204. Collaboration between Department of Labor and Department of Veterans Affairs.
- Sec. 205. Training opportunities for direct care workers.

TITLE III—AMENDMENTS TO THE OLDER AMERICANS ACT OF 1965

- Sec. 301. Family caregiver training.
- Sec. 302. Redesignations in provisions for multigenerational and civic engagement activities.
- Sec. 303. National Resource Center on Volunteers, Students, and Seniors.

TITLE IV—AMENDMENTS TO THE SOCIAL SECURITY ACT

- Sec. 401. Demonstration program for personal or home care aides, nurse aides, and home health aides in long-term care settings.
- Sec. 402. Medicare family caregiver information and referral.
- Sec. 403. Medicaid assessment of family caregiver support needs.

TITLE V—STUDIES AND REPORTS

- Sec. 501. Studies and reports.

1 SEC. 2. FINDINGS.

2 Congress finds the following:

- 3 (1) The United States will not be able to meet
- 4 near-term demands for chronic, geriatric, and long-
- 5 term care without a workforce that is prepared for
- 6 the job.

1 (2) Between 2005 and 2030, it is estimated
2 that the number of adults aged 65 and older will al-
3 most double from 37,000,000 to over 70,000,000,
4 increasing from 12 percent of the population of the
5 United States to almost 20 percent of the popu-
6 lation.

7 (3) Because the overall size of the population of
8 older adults in the United States will increase rap-
9 idly, the number of older adults in the United States
10 who are disabled will soar in the coming decades.
11 Between 2000 and 2040 the number of older adults
12 who are disabled will more than double, increasing
13 from an estimated 10,000,000 to an estimated
14 21,000,000.

15 (4) A 2008 report by the Institute of Medicine
16 of the National Academies, entitled, “Retooling for
17 an Aging America” concludes that the health care
18 workforce will lack the capacity, in both size and
19 ability, to meet the needs of older patients in the fu-
20 ture unless action is taken immediately.

21 (5) Inadequate training in geriatrics, geron-
22 tology, chronic care management, and long-term
23 care is known to result in misdiagnoses, medication
24 errors, and inadequate coordination of services and

1 treatments that result in poor care and is costly for
2 the health care system as a whole.

3 (6) Currently, only 1 percent of all physicians
4 (approximately 7,000) in the United States are cer-
5 tified geriatricians, even as the population of older
6 adults is on track to double by 2030.

7 (7) Inadequate amounts of time devoted to geri-
8 atric training are reported by $\frac{1}{4}$ of graduating med-
9 ical students, and close to $\frac{1}{2}$ of graduating medical
10 students say they are unprepared to care for resi-
11 dents in nursing homes.

12 (8) Less than 1 percent of all nurses are cer-
13 tified gerontological nurses. Absent any change, by
14 the year 2020, the total supply of nurses in the
15 United States is projected to fall 29 percent below
16 requirements, resulting in a severe shortage of nurs-
17 ing expertise relative to the demand for care of
18 medically complex, frail older adults.

19 (9) The Bureau of Labor Statistics of the De-
20 partment of Labor predicts that personal or home
21 care aides and home health aides will represent the
22 second and third fastest-growing occupations be-
23 tween 2006 and 2016. Yet personal or home care
24 aides are not subject to any Federal requirements
25 related to training or education, and States have

1 very different requirements for personal or home
2 care aides.

3 (10) Research shows that inadequate training is
4 a major contributor to high turnover rates among
5 direct care workers and more training is correlated
6 with better staff recruitment and retention rates.

7 (11) An estimated 44,000,000 family caregivers
8 are being asked to provide increasingly complex
9 medical services to frail and elderly loved ones wish-
10 ing to live at home. Multiple surveys have docu-
11 mented that basic training and access to other tar-
12 geted services are necessary for family caregivers to
13 provide consistent quality care on an ongoing basis.

14 **TITLE I—AMENDMENTS TO THE**
15 **PUBLIC HEALTH SERVICE ACT**
16 **Subtitle A—Health Professions**
17 **Education Related to Geriatrics**

18 **SEC. 101. GERIATRIC EDUCATION CENTERS.**

19 Section 753 of the Public Health Service Act (42
20 U.S.C. 294) is amended by adding at the end the fol-
21 lowing:

22 “(d) GRANTS TO EXPAND AND IMPROVE GERIATRIC
23 EDUCATION CENTERS.—

24 “(1) IN GENERAL.—The Secretary shall award
25 grants or contracts under this subsection to entities

1 that operate a geriatric education center pursuant to
2 subsection (a)(1).

3 “(2) APPLICATION.—To be eligible for an
4 award under paragraph (1), an entity described in
5 such paragraph shall submit to the Secretary an ap-
6 plication at such time, in such manner, and con-
7 taining such information as the Secretary may re-
8 quire.

9 “(3) USE OF FUNDS.—Amounts awarded under
10 a grant or contract under paragraph (1) shall be
11 used to—

12 “(A) carry out the fellowship program de-
13 scribed in paragraph (4); and

14 “(B) carry out 2 of the 3 activities de-
15 scribed in paragraph (5).

16 “(4) FELLOWSHIP PROGRAM.—

17 “(A) IN GENERAL.—Pursuant to para-
18 graph (3), a geriatric education center that re-
19 ceives an award under this subsection shall use
20 such funds to offer short-term intensive courses
21 (referred to in this subsection as a ‘fellowship’)
22 that focus on geriatrics, chronic care manage-
23 ment, and long-term care that provide supple-
24 mental training for faculty members in medical
25 schools and other health professions schools

1 with programs in psychology, nursing, social
2 work, dentistry, public health, or other health
3 disciplines, as approved by the Secretary. Such
4 a fellowship shall be open to current faculty,
5 and appropriately credentialed volunteer faculty
6 and practitioners, who do not have formal
7 training in geriatrics, to upgrade their knowl-
8 edge and clinical skills for the care of older
9 adults and adults with functional limitations
10 and to enhance their interdisciplinary teaching
11 skills.

12 “(B) LOCATION.—A fellowship shall be of-
13 fered either at the geriatric education center
14 that is sponsoring the course, in collaboration
15 with other geriatric education centers, or at
16 medical schools, schools of nursing, schools of
17 social work, or other health professions schools
18 approved by the Secretary with which the geri-
19 atric education centers are affiliated.

20 “(C) CME CREDIT.—Participation in a fel-
21 lowship under this paragraph shall be accepted
22 with respect to complying with continuing med-
23 ical education requirements. As a condition of
24 such acceptance, the recipient shall agree to
25 subsequently provide a minimum of 18 hours of

1 voluntary instructional support through a geri-
2 atric education center that is providing clinical
3 training to students or trainees in long-term
4 care settings.

5 “(5) ADDITIONAL REQUIRED ACTIVITIES DE-
6 SCRIBED.—Pursuant to paragraph (3), a geriatric
7 education center that receives an award under this
8 subsection shall use such funds to carry out 2 of the
9 3 activities:

10 “(A) FAMILY CAREGIVER TRAINING.—A
11 geriatric education center that receives an
12 award under this subsection shall offer at least
13 2 courses each year, at no charge or nominal
14 cost, to family caregivers that are designed to
15 provide practical training for supporting frail
16 elders and individuals with disabilities. The Sec-
17 retary shall require such Centers to work with
18 appropriate community partners and family
19 caregiver organizations to publicize the avail-
20 ability of training courses in their service areas.
21 All family caregiver training programs shall in-
22 clude instruction on the management of psycho-
23 logical and behavioral aspects of dementia, and
24 communication techniques for working with in-
25 dividuals who have dementia.

