

FUNDING FOR COUNCIL ON GRADUATE MEDICAL
EDUCATION

Pub. L. 112-74, div. F, title II, §215, Dec. 23, 2011, 125 Stat. 1085, provided that: "Notwithstanding any other provisions of law, discretionary funds made available in this Act [div. F of Pub. L. 112-74, see Tables for classification] may be used to continue operating the Council on Graduate Medical Education established by section 301 of Public Law 102-408 [now section 762 of act July 1, 1944, which is classified to this section]."

Similar provisions were contained in the following prior appropriation acts:

Pub. L. 111-117, div. D, title II, §216, Dec. 16, 2009, 123 Stat. 3259.

Pub. L. 111-8, div. F, title II, §216, Mar. 11, 2009, 123 Stat. 782.

Pub. L. 110-161, div. G, title II, §217, Dec. 26, 2007, 121 Stat. 2187.

Pub. L. 109-149, title II, §219, Dec. 30, 2005, 119 Stat. 2861.

Pub. L. 108-447, div. F, title II, §218, Dec. 8, 2004, 118 Stat. 3141.

Pub. L. 108-199, div. E, title II, §219, Jan. 23, 2004, 118 Stat. 255.

§ 294p. Pediatric rheumatology

(a) In general

The Secretary, acting through the appropriate agencies, shall evaluate whether the number of pediatric rheumatologists is sufficient to address the health care needs of children with arthritis and related conditions, and if the Secretary determines that the number is not sufficient, shall develop strategies to help address the shortfall.

(b) Report to Congress

Not later than October 1, 2001, the Secretary shall submit to the Congress a report describing the results of the evaluation under subsection (a), and as applicable, the strategies developed under such subsection.

(c) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

(July 1, 1944, ch. 373, title VII, §763, as added Pub. L. 106-310, div. A, title III, §301(b), Oct. 17, 2000, 114 Stat. 1111.)

PRIOR PROVISIONS

A prior section 294p, act July 1, 1944, ch. 373, title VII, §778, as added Pub. L. 102-408, title I, §102, Oct. 13, 1992, 106 Stat. 2054, authorized grants and contracts to assist provision of health care in rural areas, prior to the general amendment of this part by Pub. L. 105-392.

Another prior section 294p, act July 1, 1944, ch. 373, title VII, §743, as added Sept. 24, 1963, Pub. L. 88-129, §2(b), 77 Stat. 172; amended Oct. 22, 1965, Pub. L. 89-290, §4(d), 79 Stat. 1057; Nov. 3, 1966, Pub. L. 89-751, §5(c)(2), (3), 80 Stat. 1233; Aug. 16, 1968, Pub. L. 90-490, title I, §121(c), 82 Stat. 778; July 9, 1971, Pub. L. 92-52, §1(b), 85 Stat. 144; Nov. 18, 1971, Pub. L. 92-157, title I, §105(e)(2), (f)(2), 85 Stat. 451; Oct. 12, 1976, Pub. L. 94-484, title IV, §§405, 406(e), 90 Stat. 2267, 2268; Aug. 13, 1981, Pub. L. 97-35, title XXVII, §2736, 95 Stat. 920; Oct. 22, 1985, Pub. L. 99-129, title II, §209(i), 99 Stat. 536; Nov. 4, 1988, Pub. L. 100-607, title VI, §603(d), 102 Stat. 3125, related to distribution of assets from loan funds, prior to the general amendment of this subchapter by Pub. L. 102-408. See section 292x of this title.

A prior section 763 of act July 1, 1944, was classified to section 294b of this title prior to the general amendment of part D of this subchapter by Pub. L. 105-392.

Another prior section 763 of act July 1, 1944, was classified to section 295b of this title prior to repeal by Pub. L. 99-129.

Another prior section 763 of act July 1, 1944, was classified to section 295b of this title prior to the general amendment of former part D of this subchapter by Pub. L. 91-696.

