

1 for accelerated nursing degree programs, pre-
2 entry preparation, advanced education prepara-
3 tion, and retention activities”; and

4 (2) in subsection (b)—

5 (A) by striking “First” and all that follows
6 through “including the” and inserting “Na-
7 tional Advisory Council on Nurse Education
8 and Practice and consult with nursing associa-
9 tions including the National Coalition of Ethnic
10 Minority Nurse Associations,”; and

11 (B) by inserting before the period the fol-
12 lowing: “and other organizations determined
13 appropriate by the Secretary”.

14 **SEC. 455. PRIMARY CARE EXTENSION PROGRAM.**

15 Part P of title III of the Public Health Service Act
16 (42 U.S.C. 280g et seq.), as amended by section 443, is
17 further amended by adding at the end the following:

18 **“SEC. 399T. PRIMARY CARE EXTENSION PROGRAM.**

19 “(a) ESTABLISHMENT, PURPOSE AND DEFINI-
20 TION.—

21 “(1) IN GENERAL.—The Secretary shall estab-
22 lish a Primary Care Extension Program.

23 “(2) PURPOSE.—The Primary Care Extension
24 Program shall provide support and assistance to pri-
25 mary care providers to educate providers about pre-

1 ventive medicine, health promotion, chronic disease
2 management, mental health services, and evidence-
3 based and evidence-informed therapies and tech-
4 niques, in order to enable providers to incorporate
5 such matters into their practice and to improve com-
6 munity health by working with community-based
7 health connectors (referred to in this section as
8 ‘Health Extension Agents’).

9 “(3) DEFINITIONS.—In this section:

10 “(A) HEALTH EXTENSION AGENT.—The
11 term ‘Health Extension Agent’ means any local,
12 community-based health worker who facilitates
13 and provides assistance to primary care prac-
14 tices by implementing quality improvement or
15 system redesign, incorporating the principles of
16 the patient-centered medical home to provide
17 high-quality, effective, efficient, and safe pri-
18 mary care and to provide guidance to patients
19 in culturally and linguistically appropriate ways,
20 and linking practices to diverse health system
21 resources.

22 “(B) PRIMARY CARE PROVIDER.—The
23 term ‘primary care provider’ means a health
24 care provider that provides care consistent with
25 the Institute of Medicine’s definition of primary

1 care, including the provision of preventive and
2 health promotion services, for men, women, and
3 children of all ages, as recognized by State li-
4 censing or regulatory authorities, unless other-
5 wise specified in the section.

6 “(b) GRANTS TO ESTABLISH STATE HUBS AND
7 LOCAL PRIMARY CARE EXTENSION AGENCIES.—

8 “(1) GRANTS.—The Secretary shall award com-
9 petitive grants to States for the establishment of
10 State- or multistate-level primary care Primary Care
11 Extension Program State Hubs (referred to in this
12 section as ‘Hubs’).

13 “(2) COMPOSITION OF HUBS.—A Hub estab-
14 lished by a State pursuant to paragraph (1)—

15 “(A) shall consist of, at a minimum, the
16 State health department, the entity responsible
17 for administering the State Medicaid program
18 (if other than the State health department), the
19 State-level entity administering the Medicare
20 program, and the departments of 1 or more
21 health professions schools in the State that
22 train providers in primary care; and

23 “(B) may include entities such as hospital
24 associations, primary care practice-based re-
25 search networks, health professional societies,

1 State primary care associations, State licensing
2 boards, consumer groups, and other appropriate
3 entities.

4 “(c) STATE AND LOCAL ACTIVITIES.—

5 “(1) HUB ACTIVITIES.—Hubs established under
6 a grant under subsection (b) shall—

7 “(A) submit to the Secretary a plan to co-
8 ordinate functions with quality improvement or-
9 ganizations and area health education centers if
10 such entities are members of the Hub not de-
11 scribed in subsection (b)(2)(A);

12 “(B) contract with a county- or local-level
13 entity that shall serve as the Primary Care Ex-
14 tension Agency to administer the services de-
15 scribed in paragraph (2);

16 “(C) organize and administer grant funds
17 to county- or local-level Primary Care Exten-
18 sion Agencies that serve a catchment area, as
19 determined by the State; and

20 “(D) organize State-wide or multistate net-
21 works of local-level Primary Care Extension
22 Agencies to share and disseminate information
23 and practices.