1 “(B) DIRECT CARE WORKING TRAINING.—
2 A geriatric education center that receives an
3 award under this subsection shall offer at least
4 2 courses each year to certified nurse aides,
5 home health aides, personal or home care aides
6 and other types of direct care workers on ‘best
7 practices’ for working with frail elders and indi-
8 viduals with disabilities, including individuals
9 with dementia, urinary incontinence, and prob-
10 lems with balance or mobility.

11 “(C) INCORPORATION OF BEST PRAC-
12 TICES.—A geriatric education center that re-
13 ceives an award under this subsection shall de-
14 velop and include material on depression and
15 other mental health disorders common among
16 older adults, and management of the psycho-
17 logical and behavioral aspects of dementia and
18 communication techniques with individuals who
19 have dementia in all training courses, where ap-
20 propriate.

21 “(6) TARGETS.—A geriatric education center
22 that receives an award under this subsection shall
23 meet targets approved by the Secretary for providing
24 geriatric training to a certain number of faculty or
25 practitioners during the term of the grant, as well

1 as other parameters established by the Secretary, in-
 2 cluding guidelines for the content of the fellowships.

3 “(7) AMOUNT OF AWARD.—An award under
 4 this subsection shall be in an amount of \$150,000.
 5 Not more than 24 geriatric education centers may
 6 receive an award under this subsection.

7 “(8) AUTHORIZATION OF APPROPRIATIONS.—In
 8 addition to any other funding available to carry out
 9 this section, there is authorized to be appropriated
 10 to carry out this subsection, \$10,800,000 for the pe-
 11 riod of fiscal year 2010 through 2012.”.

12 **SEC. 102. IMPROVING GERIATRIC TRAINING FOR PHYSI-**
 13 **CIANS, DENTISTS, AND BEHAVIOR AND MEN-**
 14 **TAL HEALTH PROFESSIONALS.**

15 Section 753 of the Public Health Service Act (42
 16 U.S.C. 294), as amended by section 101, is amended by
 17 adding at the end the following:

18 “(e) GERIATRIC TRAINING FOR PHYSICIANS, DEN-
 19 TISTS, AND BEHAVIOR AND MENTAL HEALTH PROFES-
 20 SIONALS.—An accredited school of medicine or osteopathic
 21 medicine, a teaching hospital, or a graduate medical edu-
 22 cation program that receives an award under subsection
 23 (c) may use the funds under such award to carry out a
 24 program to train individuals for either 1 year, 2 years,
 25 or both, who are seeking a certificate of added qualifica-

1 tion or specialization in geriatrics for either 1 year, 2
 2 years, or both. Such a program may be located in a med-
 3 ical school that offers programs in 2 of the 3 disciplines
 4 described in subsection (c)(5). Such program may fund
 5 the training of doctorally-prepared clinical psychologists,
 6 psychiatric nurse practitioners, and clinical social workers
 7 as part of the behavior and mental health training pro-
 8 grams.”.

9 **SEC. 103. GERIATRIC ACADEMIC CAREER AWARDS.**

10 (a) EXPANSION OF ELIGIBILITY FOR GERIATRIC
 11 ACADEMIC CAREER AWARDS; PAYMENT TO INSTITU-
 12 TION.—Section 753(c) of the Public Health Service Act
 13 (42 U.S.C. 294(c)) is amended—

14 (1) by striking paragraph (2) through para-
 15 graph (3) and inserting the following:

16 “(2) ELIGIBLE INDIVIDUALS.—To be eligible to
 17 receive an Award under paragraph (1), an individual
 18 shall—

19 “(A) be board certified or board eligible in
 20 internal medicine, family practice, or psychiatry
 21 or have completed any required training in a
 22 discipline and employed in an accredited health
 23 professions school that is approved by the Sec-
 24 retary, including dentistry, pharmacy, nursing,
 25 social work, and psychology;

1 “(B) have completed an approved fellow-
2 ship program in geriatrics; and

3 “(C) have a junior (non-tenured) faculty
4 appointment at an accredited (as determined by
5 the Secretary) school of medicine, osteopathic
6 medicine, nursing, social work, psychology, den-
7 tistry, pharmacy, or other allied health dis-
8 ciplines in an accredited health professions
9 school that is approved by the Secretary.

10 “(3) LIMITATIONS.—No Award under para-
11 graph (1) may be made to an eligible individual un-
12 less the individual—

13 “(A) has submitted to the Secretary an ap-
14 plication, at such time, in such manner, and
15 containing such information as the Secretary
16 may require, and the Secretary has approved
17 such application;

18 “(B) provides, in such form and manner as
19 the Secretary may require, assurances that the
20 individual will meet the service requirement de-
21 scribed in paragraph (5); and

22 “(C) provides, in such form and manner as
23 the Secretary may require, assurances that the
24 individual has a full-time faculty appointment
25 in a health professions institution and docu-

1 mented commitment from such institution to
2 spend 75 percent of the total time of such indi-
3 vidual on teaching and developing skills in
4 interdisciplinary education in geriatrics.”; and

5 (2) in paragraph (4)—

6 (A) in subparagraph (A)—

7 (i) by inserting “for individuals who
8 are physicians” after “this section”; and

9 (ii) by inserting after the period at
10 the end the following: “The Secretary shall
11 determine the amount of an Award under
12 this section for individuals who are not
13 physicians.”; and

14 (B) by adding at the end the following:

15 “(C) PAYMENT TO INSTITUTION.—The
16 Secretary shall transfer funds awarded to an in-
17 dividual under this section to the institution
18 where such individual will carry out the award,
19 in order to facilitate financial management of
20 the reward pursuant to guidelines of the Health
21 Resources and Services Administration.”.

22 (b) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized to be appropriated to carry out the amend-
24 ments made by this section \$6,000,000 for each of fiscal
25 years 2010, 2011, and 2012.

1 **SEC. 104. GERIATRIC CAREER INCENTIVE AWARDS.**

2 Section 753 of the Public Health Service Act (42
3 U.S.C. 294), as amended by section 102, is amended by
4 adding at the end the following:

5 “(f) GERIATRIC CAREER INCENTIVE AWARDS.—

6 “(1) IN GENERAL.—The Secretary shall award
7 grants or contracts under this section to individuals
8 described in paragraph (2) to foster greater interest
9 among a variety of health professionals in entering
10 the field of geriatrics, long-term care, and chronic
11 care management.

12 “(2) ELIGIBLE INDIVIDUALS.—To be eligible to
13 received an award under paragraph (1), an indi-
14 vidual shall—

15 “(A) be an advanced practice nurse (such
16 as a clinical nurse specialist or nurse practi-
17 tioner), a clinical social worker, or clinical psy-
18 chologist who has a master’s degree or equiva-
19 lent graduate degree and is pursuing a doc-
20 torate or other advanced degree approved by
21 the Secretary in geriatrics, long-term care, or
22 chronic care management in an accredited
23 health professions school that is approved by
24 the Secretary; and

25 “(B) submit to the Secretary an applica-
26 tion at such time, in such manner, and con-

1 taining such information as the Secretary may
2 require.

3 “(3) **CONDITION OF AWARD.**—As a condition of
4 receiving an award under this subsection, an indi-
5 vidual shall agree that, following completion of the
6 award period, the individual will teach or practice in
7 the field of geriatrics, long-term care, or chronic
8 care management for a minimum of 5 years under
9 guidelines set by the Secretary.

10 “(4) **AUTHORIZATION OF APPROPRIATIONS.**—
11 There is authorized to be appropriated to carry out
12 this subsection, \$10,000,000 for the period of fiscal
13 years 2010 through 2012.”.