§ 294q. National Health Care Workforce Commission

(a) Purpose

It is the purpose of this section to establish a National Health Care Workforce Commission that—

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

(2) communicates and coordinates with the Departments of Health and Human Services, Labor, Veterans Affairs, Homeland Security, and Education on related activities administered by one or more of such Departments;

(3) develops and commissions evaluations of education and training activities to determine whether the demand for health care workers is being met;

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

(5) encourages innovations to address population needs, constant changes in technology, and other environmental factors.

(b) Establishment

There is hereby established the National Health Care Workforce Commission (in this section referred to as the "Commission").

(c) Membership

(1) Number and appointment

The Commission shall be composed of 15 members to be appointed by the Comptroller General, without regard to section 5 of the Federal Advisory Committee Act (5 U.S.C. App.).

(2) Qualifications

(A) In general

The membership of the Commission shall include individuals—

(i) with national recognition for their expertise in health care labor market analysis, including health care workforce analysis; health care finance and economics; health care facility management; health care plans and integrated delivery systems; health care workforce education and training; health care philanthropy; providers of health care services; and other related fields; and

(ii) who will provide a combination of professional perspectives, broad geographic representation, and a balance between urban, suburban, rural, and frontier representatives.

(B) Inclusion

(i) In general

The membership of the Commission shall include no less than one representative of—

(I) the health care workforce and health professionals;

(II) employers, including representatives of small business and self-employed individuals;

(III) third-party payers;

(IV) individuals skilled in the conduct and interpretation of health care services and health economics research;

(V) representatives of consumers;

(VI) labor unions;

(VII) State or local workforce investment boards; and

(VIII) educational institutions (which may include elementary and secondary institutions, institutions of higher education, including 2 and 4 year institutions, or registered apprenticeship programs).

(ii) Additional members

The remaining membership may include additional representatives from clause (i) and other individuals as determined appropriate by the Comptroller General of the United States.

(C) Majority non-providers

Individuals who are directly involved in health professions education or practice shall not constitute a majority of the membership of the Commission.

(D) Ethical disclosure

The Comptroller General shall establish a system for public disclosure by members of the Commission of financial and other potential conflicts of interest relating to such members. Members of the Commission shall be treated as employees of Congress for purposes of applying title I of the Ethics in Government Act of 1978 [5 U.S.C. App.]. Members of the Commission shall not be treated as special government employees under title 18.

(3) Terms

(A) In general

The terms of members of the Commission shall be for 3 years except that the Comptroller General shall designate staggered terms for the members first appointed.

(B) Vacancies

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

(C) Initial appointments

The Comptroller General shall make initial appointments of members to the Commission not later than September 30, 2010.

(4) Compensation

While serving on the business of the Commission (including travel time), a member of the Commission shall be entitled to compensation at the per diem equivalent of the rate provided for level IV of the Executive Sched-

ule under section 5315 of title¹ 5, and while so serving away from home and the member's regular place of business, a member may be allowed travel expenses, as authorized by the Chairman of the Commission. Physicians serving as personnel of the Commission may be provided a physician comparability allowance by the Commission in the same manner as Government physicians may be provided such an allowance by an agency under section 5948 of title 5, and for such purpose subsection (i) of such section shall apply to the Commission in the same manner as it applies to the Tennessee Valley Authority. For purposes of pay (other than pay of members of the Commission) and employment benefits, rights, and privileges, all personnel of the Commission shall be treated as if they were employees of the United States Senate. Personnel of the Commission shall not be treated as employees of the Government Accountability Office for any purpose.

(5) Chairman, Vice Chairman

The Comptroller General shall designate a member of the Commission, at the time of appointment of the member, as Chairman and a member as Vice Chairman for that term of appointment, except that in the case of vacancy of the chairmanship or vice chairmanship, the Comptroller General may designate another member for the remainder of that member's term.

(6) Meetings

The Commission shall meet at the call of the chairman, but no less frequently than on a quarterly basis.

