

1 “(1) *AUTHORITY.*—*The Secretary may*”;
2 (B) *by striking “pre-entry preparation, and*
3 *retention activities” and inserting the following:*
4 *“stipends for diploma or associate degree nurses*
5 *to enter a bridge or degree completion program,*
6 *student scholarships or stipends for accelerated*
7 *nursing degree programs, pre-entry preparation,*
8 *advanced education preparation, and retention*
9 *activities”*; and

10 (2) *in subsection (b)*—

11 (A) *by striking “First” and all that follows*
12 *through “including the” and inserting “National*
13 *Advisory Council on Nurse Education and Prac-*
14 *tice and consult with nursing associations in-*
15 *cluding the National Coalition of Ethnic Minor-*
16 *ity Nurse Associations,”*; and

17 (B) *by inserting before the period the fol-*
18 *lowing: “, and other organizations determined*
19 *appropriate by the Secretary”.*

20 **SEC. 5405. PRIMARY CARE EXTENSION PROGRAM.**

21 *Part P of title III of the Public Health Service Act*
22 *(42 U.S.C. 280g et seq.), as amended by section 5313, is*
23 *further amended by adding at the end the following:*

24 **“SEC. 399W. PRIMARY CARE EXTENSION PROGRAM.**

25 “(a) *ESTABLISHMENT, PURPOSE AND DEFINITION.*—

1 “(1) *IN GENERAL.*—*The Secretary, acting*
2 *through the Director of the Agency for Healthcare Re-*
3 *search and Quality, shall establish a Primary Care*
4 *Extension Program.*

5 “(2) *PURPOSE.*—*The Primary Care Extension*
6 *Program shall provide support and assistance to pri-*
7 *mary care providers to educate providers about pre-*
8 *ventive medicine, health promotion, chronic disease*
9 *management, mental and behavioral health services*
10 *(including substance abuse prevention and treatment*
11 *services), and evidence-based and evidence-informed*
12 *therapies and techniques, in order to enable providers*
13 *to incorporate such matters into their practice and to*
14 *improve community health by working with commu-*
15 *nity-based health connectors (referred to in this sec-*
16 *tion as ‘Health Extension Agents’).*

17 “(3) *DEFINITIONS.*—*In this section:*

18 “(A) *HEALTH EXTENSION AGENT.*—*The*
19 *term ‘Health Extension Agent’ means any local,*
20 *community-based health worker who facilitates*
21 *and provides assistance to primary care prac-*
22 *tices by implementing quality improvement or*
23 *system redesign, incorporating the principles of*
24 *the patient-centered medical home to provide*
25 *high-quality, effective, efficient, and safe pri-*

1 *mary care and to provide guidance to patients*
2 *in culturally and linguistically appropriate*
3 *ways, and linking practices to diverse health sys-*
4 *tem resources.*

5 “(B) *PRIMARY CARE PROVIDER.*—*The term*
6 *‘primary care provider’ means a clinician who*
7 *provides integrated, accessible health care serv-*
8 *ices and who is accountable for addressing a*
9 *large majority of personal health care needs, in-*
10 *cluding providing preventive and health pro-*
11 *motion services for men, women, and children of*
12 *all ages, developing a sustained partnership with*
13 *patients, and practicing in the context of family*
14 *and community, as recognized by a State licens-*
15 *ing or regulatory authority, unless otherwise*
16 *specified in this section.*

17 “(b) *GRANTS TO ESTABLISH STATE HUBS AND LOCAL*
18 *PRIMARY CARE EXTENSION AGENCIES.*—

19 “(1) *GRANTS.*—*The Secretary shall award com-*
20 *petitive grants to States for the establishment of*
21 *State- or multistate-level primary care Primary Care*
22 *Extension Program State Hubs (referred to in this*
23 *section as ‘Hubs’).*

24 “(2) *COMPOSITION OF HUBS.*—*A Hub established*
25 *by a State pursuant to paragraph (1)—*

1 “(A) shall consist of, at a minimum, the
2 State health department, the entity responsible
3 for administering the State Medicaid program
4 (if other than the State health department), the
5 State-level entity administering the Medicare
6 program, and the departments of 1 or more
7 health professions schools in the State that train
8 providers in primary care; and

9 “(B) may include entities such as hospital
10 associations, primary care practice-based re-
11 search networks, health professional societies,
12 State primary care associations, State licensing
13 boards, organizations with a contract with the
14 Secretary under section 1153 of the Social Secu-
15 rity Act, consumer groups, and other appro-
16 priate entities.