14 **SEC. 105. NATIONAL CENTER FOR HEALTH WORKFORCE**
15 **ANALYSIS.**

16 Part E of Title VII of the Public Health Service Act
17 (42 U.S.C. 294n et seq.) is amended by adding at the end
18 the following:

19 **“Subpart 3—National Center for Health Workforce**
20 **Analysis**

21 **“SEC. 774. ACTIVITIES OF THE NATIONAL CENTER FOR**
22 **HEALTH WORKFORCE ANALYSIS.**

23 “In addition to any activities being carried out at the
24 National Center for Health Workforce Analysis of the
25 Health Resources and Services Administration as of the

1 day before the date of enactment of the Retooling the
 2 Health Care Workforce for an Aging America Act of 2008,
 3 the head of such Center shall analyze—

4 “(1) current and projected needs for health and
 5 long-term care workforce demand and supply, and
 6 training and education needs specific to older adults
 7 and adults with functional limitations; and

8 “(2) turnover and retention for professionals
 9 and paraprofessionals in these fields, including ad-
 10 ministrators, medical directors and direct care staff
 11 of nursing homes, assisted living facilities and home
 12 and community-based settings, or any other setting
 13 or provider the Secretary determines appropriate.

14 **“SEC. 775. AUTHORIZATION OF APPROPRIATIONS.**

15 “There is authorized to be appropriated to the Na-
 16 tional Center for Workforce Analysis to carry out this sub-
 17 part \$6,000,000 for the period of fiscal years 2010
 18 through 2012.”.

19 **Subtitle B—Improved Nursing**
 20 **Services**

21 **SEC. 121. COMPREHENSIVE GERIATRIC EDUCATION NURS-**
 22 **ING GRANT PROGRAM.**

23 Section 855 of the Public Health Service Act (42
 24 U.S.C. 298) is amended—

25 (1) in subsection (b)—

1 (A) in paragraph (3), by striking “or”;

2 (B) in paragraph (4), by striking the pe-
3 riod and inserting “; or”; and

4 (C) by inserting after paragraph (4) the
5 following:

6 “(5) establish Federal traineeships to individ-
7 uals who are preparing for advanced degrees in geri-
8 atric nursing, long-term care, and gero-psychiatric
9 nursing.”; and

10 (2) in subsection (e), by inserting before the pe-
11 riod the following: “, \$12,000,000 for each of fiscal
12 years 2010 through 2012 to provide assistance
13 under this section to support additional training for
14 nurses who care for the elderly and individuals with
15 disabilities and for the development and dissemina-
16 tion of curricula relating to geriatric nursing care,
17 the training of nursing faculty in geriatrics, and the
18 provision of continuing education for nurses prac-
19 ticing in geriatrics, and \$25,000,000 for each of fis-
20 cal years 2010 through 2012 to provide assistance
21 under this section to support the Federal
22 traineeships established under subsection (b)(5)”.

1 **TITLE II—AMENDMENTS TO THE**
 2 **WORKFORCE INVESTMENT**
 3 **ACT OF 1998**

4 **SEC. 201. CORE SERVICES.**

5 Section 134(d)(2)(E)(iii) of the Workforce Invest-
 6 ment Act of 1998 (29 U.S.C. 2864(d)(2)(E)(iii)) is
 7 amended to read as follows:

8 “(iii) information relating to local oc-
 9 cupations in demand, including health care
 10 and long-term care occupations, and the
 11 earnings and skill requirements for such
 12 local occupations;”.

13 **SEC. 202. INDIVIDUAL TRAINING ACCOUNTS.**

14 Section 134(d)(4)(G)(iii) of the Workforce Invest-
 15 ment Act of 1998 (29 U.S.C. 2864(d)(4)(G)(iii)) is
 16 amended to read as follows:

17 “(iii) LINKAGE TO OCCUPATIONS IN
 18 DEMAND.—Training services provided
 19 under this paragraph shall be directly
 20 linked to occupations, including health care
 21 and long-term care occupations, that are in
 22 demand in the local area, or in another
 23 area to which an adult or dislocated work-
 24 er receiving such services is willing to relo-
 25 cate, except that a local board may ap-

1 prove training services for occupations de-
 2 termined by the local board to be in sectors
 3 of the economy that have a high potential
 4 for sustained demand or growth in the
 5 local area. In making determinations of de-
 6 mand or potential demand or growth under
 7 this clause, a local board shall consult local
 8 and State health agencies, employers, and
 9 other organizations that the local board de-
 10 termines to be appropriate.”.

11 **SEC. 203. COLLABORATION BETWEEN STATE BOARDS AND**
 12 **THE VETERANS AGENCIES OF THE STATES.**

13 Section 112(b) of the Workforce Investment Act of
 14 1998 (29 U.S.C. 2822(b)) is amended—

15 (1) in paragraph (17), by striking “and” at the
 16 end;

17 (2) in paragraph (18), by striking the period
 18 and inserting “; and”; and

19 (3) by adding at the end the following new
 20 paragraph:

21 “(19) a description of how the State board will
 22 collaborate with the veterans agency of the State, in-
 23 cluding entering into a memorandum of under-
 24 standing with the veterans agency of the State speci-
 25 fying—

1 “(A) the manner in which the State board
2 and the veterans agency of the State will pro-
3 vide information on health care workforce em-
4 ployment and training opportunities available to
5 individuals, including veterans who are receiving
6 core services described in section 134(d)(2) at
7 a one-stop center and are receiving assistance
8 from the Veterans’ Employment and Training
9 Service of the Department of Labor; and

10 “(B) the manner in which the State board
11 and the veterans agency of the State will obtain
12 and provide information to one-stop operators
13 in the State, for distribution through one-stop
14 centers, about training, internship, and employ-
15 ment opportunities in geriatrics, gerontology,
16 and long-term care, including, as available, op-
17 portunities at geriatric research, education and
18 clinical centers operated by the Department of
19 Veterans Affairs.”.

20 **SEC. 204. COLLABORATION BETWEEN DEPARTMENT OF**
21 **LABOR AND DEPARTMENT OF VETERANS AF-**
22 **FAIRS.**

23 The Secretary of Labor, acting through the Assistant
24 Secretary for Veterans’ Employment and Training, and
25 the Secretary of Veterans Affairs, shall develop memo-

1 randa of understanding outlining how veterans seeking
 2 employment information through the Local Veterans' Em-
 3 ployment Representative Program and the Transition As-
 4 sistance Program will be provided with information about
 5 training, internship, and employment opportunities in ger-
 6 iatrics, gerontology, and long-term care, including oppor-
 7 tunities at geriatric research, education and clinical cen-
 8 ters operated by the Department of Veterans Affairs.

9 **SEC. 205. TRAINING OPPORTUNITIES FOR DIRECT CARE**
 10 **WORKERS.**

11 (a) IN GENERAL.—Section 171 of the Workforce In-
 12 vestment Act of 1998 (29 U.S.C. 2916) is amended by
 13 adding at the end the following new subsection:

14 “(f) TRAINING OPPORTUNITIES FOR DIRECT CARE
 15 WORKERS.—

16 “(1) IN GENERAL.—The Secretary shall award
 17 grants to eligible entities to enable such entities to
 18 provide new training opportunities for direct care
 19 workers (including certified nursing assistants, home
 20 health aides, and personal or home care aides) who
 21 are employed in long-term care settings such as
 22 nursing homes (as defined in section 1908(e)(1) of
 23 the Social Security Act (42 U.S.C. 1396g(e)(1)), as-
 24 sisted living facilities, home care settings, and any

1 other setting the Secretary determines to be appro-
2 priate.

3 “(2) ELIGIBILITY.—To be eligible to receive a
4 grant under paragraph (1), an entity shall—

5 “(A) be an institution of higher education
6 (as defined in section 102 of the Higher Edu-
7 cation Act of 1965 (20 U.S.C. 1002)) that—

8 “(i) is accredited by a nationally rec-
9 ognized accrediting agency or association
10 listed under section 101(c) of the Higher
11 Education Act of 1965 (20 U.S.C.
12 1001(c)); and

13 “(ii) has established a public-private
14 educational partnership with a nursing
15 home, home health agency, or other long-
16 term care provider; and

17 “(B) submit to the Secretary an applica-
18 tion at such time, in such manner, and con-
19 taining such information as the Secretary may
20 require.