(d) Duties

(1) Recognition, dissemination, and communication

The Commission shall—

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

(B) disseminate information on promising retention practices for health care professionals; and

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

(2) Review of health care workforce and annual reports

In order to develop a fiscally sustainable integrated workforce that supports a high-quality, readily accessible health care delivery system that meets the needs of patients and populations, the Commission, in consultation with relevant Federal, State, and local agencies, shall—

(A) review current and projected health care workforce supply and demand, including the topics described in paragraph (3);

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

¹ So in original. Probably should be "title".

(C) by not later than October 1 of each year (beginning with 2011), submit a report to Congress and the Administration containing the results of such reviews and recommendations concerning related policies; and

(D) by not later than April 1 of each year (beginning with 2011), submit a report to Congress and the Administration containing a review of, and recommendations on, at a minimum one high priority area as described in paragraph (4).

(3) Specific topics to be reviewed

The topics described in this paragraph include—

(A) current health care workforce supply and distribution, including demographics, skill sets, and demands, with projected demands during the subsequent 10 and 25 year periods;

(B) health care workforce education and training capacity, including the number of students who have completed education and training, including registered apprenticeships; the number of qualified faculty; the education and training infrastructure; and the education and training demands, with projected demands during the subsequent 10 and 25 year periods;

(C) the education loan and grant programs in titles VII and VIII of the Public Health Service Act (42 U.S.C. 292 et seq. and 296 et seq.), with recommendations on whether such programs should become part of the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.²);

(D) the implications of new and existing Federal policies which affect the health care workforce, including Medicare and Medicaid graduate medical education policies, titles VII and VIII of the Public Health Service Act (42 U.S.C. 292 et seq. and 296 et seq.), the National Health Service Corps (with recommendations for aligning such programs with national health workforce priorities and goals), and other health care workforce programs, including those supported through the Workforce Innovation and Opportunity Act, the Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2301 et seq.), the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), and any other Federal health care workforce programs;

(E) the health care workforce needs of special populations, such as minorities, rural populations, medically underserved populations, gender specific needs, individuals with disabilities, and geriatric and pediatric populations with recommendations for new and existing Federal policies to meet the needs of these special populations; and

(F) recommendations creating or revising national loan repayment programs and scholarship programs to require low-income, minority medical students to serve in their home communities, if designated as medical underserved community.³

(4) High priority areas

(A) In general

The initial high priority topics described in this paragraph include each of the following:

(i) Integrated health care workforce planning that identifies health care professional skills needed and maximizes the skill sets of health care professionals across disciplines.

(ii) An analysis of the nature, scopes of practice, and demands for health care workers in the enhanced information technology and management workplace.

(iii) An analysis of how to align Medicare and Medicaid graduate medical education policies with national workforce goals.

(iv) An analysis of, and recommendations for, eliminating the barriers to entering and staying in primary care, including provider compensation.

(v) The education and training capacity, projected demands, and integration with the health care delivery system of each of the following:

(I) Nursing workforce capacity at all levels.

(II) Oral health care workforce capacity at all levels.

(III) Mental and behavioral health care workforce capacity at all levels.

(IV) Allied health and public health care workforce capacity at all levels.

(V) Emergency medical service workforce capacity, including the retention and recruitment of the volunteer workforce, at all levels.

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

(B) Future determinations

The Commission may require that additional topics be included under subparagraph (A). The appropriate committees of Congress may recommend to the Commission the inclusion of other topics for health care workforce development areas that require special attention.

(5) Grant program

The Commission shall—

(A) review implementation progress reports on, and report to Congress about, the State Health Care Workforce Development Grant program established in section 294r of this title;

(B) in collaboration with the Department of Labor and in coordination with the Department of Education and other relevant Federal agencies, make recommendations to the fiscal and administrative agent under section 294r(b) of this title for grant recipients under section 294r of this title;

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

(D) collect performance and report information, including identified models and best practices, on grants from the fiscal and ad-

² So in original. Probably should be followed by a period.