24 “(2) LOCAL PRIMARY CARE EXTENSION AGENCY
25 ACTIVITIES.—

1 “(A) REQUIRED ACTIVITIES.—Primary
2 Care Extension Agencies established by a Hub
3 under paragraph (1) shall—

4 “(i) assist primary care providers to
5 implement a patient-centered medical home
6 to improve the accessibility, quality, and
7 efficiency of primary care services;

8 “(ii) develop and support primary care
9 learning communities to enhance the dis-
10 semination of research findings for evi-
11 dence-based practice, assess implementa-
12 tion of practice improvement, share best
13 practices, and involve community clinicians
14 in the generation of new knowledge and
15 identification of important questions for
16 research;

17 “(iii) participate in a national network
18 of Primary Care Extension Hubs and pro-
19 pose how the Primary Care Extension
20 Agency will share and disseminate lessons
21 learned and best practices; and

22 “(iv) develop a plan for financial sus-
23 tainability involving State, local, and pri-
24 vate contributions, to provide for the re-
25 duction in Federal funds that is expected

1 after an initial 6-year period of program
2 establishment, infrastructure development,
3 and planning.

4 “(B) DISCRETIONARY ACTIVITIES.—Pri-
5 mary Care Extension Agencies established by a
6 Hub under paragraph (1) may—

7 “(i) provide technical assistance,
8 training, and organizational support for
9 community health teams established under
10 section 212 of the Affordable Health
11 Choices Act;

12 “(ii) collect data and provision of pri-
13 mary care provider feedback from stand-
14 ardized measurements of processes and
15 outcomes to aid in continuous performance
16 improvement;

17 “(iii) collaborate with local health de-
18 partments, community health centers, and
19 other community agencies to identify com-
20 munity health priorities and local health
21 workforce needs, and participate in com-
22 munity-based efforts to address the social
23 and primary determinants of health,
24 strengthen the local primary care work-
25 force, and eliminate health disparities;

1 “(iv) develop measures to monitor the
2 impact of the proposed program on the
3 health of practice enrollees and of the
4 wider community served; and

5 “(v) participate in other activities, as
6 determined appropriate by the Secretary.

7 “(d) FEDERAL PROGRAM ADMINISTRATION.—

8 “(1) GRANTS; TYPES.—Grants awarded under
9 subsection (b) shall be—

10 “(A) program grants, that are awarded to
11 State or multistate entities that submit fully-de-
12 veloped plans for the implementation of a Hub,
13 for a period of 6 years; or

14 “(B) planning grants, that are awarded to
15 State or multistate entities with the goal of de-
16 veloping a plan for a Hub, for a period of 2
17 years.

18 “(2) APPLICATIONS.—To be eligible for a grant
19 under subsection (b), a State or multistate entity
20 shall submit to the Secretary an application, at such
21 time, in such manner, and containing such informa-
22 tion as the Secretary may require.

23 “(3) EVALUATION.—A State that receives a
24 grant under subsection (b) shall be evaluated at the

1 end of the grant period by an evaluation panel ap-
2 pointed by the Secretary.

3 “(4) CONTINUING SUPPORT.—After the sixth
4 year in which assistance is provided to a State under
5 a grant awarded under subsection (b), the State may
6 receive additional support under this section if the
7 State program has received satisfactory evaluations
8 with respect to program performance and the merits
9 of the State sustainability plan, as determined by
10 the Secretary.

11 “(5) LIMITATION.—A State shall not use in ex-
12 cess of 10 percent of the amount received under a
13 grant to carry out administrative activities under
14 this section. Funds awarded pursuant to this section
15 shall not be used for funding direct patient care.

16 “(e) REQUIREMENTS ON THE SECRETARY.—In car-
17 rying out this section, the Secretary shall consult with the
18 heads of other Federal agencies with demonstrated experi-
19 ence and expertise in health care and preventive medicine,
20 such as the Centers for Disease Control and Prevention,
21 the Substance Abuse and Mental Health Administration,
22 the Health Resources and Services Administration, the
23 National Institutes of Health, the Office of the National
24 Coordinator for Health Information Technology, the In-
25 dian Health Service, the Agricultural Cooperative Exten-

1 sion Service of the Department of Agriculture, and other
2 entities, as the Secretary determines appropriate.

3 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
4 awards grants as provided in subsection (d), there are au-
5 thorized to be appropriated \$120,000,000 for each of fis-
6 cal years 2011 and 2012, and such sums as may be nec-
7 essary to carry out this section for each of fiscal years
8 2013 through 2014.”.

9 **Subtitle F—General Provisions**

10 **SEC. 461. REPORTS.**

11 (a) REPORTS BY SECRETARY OF HEALTH AND
12 HUMAN SERVICES.—On an annual basis, the Secretary of
13 Health and Human Services shall submit to the appro-
14 priate Committees of Congress a report on the activities
15 carried out under the amendments made by this title, and
16 the effectiveness of such activities.

17 (b) REPORTS BY RECIPIENTS OF FUNDS.—The Sec-
18 retary of Health and Human Services may require, as a
19 condition of receiving funds under the amendments made
20 by this title, that the entity receiving such award submit
21 to such Secretary such reports as the such Secretary may
22 require on activities carried out with such award, and the
23 effectiveness of such activities.