21 “(3) PRIORITY.—In making grants to eligible
22 entities, the Secretary shall give priority to entities
23 that demonstrate that the entities will coordinate ac-
24 tivities with one-stop operators and one-stop part-

1 ners at local one-stop centers referred to in section
2 134(c).

3 “(4) USE OF FUNDS.—An eligible entity shall
4 use amounts awarded under a grant under para-
5 graph (1) to provide assistance to eligible individuals
6 to offset the cost of tuition and required fees for en-
7 rollment in academic programs provided by such en-
8 tity, including—

9 “(A) the provision of stipends to such indi-
10 viduals for a period of not to exceed 2 years;

11 “(B) the lowering of fees assessed with re-
12 spect to eligible individuals who are enrolled in
13 programs leading to a licensed practical nursing
14 degree, a registered nursing degree, or any
15 other advanced nursing degree; and

16 “(C) the lowering of fees assessed with re-
17 spect to eligible individuals who are enrolled in
18 courses aimed at improving direct care skills for
19 the treatment of specialized conditions that are
20 common in the long-term care sector, such as
21 wound care, brain trauma, immobility, inconti-
22 nence, functional impairment, and dementia.

23 “(5) ELIGIBLE INDIVIDUAL.—

24 “(A) ELIGIBILITY.—To be eligible for as-
25 sistance under paragraph (4), an individual

1 shall be enrolled in courses provided by a grant-
2 ee under this subsection and maintain satisfac-
3 tory academic progress in such courses.

4 “(B) CONDITION OF ASSISTANCE.—As a
5 condition of receiving assistance under para-
6 graph (4), an individual shall agree that, fol-
7 lowing completion of the assistance period, the
8 individual will work in the field of geriatrics,
9 long-term care, or chronic care management for
10 a minimum of 2 years under guidelines set by
11 the Secretary.

12 “(6) AUTHORIZATION OF APPROPRIATIONS.—
13 There is authorized to be appropriated to carry out
14 this subsection, \$10,000,000 for the period of fiscal
15 years 2010 through 2012.”.

16 (b) CONFORMING AMENDMENTS.—

17 (1) Section 174(b)(1) of the Workforce Invest-
18 ment Act of 1998 (29 U.S.C. 2919(b)(1)) is amend-
19 ed by inserting “and except as provided in section
20 171(f),” after “paragraph (2),”.

21 (2) Section 174(b)(2)(B)(ii) of the Workforce
22 Investment Act (29 U.S.C. (b)(2)(B)(ii)) is amended
23 to read as follows:

24 “(ii) except as provided in section
25 171(f), for each of the fiscal years 2000

1 through 2003, reserve not less than 45
2 percent for carrying out section 171;”.

3 **TITLE III—AMENDMENTS TO**
4 **THE OLDER AMERICANS ACT**
5 **OF 1965**

6 **SEC. 301. FAMILY CAREGIVER TRAINING.**

7 (a) IN GENERAL.—Part E of title III of the Older
8 Americans Act of 1965 (42 U.S.C. 3030s et seq.) is
9 amended by adding at the end the following:

10 **“SEC. 375. FAMILY CAREGIVER TRAINING.**

11 “(a) DEVELOPMENT OF MATERIALS.—

12 “(1) IN GENERAL.—The Assistant Secretary
13 shall, directly or by contract, develop family care-
14 giver training materials, working with an advisory
15 committee, comprised of experts on matters related
16 to family caregivers, including researchers, rep-
17 resentatives of nursing homes and State Long-Term
18 Care Ombudsman programs, representatives of com-
19 munity colleges and vocational schools, and rep-
20 resentatives of organizations for family caregivers.
21 The materials shall be suitable to provide online
22 training for family caregivers, and grandparents or
23 older individuals who are relative caregivers, in pro-
24 viding personal care to care recipients.

1 “(2) CONTENT.—The materials shall include
2 written materials and videos, designed to be easily
3 downloaded, that demonstrate techniques for key
4 personal care activities. The materials shall dem-
5 onstrate ways of safely lifting and transferring indi-
6 viduals with disabilities, means of preventing falls,
7 and other means of providing assistance with activi-
8 ties of daily living, and instrumental activities of
9 daily living such as medication management. The
10 materials shall provide information on behavioral
11 management and communication techniques for care
12 recipients that are individuals with Alzheimer’s dis-
13 ease or a related disorder with neurological and or-
14 ganic brain dysfunction.

15 “(b) DISTRIBUTION OF MATERIALS.—The Assistant
16 Secretary shall make the training described in subsection
17 (a)(1) available online, free of cost to users.

18 “(c) DEFINITIONS.—In this section:

19 “(1) CARE RECIPIENT.—The term ‘care recipi-
20 ent’—

21 “(A) used with respect to a family care-
22 giver, means an older individual or an indi-
23 vidual with Alzheimer’s disease or a related dis-
24 order with neurological and organic brain dys-
25 function; and

1 “(B) used with respect to a grandparent or
2 older individual who is a relative caregiver,
3 means an individual with a disability.

4 “(2) COMMUNITY COLLEGE.—The term ‘com-
5 munity college’ means an institution of higher edu-
6 cation (as defined in section 101(a) of the Higher
7 Education Act of 1965 (20 U.S.C. 1001(a))) that
8 offers a 2-year program of study.

9 “(3) INDIVIDUAL WITH A DISABILITY.—The
10 term ‘individual with a disability’ means an indi-
11 vidual with a disability, within the meaning of sec-
12 tion 372(a)(1).

13 “(4) VOCATIONAL SCHOOL.—The term ‘voca-
14 tional school’ means an area career and technical
15 education school, as defined in section 3 of the Carl
16 D. Perkins Career and Technical Education Act of
17 2006 (20 U.S.C. 2302).”.

18 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
19 303(e) of the Older Americans Act of 1965 (42 U.S.C.
20 3023(e)) is amended—

21 (1) in paragraph (2), by inserting “, other than
22 section 375” after “part E”; and

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

1 “(4) There is authorized to be appropriated to carry
2 out section 375, \$5,000,000 for the period of fiscal years
3 2010 through 2012.”.

4 **SEC. 302. REDESIGNATIONS IN PROVISIONS FOR**
5 **MULTIGENERATIONAL AND CIVIC ENGAGE-**
6 **MENT ACTIVITIES.**

7 (a) REDESIGNATIONS.—Section 417 of the Older
8 Americans Act of 1965 is amended—

9 (1) in subsection (a)—

10 (A) in paragraph (1), by redesignating
11 subparagraphs (A) and (B) as clauses (i) and
12 (ii), respectively, and indenting accordingly;

13 (B) by redesignating paragraphs (1) and
14 (2) as subparagraphs (A) and (B), respectively,
15 and indenting accordingly; and

16 (C) by inserting all that precedes “The As-
17 sistant Secretary” and inserting the following:

18 “(a) DEMONSTRATION, SUPPORT, AND RESEARCH
19 PROJECTS.—

20 “(1) GRANTS AND CONTRACTS.—”;

21 (2) in subsection (b)—

22 (A) by redesignating paragraphs (1) and
23 (2) as subparagraphs (A) and (B), respectively,
24 and indenting accordingly; and

1 (B) by inserting all that precedes “An eli-
2 gible” and inserting the following:

3 “(2) USE OF FUNDS.—”;

4 (3) in subsection (c)—

5 (A) by redesignating paragraphs (1)
6 through (4) as subparagraphs (A) through (D),
7 respectively, and indenting accordingly; and

8 (B) by striking all that precedes “In
9 awarding” and inserting the following:

10 “(3) PREFERENCE.—”;