³ So in original.

ministrative agent under such section and distribute this information to Congress, relevant Federal agencies, and to the public.

(6) Study

The Commission shall study effective mechanisms for financing education and training for careers in health care, including public health and allied health.

(7) Recommendations

The Commission shall submit recommendations to Congress, the Department of Labor, and the Department of Health and Human Services about improving safety, health, and worker protections in the workplace for the health care workforce.

(8) Assessment

The Commission shall assess and receive reports from the National Center for Health Care Workforce Analysis established under section 761(b) of the Public Service Health Act [42 U.S.C. 294n(b)] (as amended by section 5103).⁴

(e) Consultation with Federal, State, and local agencies, Congress, and other organizations

(1) In general

The Commission shall consult with Federal agencies (including the Departments of Health and Human Services, Labor, Education, Commerce, Agriculture, Defense, and Veterans Affairs and the Environmental Protection Agency), Congress, the Medicare Payment Advisory Commission, the Medicaid and CHIP Payment and Access Commission, and, to the extent practicable, with State and local agencies, Indian tribes, voluntary health care organizations, professional societies, and other relevant public-private health care partnerships.

(2) Obtaining official data

The Commission, consistent with established privacy rules, may secure directly from any department or agency of the Executive Branch information necessary to enable the Commission to carry out this section.

(3) Detail of Federal Government employees

An employee of the Federal Government may be detailed to the Commission without reimbursement. The detail of such an employee shall be without interruption or loss of civil service status.

(f) Director and staff; experts and consultants

Subject to such review as the Comptroller General of the United States determines to be necessary to ensure the efficient administration of the Commission, the Commission may—

(1) employ and fix the compensation of an executive director that shall not exceed the rate of basic pay payable for level V of the Executive Schedule and such other personnel as may be necessary to carry out its duties (without regard to the provisions of title 5 governing appointments in the competitive service);

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

(3) enter into contracts or make other arrangements, as may be necessary for the conduct of the work of the Commission (without regard to section 6101 of title 41);

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

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

(6) prescribe such rules and regulations as the Commission determines to be necessary with respect to the internal organization and operation of the Commission.

(g) Powers

(1) Data collection

In order to carry out its functions under this section, the Commission shall—

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

(B) carry out, or award grants or contracts for the carrying out of, original research and development, where existing information is inadequate, and

(C) adopt procedures allowing interested parties to submit information for the Commission's use in making reports and recommendations.

(2) Access of the Government Accountability Office to information

The Comptroller General of the United States shall have unrestricted access to all deliberations, records, and data of the Commission, immediately upon request.

(3) Periodic audit

The Commission shall be subject to periodic audit by an independent public accountant under contract to the Commission.

(h) Authorization of appropriations

(1) Request for appropriations

The Commission shall submit requests for appropriations in the same manner as the Comptroller General of the United States submits requests for appropriations. Amounts so appropriated for the Commission shall be separate from amounts appropriated for the Comptroller General.

(2) Authorization

There are authorized to be appropriated such sums as may be necessary to carry out this section.

(3) Gifts and services

The Commission may not accept gifts, bequests, or donations of property, but may accept and use donations of services for purposes of carrying out this section.

(i) Definitions

In this section:

(1) Health care workforce

The term "health care workforce" includes all health care providers with direct patient care and support responsibilities, such as phy-

⁴ See References in Text note below.

sicians, nurses, nurse practitioners, primary care providers, preventive medicine physicians, optometrists, ophthalmologists, physician assistants, pharmacists, dentists, dental hygienists, and other oral healthcare professionals, allied health professionals, doctors of chiropractic, community health workers, health care paraprofessionals, direct care workers, psychologists and other behavioral and mental health professionals (including substance abuse prevention and treatment providers), social workers, physical and occupational therapists, certified nurse midwives, podiatrists, the EMS workforce (including professional and volunteer ambulance personnel and firefighters who perform emergency medical services), licensed complementary and alternative medicine providers, integrative health practitioners, public health professionals, and any other health professional that the Comptroller General of the United States determines appropriate.

