

**§ 1616o. University of South Dakota pilot program**

**(a) Establishment**

The Secretary may make a grant to the School of Medicine of the University of South Dakota (hereafter in this section referred to as “USDSM”) to establish a pilot program on an Indian reservation at one or more service units in South Dakota to address the chronic manpower shortage in the Aberdeen Area of the Service.

**(b) Purposes**

The purposes of the program established pursuant to a grant provided under subsection (a) of this section are—

- (1) to provide direct clinical and practical experience at a service unit to medical students and residents from USDSM and other medical schools;
- (2) to improve the quality of health care for Indians by assuring access to qualified health care professionals; and
- (3) to provide academic and scholarly opportunities for physicians, physician assistants, nurse practitioners, nurses, and other allied health professionals serving Indian people by identifying and utilizing all academic and scholarly resources of the region.

**(c) Composition; designation**

The pilot program established pursuant to a grant provided under subsection (a) of this section shall—

- (1) incorporate a program advisory board composed of representatives from the tribes and communities in the area which will be served by the program; and
- (2) shall be designated as an extension of the USDSM campus and program participants shall be under the direct supervision and instruction of qualified medical staff serving at the service unit who shall be members of the USDSM faculty.

**(d) Coordination with other schools**

The USDSM shall coordinate the program established pursuant to a grant provided under subsection (a) of this section with other medical schools in the region, nursing schools, tribal community colleges, and other health professional schools.

**(e) Development of additional professional opportunities**

The USDSM, in cooperation with the Service, shall develop additional professional opportunities for program participants on Indian reservations in order to improve the recruitment and retention of qualified health professionals in the Aberdeen Area of the Service.

(Pub. L. 94-437, title I, §122, as added Pub. L. 102-573, title I, §116, Oct. 29, 1992, 106 Stat. 4543.)

**§ 1616p. Health professional chronic shortage demonstration programs**

**(a) Demonstration programs**

The Secretary, acting through the Service, may fund demonstration programs for Indian health programs to address the chronic shortages of health professionals.

**(b) Purposes of programs**

The purposes of demonstration programs under subsection (a) shall be—

- (1) to provide direct clinical and practical experience within an Indian health program to health profession students and residents from medical schools;
- (2) to improve the quality of health care for Indians by ensuring access to qualified health professionals;
- (3) to provide academic and scholarly opportunities for health professionals serving Indians by identifying all academic and scholarly resources of the region; and
- (4) to provide training and support for alternative provider types, such as community health representatives, and community health aides.

**(c) Advisory board**

The demonstration programs established pursuant to subsection (a) shall incorporate a program advisory board, which may be composed of representatives of tribal governments, Indian health programs, and Indian communities in the areas to be served by the demonstration programs.

(Pub. L. 94-437, title I, §123, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 123 of Pub. L. 94-437 is based on section 112 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

PRIOR PROVISIONS

A prior section 1616p, Pub. L. 94-437, title I, §123, as added Pub. L. 102-573, title I, §117(a), Oct. 29, 1992, 106 Stat. 4544, authorized appropriations through fiscal year 2000 to carry out this subchapter, prior to repeal by Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935. The repeal is based on section 101(b)(1) of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

**§ 1616q. Exemption from payment of certain fees**

Employees of a tribal health program or urban Indian organization shall be exempt from payment of licensing, registration, and any other fees imposed by a Federal agency to the same extent that officers of the commissioned corps of the Public Health Service and other employees of the Service are exempt from those fees.

(Pub. L. 94-437, title I, §124, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 124 of Pub. L. 94-437 is based on section 113 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

**§ 1616r. Repealed. Pub. L. 111-148, title X, § 10221(b)(2), Mar. 23, 2010, 124 Stat. 936**

Section, Pub. L. 94-437, title I, §125, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935, was