11 (4) in subsection (d), by striking all that pre-
12 cedes “To be” and inserting the following:

13 “(4) APPLICATION.—”;

14 (5) in subsection (e)—

15 (A) by redesignating paragraphs (1) and
16 (2) as subparagraphs (A) and (B), respectively,
17 and indenting accordingly; and

18 (B) by inserting all that precedes “Organi-
19 zations” and inserting the following:

20 “(5) ELIGIBLE ORGANIZATIONS.—”;

21 (6) in subsection (f)—

22 (A) in paragraph (1), by redesignating
23 subparagraphs (A), (B), and (C) as clauses (i),
24 (ii), and (iii), respectively, and indenting ac-
25 cordingly;

1 (B) by redesignating paragraphs (1) and
2 (2) as subparagraphs (A) and (B), respectively,
3 and indenting accordingly; and

4 (C) by inserting all that precedes subpara-
5 graph (A) (as redesignated by subparagraph
6 (B) of this paragraph) and inserting the fol-
7 lowing:

8 “(6) LOCAL EVALUATION AND REPORT.—”;

9 (7) in subsection (g)—

10 (A) by redesignating paragraphs (1)
11 through (8) as subparagraphs (A) through (H),
12 respectively, and indenting accordingly; and

13 (B) by inserting all that precedes “Not
14 later” and inserting the following:

15 “(7) REPORT TO CONGRESS.—”; and

16 (8) in subsection (h)—

17 (A) in paragraph (2)—

18 (i) in subparagraph (B), by redesignig-
19 nating clauses (i) and (ii) as subclauses (I)
20 and (II), respectively, and indenting ac-
21 cordingly; and

22 (ii) by redesignating subparagraphs
23 (A) and (B) as clauses (i) and (ii), respec-
24 tively, and indenting accordingly;

1 (B) by redesignating paragraphs (1) and
2 (2) as subparagraphs (A) and (B), respectively,
3 and indenting accordingly; and

4 (C) by inserting all that precedes “As
5 used” and inserting the following:

6 “(8) DEFINITIONS.—”.

7 (b) CONFORMING AMENDMENTS.—Section 417 of the
8 Older Americans Act of 1965 is amended—

9 (1) by striking “this section” each place it ap-
10 pears and inserting “this subsection”;

11 (2) by striking “subsection (a)(1)” each place it
12 appears and inserting “paragraph (1)(A)”;

13 (3) by striking “subsection (a)(2)” each place it
14 appears and inserting “paragraph (1)(B)”;

15 (4) except as provided in paragraphs (2) and
16 (3), by striking “subsection (a)” each place it ap-
17 pears and inserting “paragraph (1)”;

18 (5) in subsection (a) (as redesignated by sub-
19 section (a) of this section)—

20 (A) in paragraph (2)(B), by striking “sub-
21 section (f)” and inserting “paragraph (6)”;

22 (B) in paragraph (7)—

23 (i) in the matter preceding subpara-
24 graph (A), by striking “subsection (f)(2)”

25 and inserting “paragraph (6)(B)”;

1 (ii) in subparagraph (G), by striking
 2 “paragraph (1)” and inserting “subpara-
 3 graph (A)”.

4 **SEC. 303. NATIONAL RESOURCE CENTER ON VOLUNTEERS,**
 5 **STUDENTS, AND SENIORS.**

6 Section 417 of the Older Americans Act of 1965 (42
 7 U.S.C. 3032f), as amended by section 302, is further
 8 amended by adding at the end the following:

9 “(b) NATIONAL RESOURCE CENTER ON VOLUN-
 10 TEERS, STUDENTS, AND SENIORS.—

11 “(1) IN GENERAL.—

12 “(A) GRANT.—The Assistant Secretary
 13 shall award a grant for the establishment and
 14 operation of a National Resource Center on
 15 Volunteers, Students, and Seniors (referred to
 16 in this subsection as the ‘Center’). The Center
 17 shall promote partnerships between entities in
 18 the aging network, and institutions of higher
 19 education and secondary schools, in order to ex-
 20 pand the capacity of individuals to serve in, and
 21 in order to attract new leaders for and profes-
 22 sionals into, the aging network.

23 “(B) PARTNERSHIPS.—Such partnerships
 24 may involve—

1 “(i) State agencies, area agencies on
2 aging, or other local government agencies,
3 Aging and Disability Resource Centers,
4 tribal organizations, nonprofit health or so-
5 cial service organizations, community clin-
6 ics, adult day care centers, senior housing
7 providers, and other providers that provide
8 direct services to older individuals and that
9 are determined to be appropriate by the
10 Assistant Secretary; and

11 “(ii) local institutions of higher edu-
12 cation and secondary schools.

13 “(2) CENTER.—The Center shall use the funds
14 made available through the grant to—

15 “(A) identify and disseminate information
16 (including information about best practices)
17 concerning how entities described in paragraph
18 (1)(B) can establish partnerships in a manner
19 that provides volunteers and students in nurs-
20 ing, social work, gerontology, psychology, dental
21 hygiene, music and recreational therapy, nutri-
22 tion, and other disciplines identified by the As-
23 sistant Secretary with opportunities, approved
24 by the Assistant Secretary, to gain experience
25 working with older individuals, including older

1 individuals with dementia or cognitive impair-
2 ment, receiving services under this Act;

3 “(B) develop and implement a model dem-
4 onstration grant program to—

5 “(i) promote new partnerships be-
6 tween the entities described in paragraph
7 (1)(B) and incorporate activities of the
8 partnerships into established curricula of
9 institutions of higher education and sec-
10 ondary schools; and

11 “(ii) promote and sponsor internship
12 programs, career development seminars,
13 and continuing education and lifelong
14 learning programs; and

15 “(C) develop and implement a model ca-
16 reer ladder program that will disseminate infor-
17 mation on best practices designed to enable
18 mid-level professionals to advance in the field of
19 aging.

20 “(3) DEFINITION.—In this subsection, the term
21 ‘secondary school’ has the meaning given the term in
22 section 9101 of the Elementary and Secondary Edu-
23 cation Act of 1965 (20 U.S.C. 8801).

24 “(4) AUTHORIZATION OF APPROPRIATIONS.—
25 There is authorized to be appropriated to carry out

1 this subsection \$3,000,000 for fiscal year 2010,
2 \$3,500,000 for fiscal year 2011, and \$4,000,000 for
3 fiscal year 2012.”.

4 **TITLE IV—AMENDMENTS TO THE**
5 **SOCIAL SECURITY ACT**

6 **SEC. 401. DEMONSTRATION PROGRAM FOR PERSONAL OR**
7 **HOME CARE AIDES, NURSE AIDES, AND HOME**
8 **HEALTH AIDES IN LONG-TERM CARE SET-**
9 **TINGS.**

10 (a) ESTABLISHMENT.—

11 (1) IN GENERAL.—The Secretary shall establish
12 a demonstration program (in this section referred to
13 as the “program”) to make grants to participating
14 States to develop core training competencies for eli-
15 gible personal or home care aides and additional
16 training content for nurse aides and home health
17 aides to supplement training for nurse aides and
18 home health aides that is required under Federal
19 law or regulation, and to evaluate the effectiveness
20 of such competencies and additional training con-
21 tent. Such program shall evaluate the efficacy of—

22 (A) the core training competencies devel-
23 oped under subsection (b)(2)(A);

24 (B) the additional training content devel-
25 oped under subsection (b)(2)(B); and

1 (C) the method of implementation of such
2 core training competencies and additional train-
3 ing content against a “control” group being
4 trained under a participating State’s existing
5 training protocols.

6 (2) DURATION.—The program shall be con-
7 ducted for not less than 4 years.

8 (b) ESTABLISHMENT OF EXPERT PANEL.—

9 (1) IN GENERAL.—Not later than 120 days
10 after the date of enactment of this Act, the Sec-
11 retary shall establish a panel of long-term care work-
12 force experts (in this section referred to as the “ex-
13 pert panel”).