(2) Health professionals

The term “health professionals” includes—

(A) dentists, dental hygienists, primary care providers, specialty physicians, nurses, nurse practitioners, physician assistants, psychologists and other behavioral and mental health professionals (including substance abuse prevention and treatment providers), social workers, physical and occupational therapists, optometrists, ophthalmologists,⁵ public health professionals, clinical pharmacists, allied health professionals, doctors of chiropractic, community health workers, school nurses, certified nurse midwives, podiatrists, licensed complementary and alternative medicine providers, the EMS workforce (including professional and volunteer ambulance personnel and firefighters who perform emergency medical services), and integrative health practitioners;

(B) national representatives of health professionals;

(C) representatives of schools of medicine, osteopathy, nursing, dentistry, optometry, pharmacy, chiropractic, allied health, educational programs for public health professionals, behavioral and mental health professionals (as so defined), social workers, pharmacists, physical and occupational therapists, optometrists, ophthalmologists,⁵ oral health care industry dentistry and dental hygiene, and physician assistants;

(D) representatives of public and private teaching hospitals, and ambulatory health facilities, including Federal medical facilities; and

(E) any other health professional the Comptroller General of the United States determines appropriate.

(Pub. L. 111-148, title V, §5101, title X, §10501(a), Mar. 23, 2010, 124 Stat. 592, 993; Pub. L. 113-128, title V, §512(y), July 22, 2014, 128 Stat. 1716.)

REFERENCES IN TEXT

Section 5 of the Federal Advisory Committee Act, referred to in subsec. (c)(1), is section 5 of Pub. L. 92-463,

which is set out in the Appendix to Title 5, Government Organization and Employees.

The Ethics in Government Act of 1978, referred to in subsec. (c)(2)(D), is Pub. L. 95-521, Oct. 26, 1978, 92 Stat. 1824. Title I of the Act is set out in the Appendix to Title 5, Government Organization and Employees. For complete classification of this Act to the Code, see Short Title note set out under section 101 of Pub. L. 95-521 in the Appendix to Title 5 and Tables.

The Public Health Service Act, referred to in subsec. (d)(3)(C), (D), is act July 1, 1944, ch. 373, 58 Stat. 682. Titles VII and VIII of the Act are classified generally to this subchapter and subchapter VI (§296 et seq.) of this chapter, respectively. For complete classification of this Act to the Code, see Short Title note set out under section 201 of this title and Tables.

The Higher Education Act of 1965, referred to in subsec. (d)(3)(C), (D), is Pub. L. 89-329, Nov. 8, 1965, 79 Stat. 1219, which is classified generally to chapter 28 (§1001 et seq.) of Title 20, Education. For complete classification of this Act to the Code, see Short Title note set out under section 1001 of Title 20 and Tables.

The Workforce Innovation and Opportunity Act, referred to in subsec. (d)(3)(D), is Pub. L. 113-128, July 22, 2014, 128 Stat. 1425, which enacted chapter 32 (§3101 et seq.) of Title 29, Labor, repealed chapter 30 (§2801 et seq.) of Title 29 and chapter 73 (§9201 et seq.) of Title 20, Education, and made amendments to numerous other sections and notes in the Code. For complete classification of this Act to the Code, see Short Title note set out under section 3101 of Title 29 and Tables.

The Carl D. Perkins Career and Technical Education Act of 2006, referred to in subsec. (d)(3)(D), is Pub. L. 88-210, Dec. 18, 1963, 77 Stat. 403, as amended generally by Pub. L. 109-270, §1(b), Aug. 12, 2006, 120 Stat. 683, which is classified generally to chapter 44 (§2301 et seq.) of Title 20, Education. For complete classification of this Act to the Code, see Short Title note set out under section 2301 of Title 20 and Tables.

Section 5103, referred to in subsec. (d)(8), means section 5103 of Pub. L. 111-148.