17 “(c) STATE AND LOCAL ACTIVITIES.—

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

20 “(A) submit to the Secretary a plan to co-
21 ordinate functions with quality improvement or-
22 ganizations and area health education centers if
23 such entities are members of the Hub not de-
24 scribed in subsection (b)(2)(A);

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

5 “(C) organize and administer grant funds
6 to county- or local-level Primary Care Extension
7 Agencies that serve a catchment area, as deter-
8 mined by the State; and

9 “(D) organize State-wide or multistate net-
10 works of local-level Primary Care Extension
11 Agencies to share and disseminate information
12 and practices.

13 “(2) LOCAL PRIMARY CARE EXTENSION AGENCY
14 ACTIVITIES.—

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

18 “(i) assist primary care providers to
19 implement a patient-centered medical home
20 to improve the accessibility, quality, and ef-
21 ficiency of primary care services, including
22 health homes;

23 “(ii) develop and support primary
24 care learning communities to enhance the
25 dissemination of research findings for evi-

1 *dence-based practice, assess implementation*
2 *of practice improvement, share best prac-*
3 *tices, and involve community clinicians in*
4 *the generation of new knowledge and identi-*
5 *fication of important questions for research;*

6 *“(iii) participate in a national net-*
7 *work of Primary Care Extension Hubs and*
8 *propose how the Primary Care Extension*
9 *Agency will share and disseminate lessons*
10 *learned and best practices; and*

11 *“(iv) develop a plan for financial sus-*
12 *tainability involving State, local, and pri-*
13 *vate contributions, to provide for the reduc-*
14 *tion in Federal funds that is expected after*
15 *an initial 6-year period of program estab-*
16 *lishment, infrastructure development, and*
17 *planning.*

18 *“(B) DISCRETIONARY ACTIVITIES.—Pri-*
19 *mary Care Extension Agencies established by a*
20 *Hub under paragraph (1) may—*

21 *“(i) provide technical assistance, train-*
22 *ing, and organizational support for commu-*
23 *nity health teams established under section*
24 *3602 of the Patient Protection and Afford-*
25 *able Care Act;*

1 “(ii) collect data and provision of pri-
2 mary care provider feedback from standard-
3 ized measurements of processes and out-
4 comes to aid in continuous performance im-
5 provement;

6 “(iii) collaborate with local health de-
7 partments, community health centers, tribes
8 and tribal entities, and other community
9 agencies to identify community health pri-
10 orities and local health workforce needs, and
11 participate in community-based efforts to
12 address the social and primary deter-
13 minants of health, strengthen the local pri-
14 mary care workforce, and eliminate health
15 disparities;

16 “(iv) develop measures to monitor the
17 impact of the proposed program on the
18 health of practice enrollees and of the wider
19 community served; and

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

22 “(d) FEDERAL PROGRAM ADMINISTRATION.—

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

1 “(A) program grants, that are awarded to
2 State or multistate entities that submit fully-de-
3 veloped plans for the implementation of a Hub,
4 for a period of 6 years; or

5 “(B) planning grants, that are awarded to
6 State or multistate entities with the goal of de-
7 veloping a plan for a Hub, for a period of 2
8 years.

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

14 “(3) EVALUATION.—A State that receives a grant
15 under subsection (b) shall be evaluated at the end of
16 the grant period by an evaluation panel appointed by
17 the Secretary.

18 “(4) CONTINUING SUPPORT.—After the sixth
19 year in which assistance is provided to a State under
20 a grant awarded under subsection (b), the State may
21 receive additional support under this section if the
22 State program has received satisfactory evaluations
23 with respect to program performance and the merits
24 of the State sustainability plan, as determined by the
25 Secretary.

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

6 “(e) *REQUIREMENTS ON THE SECRETARY.*—*In car-*
7 *rying out this section, the Secretary shall consult with the*
8 *heads of other Federal agencies with demonstrated experi-*
9 *ence and expertise in health care and preventive medicine,*
10 *such as the Centers for Disease Control and Prevention, the*
11 *Substance Abuse and Mental Health Administration, the*
12 *Health Resources and Services Administration, the Na-*
13 *tional Institutes of Health, the Office of the National Coor-*
14 *dinator for Health Information Technology, the Indian*
15 *Health Service, the Agricultural Cooperative Extension*
16 *Service of the Department of Agriculture, and other entities,*
17 *as the Secretary determines appropriate.*

18 “(f) *AUTHORIZATION OF APPROPRIATIONS.*—*To*
19 *awards grants as provided in subsection (d), there are au-*
20 *thorized to be appropriated \$120,000,000 for each of fiscal*
21 *years 2011 and 2012, and such sums as may be necessary*
22 *to carry out this section for each of fiscal years 2013*
23 *through 2014.”.*