14 (2) DUTIES.—The expert panel shall carry out
15 the following duties:

16 (A)(i) Subject to clause (ii), developing
17 core training competencies for personal or home
18 care aides, including such competencies with re-
19 spect to the following areas:

20 (I) The role of the personal or home
21 care aide (including differences between a
22 personal or home care aide employed by an
23 agency and a personal or home care aide
24 employed directly by the health care con-
25 sumer or an independent provider).

1 (II) Consumer rights, ethics, and con-
2 fidentiality (including the role of proxy de-
3 cision-makers in the case where a health
4 care consumer has impaired decision-mak-
5 ing capacity).

6 (III) Communication, cultural com-
7 petence and sensitivity, problem solving,
8 behavior management, and relationship
9 skills.

10 (IV) Personal care skills.

11 (V) Health care support.

12 (VI) Nutritional support.

13 (VII) Infection control.

14 (VIII) Safety and emergency training.

15 (IX) Training specific to an individual
16 consumer's needs (including older individ-
17 uals, younger individuals with disabilities,
18 individuals with developmental disabilities,
19 individuals with dementia, and individuals
20 with mental health needs).

21 (X) Self-Care.

22 (ii) For purposes of the program, the core
23 training competencies developed under clause
24 (i) shall only apply with respect to newly hired
25 personal or home care aides.

1 (B)(i) Subject to clause (ii), developing ad-
2 ditional training content for home health aides
3 and nurse aides which is not required under
4 Federal law as of the date of enactment of this
5 Act, including such content with respect to the
6 following areas:

7 (I) Culturally competent practice.

8 (II) Standardized direct care worker
9 communication protocols (such as Situa-
10 tion, Background, Assessment, and Rec-
11 ommendation communication tools).

12 (III) Palliative and end-of-life care.

13 (IV) Injury prevention.

14 (V) Wound and decubitus care.

15 (VI) Medication management.

16 (VII) Additional aspects of dementia
17 care training (such as understanding de-
18 mentia and Alzheimer's disease, dealing
19 with challenging behavior, developing com-
20 munication skills, working with family
21 caregivers, and ensuring physical health
22 and safety).

23 (VIII) Prevention and reporting of
24 abuse.

1 (ii) For purposes of the program, the addi-
2 tional training content developed under clause
3 (i) shall only apply with respect to newly hired
4 home health aides and nurse aides.

5 (C)(i) Subject to clause (ii), making rec-
6 ommendations regarding how training shall be
7 provided under the program, including rec-
8 ommendations with respect to the following:

9 (I) The length of the training.

10 (II) The appropriate trainer to stu-
11 dent ratio.

12 (III) The amount of instruction time
13 spent in the classroom as compared to on-
14 site in the home or a facility.

15 (IV) Trainer qualifications.

16 (V) Content for a “hands-on” and
17 written certification exam.

18 (VI) Continuing education require-
19 ments.

20 (VII) Ways to integrate the core
21 training competencies developed for per-
22 sonal and home care aides under subpara-
23 graph (A) with the additional training con-
24 tent developed for home health aides and
25 nurse aides under subparagraph (B).

1 (ii) The recommendations under clause (i)
2 shall ensure that the number of hours of train-
3 ing provided under the program are not less
4 than the number of hours of training required
5 under any applicable State or Federal law or
6 regulation.

7 (3) MEMBERSHIP.—

8 (A) IN GENERAL.—Subject to subpara-
9 graph (B), the expert panel shall be composed
10 of 11 members appointed by the Secretary from
11 among leading experts in the long-term care
12 field, including representatives of—

- 13 (i) personal or home care agencies;
14 (ii) home health care agencies;
15 (iii) nursing homes and residential
16 care facilities;
17 (iv) the disability community (includ-
18 ing the mental retardation and develop-
19 mental disability communities);
20 (v) the nursing community;
21 (vi) national advocacy organizations
22 and unions that represent direct care
23 workers;
24 (vii) older individuals and family care-
25 givers;

1 (viii) State Medicaid waiver program
2 officials;

3 (ix) curriculum developers with exper-
4 tise in adult learning; and

5 (x) researchers on direct care workers
6 and the long-term care workforce.

7 (B) INCLUSION OF REPRESENTATIVES OF
8 CERTAIN INDIVIDUALS.—Not less than 2 of the
9 11 members appointed by the Secretary under
10 subparagraph (A) shall represent the interests
11 of individuals who rely on long-term care serv-
12 ices, including the interests of those individuals
13 described in clause (vii) of such subparagraph.

14 (4) REPORT.—Not later than 1 year after the
15 date of enactment of this Act, the expert panel shall
16 submit to the Secretary a report containing—

17 (A) the core training competencies devel-
18 oped under paragraph (2)(A);

19 (B) the additional training content devel-
20 oped under paragraph (2)(B);

21 (C) any recommendations of the expert
22 panel under paragraph (2)(C); and

23 (D) recommendations for such legislation
24 or administrative action as the expert panel de-
25 termines appropriate.

1 (5) TERMINATION.—The expert panel shall ter-
2 minate 180 days after it submits the report under
3 paragraph (4).

4 (c) APPLICATION AND SELECTION CRITERIA.—

5 (1) IN GENERAL.—

6 (A) SOLICITATION.—Not later than 2
7 years after the date of enactment of this Act,
8 the Secretary shall issue a proposal soliciting
9 States to voluntarily participate in the program.

10 (B) AGREEMENTS.—The Secretary shall
11 enter into agreements with not more than 4
12 States to conduct the program in such States.

13 (C) REQUIREMENTS FOR STATES.—An
14 agreement entered into under subparagraph (B)
15 shall require that a participating State—

16 (i) use grant funds made available to
17 the State under the program to recruit eli-
18 gible health and long-term care providers
19 to—

20 (I) participate in the program;

21 and

22 (II) implement the core training
23 competencies developed under sub-
24 section (b)(2)(A) and the additional

1 training content developed under sub-
2 section (b)(2)(B); and

3 (ii) develop written materials and pro-
4 tocols for such core training competencies
5 and such additional training content, in-
6 cluding the development of a certification
7 test for personal or home care aides who
8 have completed such training competencies
9 and, if applicable, additional training con-
10 tent.

11 (D) CONSULTATION AND COLLABORATION
12 WITH COMMUNITY AND VOCATIONAL COL-
13 LEGES.—The Secretary shall encourage partici-
14 pating States to consult with community and
15 vocational colleges regarding the development of
16 curricula to implement the program, which may
17 include consideration of such colleges as part-
18 ners in such implementation.

19 (2) APPLICATION AND ELIGIBILITY.—A State
20 seeking to participate in the program shall—

21 (A) submit an application to the Secretary
22 containing such information and at such time
23 as the Secretary may specify;

24 (B) meet the selection criteria established
25 under paragraph (3); and

1 (C) meet such additional criteria as the
2 Secretary may specify.

3 (3) SELECTION CRITERIA.—In selecting States
4 to participate in the program, the Secretary shall es-
5 tablish criteria to ensure—

6 (A) geographic and demographic diversity;

7 (B) that participating States offer medical
8 assistance for personal care services under the
9 State Medicaid plan;

10 (C) that the existing training standards for
11 personal or home care aides, home health aides,
12 and nurse aides in each participating State—

13 (i) are different from such standards
14 in the other participating States; and

15 (ii) are different from the core train-
16 ing competencies developed under sub-
17 section (b)(2)(A) and the additional train-
18 ing content developed under subsection
19 (b)(2)(B);

20 (D) that participating States do not reduce
21 the number of hours of training required under
22 applicable State law or regulation after being
23 selected to participate in the program; and

1 (E) that States recruit a minimum number
2 of eligible health and long-term care providers
3 to participate in the program.