Level V of the Executive Schedule, referred to in subsec. (f)(1), is set out in section 5316 of Title 5, Government Organization and Employees.

CODIFICATION

In subsec. (f)(3), “section 6101 of title 41” substituted for “section 3709 of the Revised Statutes (41 U.S.C. 5)” on authority of Pub. L. 111-350, §6(c), Jan. 4, 2011, 124 Stat. 3854, which Act enacted Title 41, Public Contracts.

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Public Health Service Act which comprises this chapter.

PRIOR PROVISIONS

Prior sections 294q to 294q-3 were omitted in the general amendment of this subchapter by Pub. L. 102-408.

Section 294q, act July 1, 1944, ch. 373, title VII, §744, formerly §745, as added Sept. 24, 1963, Pub. L. 88-129, §2(b), 77 Stat. 173; amended Nov. 18, 1971, Pub. L. 92-157, title I, §105(f)(2), 85 Stat. 451; renumbered §744, Oct. 12, 1976, Pub. L. 94-484, title IV, §406(a)(2), 90 Stat. 2268, related to administrative provisions. See section 292u of this title.

Section 294q-1, act July 1, 1944, ch. 373, title VII, §745, as added Oct. 22, 1985, Pub. L. 99-129, title II, §209(h)(2), 99 Stat. 535, related to student loan information to be furnished to students. See section 292v of this title.

Section 294q-2, act July 1, 1944, ch. 373, title VII, §746, as added Oct. 22, 1985, Pub. L. 99-129, title II, §209(h)(2), 99 Stat. 536, related to procedures for appeal of terminations of agreements with schools. See section 292w of this title.

Section 294q-3, act July 1, 1944, ch. 373, title VII, §747, formerly §745, as added and renumbered §747, Oct. 22, 1985, Pub. L. 99-129, title II, §209(a)(4), (h)(1), 99 Stat. 532, 535, defined “school of pharmacy”.

AMENDMENTS

2014—Subsec. (d)(3)(D). Pub. L. 113-128 substituted “other health care workforce programs, including those

⁵ See 2010 Amendment note below.

supported through the Workforce Innovation and Opportunity Act,” for “other health care workforce programs, including those supported through the Workforce Investment Act of 1998 (29 U.S.C. 2801 et seq.),”.

2010—Subsec. (c)(2)(B)(i)(II). Pub. L. 111-148, §10501(a)(1), inserted “, including representatives of small business and self-employed individuals” after “employers”.

Subsec. (d)(4)(A)(iv), (v). Pub. L. 111-148, §10501(a)(2), added cl. (iv) and redesignated former cl. (iv) as (v).

Subsec. (i)(2)(A), (C). Pub. L. 111-148, §10501(a)(3), which directed insertion of “optometrists, ophthalmologists,” after “occupational therapists,” in subpar. (B) of subsec. (i)(2), was executed by making the insertion in subpars. (A) and (C). The words “occupational therapists,” do not appear in subpar. (B).

EFFECTIVE DATE OF 2014 AMENDMENT

Amendment by Pub. L. 113-128 effective on the first day of the first full program year after July 22, 2014 (July 1, 2015), see section 506 of Pub. L. 113-128, set out as an Effective Date note under section 3101 of Title 29, Labor.

PURPOSE

Pub. L. 111-148, title V, §5001, Mar. 23, 2010, 124 Stat. 588, provided that: “The purpose of this title [see Tables for classification] is to improve access to and the delivery of health care services for all individuals, particularly low income, underserved, uninsured, minority, health disparity, and rural populations by—

“(1) gathering and assessing comprehensive data in order for the health care workforce to meet the health care needs of individuals, including research on the supply, demand, distribution, diversity, and skills needs of the health care workforce;

“(2) increasing the supply of a qualified health care workforce to improve access to and the delivery of health care services for all individuals;

“(3) enhancing health care workforce education and training to improve access to and the delivery of health care services for all individuals; and

“(4) providing support to the existing health care workforce to improve access to and the delivery of health care services for all individuals.”