4 (4) TECHNICAL ASSISTANCE.—The Secretary
5 shall provide technical assistance to States in devel-
6 oping written materials and protocols for such core
7 training competencies and such additional training
8 content under paragraph (1)(C)(ii).

9 (d) EVALUATION AND REPORT.—

10 (1) EVALUATION.—The Secretary shall develop
11 an experimental or control group testing protocol in
12 consultation with an independent evaluation con-
13 tractor selected by the Secretary. Such contractor
14 shall evaluate—

15 (A) the impact of core training com-
16 petencies developed under subsection (b)(2)(A),
17 including curricula developed to implement such
18 core training competencies, for personal or
19 home care aides within each participating State
20 on job satisfaction, mastery of job skills, bene-
21 ficiary and caregiver satisfaction with services,
22 and additional measures determined by the Sec-
23 retary in consultation with the expert panel es-
24 tablished under subsection (b);

1 (B) the impact of incorporating the addi-
2 tional training content developed under sub-
3 section (b)(2)(B) into existing training stand-
4 ards for home health aides and certified nurse
5 aides within each participating State;

6 (C) the impact of providing such core
7 training competencies and additional training
8 content on the existing training infrastructure
9 and resources of States;

10 (D) whether the minimum number of
11 hours of initial training required for nurse aides
12 under sections 1819(f)(2)(A)(i)(II) and
13 1919(f)(2)(A)(i)(II) of the Social Security Act
14 (42 U.S.C. 1395i-3(f)(2)(A)(i)(II);
15 1396r(f)(2)(A)(i)(II)) should be increased; and

16 (E) whether a minimum number of hours
17 of initial training should be required for per-
18 sonal or home care aides and, if so, what min-
19 imum number of hours should be required.

20 (2) REPORT.—Not later than 1 year after the
21 completion of the program, the Secretary shall sub-
22 mit to Congress a report containing the results of
23 the evaluations conducted under paragraph (1), to-
24 gether with such recommendations for legislation or

1 administrative action as the Secretary determines
2 appropriate.

3 (e) FUNDING.—Out of any funds in the Treasury not
4 otherwise appropriated, there are appropriated to the Sec-
5 retary to carry out the program under this section for the
6 period of fiscal years 2010 through 2015, \$14,000,000.

7 (f) DEFINITIONS.—In this section:

8 (1) ELIGIBLE HEALTH AND LONG-TERM CARE
9 PROVIDER.—The term “eligible health and long-term
10 care provider” means a personal or home care agen-
11 cy (including personal or home care public authori-
12 ties), a nursing home, a home health agency (as de-
13 fined in section 1861(o)) of the Social Security Act
14 (42 U.S.C. 1395x(o)), or any other health care pro-
15 vider the Secretary determines appropriate which—

16 (A) is licensed or authorized to provide
17 services in a participating State; and

18 (B) receives payment for services under
19 title XVIII or XIX of the Social Security Act.

20 (2) HOME HEALTH AIDE.—The term “home
21 health aide” has the meaning given such term in
22 section 1891(a)(3)(E) of the Social Security Act (42
23 U.S.C. 1395bbb(a)(3)(E)).

24 (3) NURSE AIDE.—The term “nurse aide” has
25 the meaning given such term in section

1 1819(b)(5)(F) of the Social Security Act (42 U.S.C.
2 1395i-3(b)(5)(F)).

3 (4) PERSONAL CARE SERVICES.—The term
4 “personal care services” has the meaning given such
5 term for purposes of title XIX of the Social Security
6 Act (42 U.S.C. 1396 et seq.).

7 (5) PERSONAL OR HOME CARE AIDE.—The
8 term “personal or home care aide” means an indi-
9 vidual who helps individuals who are elderly, dis-
10 abled, ill, or mentally disabled (including an indi-
11 vidual with Alzheimer’s disease or other dementia)
12 to live in their own home or a residential care facil-
13 ity (such as a nursing home, assisted living facility,
14 or any other facility the Secretary determines appro-
15 priate) by providing routine personal care services
16 and other appropriate services to the individual.

17 (6) SECRETARY.—The term “Secretary” means
18 the Secretary of Health and Human Services.

19 **SEC. 402. MEDICARE FAMILY CAREGIVER INFORMATION**
20 **AND REFERRAL.**

21 State health insurance assistance programs, the Ad-
22 ministrator of the Centers for Medicare & Medicaid Serv-
23 ices, and the Assistant Secretary of the Administration on
24 Aging shall, in collaboration with each other, directly or
25 by contract, develop practical, easy-to-understand infor-

1 mation and referral protocols for health care providers, so-
2 cial workers, and other appropriate individuals to provide
3 to family caregivers of Medicare beneficiaries either on ad-
4 mission to or discharge from a hospital or a post-acute
5 care setting (including a skilled nursing facility (as defined
6 in section 1819(a) of the Social Security Act (42 U.S.C.
7 1395i-3(a)), a comprehensive rehabilitation facility (as de-
8 fined in section 1861(cc)(2) of such Act (42 U.S.C.
9 1395x(cc)(2)) or a rehabilitation agency, a provider of
10 long-term care services, and a home health agency (as de-
11 fined in section 1861(o) of such Act (42 U.S.C. 1395x(o)).
12 Information developed under the preceding sentence
13 shall—

14 (1) include information on national, State, and
15 community-based resources for seniors, individuals
16 with disabilities and their caregivers, which shall be
17 updated on a semi-annual basis (or as frequently as
18 practicable);

19 (2) be disseminated by health care providers,
20 social workers, and other appropriate individuals as
21 printed materials (including materials in Spanish
22 and other languages (other than English) as appro-
23 priate); and

24 (3) be made available on the Internet websites
25 of State health insurance assistance programs, the

1 Centers for Medicare & Medicaid Services, and the
2 Administration on Aging.

3 **SEC. 403. MEDICAID ASSESSMENT OF FAMILY CAREGIVER**
4 **SUPPORT NEEDS.**

5 (a) IN GENERAL.—Section 1915 of the Social Secu-
6 rity Act (42 U.S.C. 1396n) is amended—

7 (1) in subsection (c)(2)—

8 (A) in subparagraph (D), by striking
9 “and” at the end;

10 (B) in subparagraph (E), by striking the
11 period at the end and inserting “; and”; and

12 (C) by adding at the end the following new
13 subparagraph:

14 “(F) under such waiver the State may pro-
15 vide for an assessment of family caregiver sup-
16 port needs (in accordance with subsection
17 (k)).”;

18 (2) in subsection (d)(2)—

19 (A) in subparagraph (B), by striking
20 “and” at the end;

21 (B) in subparagraph (C), by striking the
22 period at the end and inserting “; and”; and

23 (C) by adding at the end the following new
24 subparagraph:

1 “(D) under such waiver the State may pro-
2 vide for an assessment of family caregiver sup-
3 port needs (in accordance with subsection
4 (k)).”;

5 (3) in subsection (i)(1)(F), by adding at the
6 end the following new clause:

7 “(vii) Where appropriate, an assess-
8 ment of family caregiver support needs (in
9 accordance with subsection (k)).”; and

10 (4) by adding at the end the following new sub-
11 section:

12 “(k) ASSESSMENT OF FAMILY CAREGIVER SUPPORT
13 NEEDS.—

14 “(1) IN GENERAL.—In the case of an individual
15 who is determined to be eligible for home and com-
16 munity-based services under a waiver under sub-
17 section (c) or (d) or under section 1115, under a
18 State plan amendment under subsection (i), under
19 an MFP demonstration project established under
20 section 6071 of the Deficit Reduction Act of 2005,
21 or as part of self-directed personal assistance serv-
22 ices provided pursuant to a written plan of care in
23 accordance with the requirements of subsection (j),
24 and who is dependent upon the assistance of a fam-
25 ily caregiver, the State may provide for an assess-

1 ment of the family caregiver support needs of the in-
2 dividual. Such assessment shall, to the extent fea-
3 sible, be conducted at the same time as, or closely
4 coordinated with, the determination of the eligibility
5 of the individual for such services.

6 “(2) QUESTIONNAIRE.—

7 “(A) IN GENERAL.—Such assessment shall
8 include asking the family caregiver of the indi-
9 vidual questions in order to determine whether
10 they would benefit from targeted support serv-
11 ices (such as those services described in para-
12 graph (3)).

13 “(B) COMPLETION ON A VOLUNTARY
14 BASIS.—The answering of questions under sub-
15 paragraph (A) by a family caregiver shall be on
16 a voluntary basis.

17 “(3) TARGETED SUPPORT SERVICES DE-
18 SCRIBED.—The following targeted support services
19 are described in this paragraph:

20 “(A) Respite care and emergency back-up
21 services (including short-term help for the indi-
22 vidual that gives the family caregiver a break
23 from providing such care).

24 “(B) Individual counseling (including ad-
25 vice and consultation sessions to bolster emo-

1 tional support for the family caregiver to make
2 well-informed decisions about how to cope with
3 the strain of supporting the individual).

4 “(C) Support groups, including groups
5 which provide help for family caregivers to—

6 “(i) locate a support group either lo-
7 cally or online to share experiences and re-
8 duce isolation;

9 “(ii) make well-informed decisions
10 about caring for the individual; and

11 “(iii) reduce isolation.

12 “(D) Information and assistance (including
13 brochures and online resources for researching
14 a disease or disability or learning and managing
15 a regular caregiving role, new technologies that
16 can assist family caregivers, and practical as-
17 sistance for locating services).

18 “(E) Chore services (such as house clean-
19 ing).

20 “(F) Personal care (including outside
21 help).

22 “(G) Education and training (including
23 workshops and other resources available with
24 information about stress management, self-care
25 to maintain good health, understanding and

1 communicating with individuals with dementia,
2 medication management, normal aging proc-
3 esses, change in disease and disability, the role
4 of assistive technologies, and other relevant top-
5 ics).

6 “(H) Legal and financial planning and
7 consultation (including advice and counseling
8 regarding long-term care planning, estate plan-
9 ning, powers of attorney, community property
10 laws, tax advice, employment leave advice, ad-
11 vance directives, and end-of-life care).

12 “(I) Transportation (including transpor-
13 tation to medical appointments).

14 “(J) Other targeted support services the
15 Secretary or the State determines appropriate.

16 “(4) REFERRALS.—In the case where a ques-
17 tionnaire completed by a family caregiver under
18 paragraph (2) indicates that the family caregiver
19 would benefit from 1 or more of the targeted sup-
20 port services described in paragraph (3), the State
21 shall provide referrals to the family caregiver for
22 local, State, and private-sector family caregiver pro-
23 grams and other resources that provide such tar-
24 geted support services.”.

1 (b) EFFECTIVE DATE.—The amendments made by
2 subsection (a) shall apply to medical assistance for home
3 and community-based services that is provided on or after
4 the date of enactment of this Act.

5 **TITLE V—STUDIES AND**
6 **REPORTS**

7 **SEC. 501. STUDIES AND REPORTS.**

8 (a) IOM STUDY AND REPORT ON MENTAL HEALTH
9 WORKFORCE NEEDS.—

10 (1) STUDY.—Not later than 90 days after the
11 date of enactment of this Act, the Secretary of
12 Health and Human Services shall enter into a con-
13 tract with the Institute of Medicine of the National
14 Academies (in this section referred to as the “Insti-
15 tute”) under which the Institute shall conduct a
16 study on the specific policy, workforce, economic,
17 and implementation issues relevant to the mental
18 health workforce that need to be addressed to meet
19 the current needs of older individuals and the future
20 needs of the aging boomer generation.

21 (2) REPORT.—Not later than 24 months after
22 the effective date of the contract under paragraph
23 (1), the Institute, as part of such contract, shall
24 submit a report to the Secretary of Health and
25 Human Services and the appropriate committees of

1 jurisdiction of Congress containing the results of the
2 study conducted under paragraph (1), together with
3 recommendations for such legislation and adminis-
4 trative action as the Institute determines appro-
5 priate.

6 (3) AUTHORIZATION.—There is authorized to
7 be appropriated to carry out this subsection,
8 \$1,200,000 for the period of fiscal years 2010
9 through 2011.

10 (b) GAO STUDY AND REPORT ON THE NEEDS OF
11 THE AGING NETWORK.—

12 (1) STUDY.—The Comptroller General of the
13 United States (in this section referred to as the
14 “Comptroller General”) shall conduct a study on the
15 aging network, focusing on State agencies and area
16 agencies on aging (as defined in section 102 of the
17 Older Americans Act of 1965 (42 U.S.C. 3002)) to
18 determine the current capacity of such network and
19 to identify challenges in providing services to older
20 adults, including older adults who are low-income
21 and older adults with functional disabilities, during
22 the 10-year period beginning on the date of enact-
23 ment of this Act.

24 (2) REPORT.—Not later than 18 months after
25 the date of enactment of this Act, the Comptroller

1 General shall submit to Congress a report containing
2 the results of the study conducted under paragraph
3 (1), together with recommendations—

4 (A) on the workforce supply and capitol re-
5 sources needed by the aging network in order to
6 meet the demand for services by older adults
7 during such 10-year period; and

8 (B) for such legislation and administrative
9 action as the Comptroller General determines
10 appropriate.

11 (c) GAO STUDY AND REPORT ON THE DIRECT CASE
12 WORKFORCE IN LONG-TERM CARE SETTINGS.—

13 (1) STUDY.—The Comptroller General shall
14 conduct a study on the use of practices to reduce
15 turnover and improve retention and tenure of nurse
16 aides and home health aides in nursing homes, as-
17 sisted living facilities, and home health agencies (as
18 defined in section 1861(o) of the Social Security Act
19 (42 U.S.C. 1395x(o)). Such study shall include an
20 analysis of the reasons for the success of such prac-
21 tices and how such practices could be replicated in
22 other facilities.

23 (2) REPORT.—Not later than 18 months after
24 the date of enactment of this Act, the Comptroller
25 General shall submit to Congress a report containing

1 the results of the study conducted under paragraph
2 (1), together with recommendations for such legisla-
3 tion and administrative action as the Comptroller
4 General determines appropriate.

5 (3) DEFINITIONS.—In this subsection:

6 (A) HOME HEALTH AIDE.—The term
7 “home health aide” has the meaning given such
8 term in section 1891(a)(3)(E) of the Social Se-
9 curity Act (42 U.S.C. 1395bbb(a)(3)(E)).

10 (B) NURSE AIDE.—The term “nurse aide”
11 has the meaning given such term in section
12 1819(b)(5)(F) of the Social Security Act (42
13 U.S.C. 1395i–3(b)(5)(F)).

14 (d) GAO STUDY AND REPORT ON NIH SPENDING
15 AND GRANTS.—

16 (1) STUDY.—The Comptroller General shall
17 conduct a study on spending by the National Insti-
18 tutes of Health, including the number of grants
19 made by the National Institutes of Health, on condi-
20 tions and illnesses that disproportionately impact the
21 health of older individuals. Such study shall include
22 an analysis of the number of older individuals which
23 are included in clinical trials supported by the Na-
24 tional Institutes of Health.

1 (2) REPORT.—Not later than 18 months after
2 the date of enactment of this Act, the Comptroller
3 General shall submit to Congress a report containing
4 the results of the study conducted under paragraph
5 (1), together with recommendations for such legisla-
6 tion and administrative action as the Comptroller
7 General determines appropriate.

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