DEFINITIONS

Pub. L. 111-148, title V, §5002(a), Mar. 23, 2010, 124 Stat. 588, provided that: “In this title [see Tables for classification]:

“(1) ALLIED HEALTH PROFESSIONAL.—The term ‘allied health professional’ means an allied health professional as defined in section 799B(5) of the Public Health Service Act (42 U.S.C. 295p(5)) who—

“(A) has graduated and received an allied health professions degree or certificate from an institution of higher education; and

“(B) is employed with a Federal, State, local or tribal public health agency, or in a setting where patients might require health care services, including acute care facilities, ambulatory care facilities, personal residences, and other settings located in health professional shortage areas, medically underserved areas, or medically underserved populations, as recognized by the Secretary of Health and Human Services.

“(2) HEALTH CARE CAREER PATHWAY.—The term ‘healthcare career pathway’ means a rigorous, engaging, and high quality set of courses and services that—

“(A) includes an articulated sequence of academic and career courses, including 21st century skills;

“(B) is aligned with the needs of healthcare industries in a region or State;

“(C) prepares students for entry into the full range of postsecondary education options, including registered apprenticeships, and careers;

“(D) provides academic and career counseling in student-to-counselor ratios that allow students to

make informed decisions about academic and career options;

“(E) meets State academic standards, State requirements for secondary school graduation and is aligned with requirements for entry into postsecondary education, and applicable industry standards; and

“(F) leads to 2 or more credentials, including—

“(i) a secondary school diploma; and

“(ii) a postsecondary degree, an apprenticeship or other occupational certification, a certificate, or a license.

“(3) INSTITUTION OF HIGHER EDUCATION.—The term ‘institution of higher education’ has the meaning given the term in sections 101 and 102 of the Higher Education Act of 1965 (20 U.S.C. 1001 and 1002).

“(4) LOW INCOME INDIVIDUAL, STATE WORKFORCE INVESTMENT BOARD, AND LOCAL WORKFORCE INVESTMENT BOARD.—

“(A) LOW-INCOME INDIVIDUAL.—The term ‘low-income individual’ has the meaning given that term in [former] section 101 of the Workforce investment [sic] Act of 1998 ([former] 29 U.S.C. 2801).

“(B) STATE WORKFORCE INVESTMENT BOARD; LOCAL WORKFORCE INVESTMENT BOARD.—The terms ‘State workforce investment board’ and ‘local workforce investment board’ established under [former] section 111 of the Workforce Investment Act of 1998 ([former] 29 U.S.C. 2821) and a local workforce investment board established under [former] section 117 of such Act ([former] 29 U.S.C. 2832), respectively.

“(5) POSTSECONDARY EDUCATION.—The term ‘postsecondary education’ means—

“(A) a 4-year program of instruction, or not less than a 1-year program of instruction that is acceptable for credit toward an associate or a baccalaureate degree, offered by an institution of higher education; or

“(B) a certificate or registered apprenticeship program at the postsecondary level offered by an institution of higher education or a non-profit educational institution.

“(6) REGISTERED APPRENTICESHIP PROGRAM.—The term ‘registered apprenticeship program’ means an industry skills training program at the postsecondary level that combines technical and theoretical training through structure on the job learning with related instruction (in a classroom or through distance learning) while an individual is employed, working under the direction of qualified personnel or a mentor, and earning incremental wage increases aligned to enhance job proficiency, resulting in the acquisition of a nationally recognized and portable certificate, under a plan approved by the Office of Apprenticeship or a State agency recognized by the Department of Labor.”

§ 294r. State health care workforce development grants

(a) Establishment

There is established a competitive health care workforce development grant program (referred to in this section as the “program”) for the purpose of enabling State partnerships to complete comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels.

(b) Fiscal and administrative agent

The Health Resources and Services Administration of the Department of Health and Human Services (referred to in this section as the “Administration”) shall be the fiscal and administrative agent for the grants awarded under this