

Subsec. (b). Pub. L. 111-148, § 5402(c), substituted “appropriated, \$5,000,000 for each of the fiscal years 2010 through 2014” for “appropriated \$1,100,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002”.

Subsec. (c). Pub. L. 111-148, § 5402(d), substituted “For the purpose of grants and contracts under section 293c(a)(1) of this title, there is authorized to be appropriated \$60,000,000 for fiscal year 2010 and such sums as may be necessary for each of the fiscal years 2011 through 2014” for “For the purpose of grants and contracts under section 293c(a)(1) of this title, there is authorized to be appropriated \$29,400,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002”.

§ 293e. Grants for health professions education

(a) Cultural competency, prevention, and public health and individuals with disability grants

(1) In general

The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make awards of grants, contracts, or cooperative agreements to public and nonprofit private entities (including tribal entities) for the development, evaluation, and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs, and for other purposes determined as appropriate by the Secretary.

(2) Eligible entities

Unless specifically required otherwise in this subchapter, the Secretary shall accept applications for grants or contracts under this section from health professions schools, academic health centers, State or local governments, or other appropriate public or private nonprofit entities (or consortia of entities, including entities promoting multidisciplinary approaches) for funding and participation in health professions training activities. The Secretary may accept applications from for-profit private entities as determined appropriate by the Secretary.

(b) Collaboration

In carrying out subsection (a), the Secretary shall collaborate with health professional societies, licensing and accreditation entities, health professions schools, and experts in minority health and cultural competency, prevention, and public health and disability groups, community-based organizations, and other organizations as determined appropriate by the Secretary. The Secretary shall coordinate with curricula and research and demonstration projects developed under section 296e-1 of this title.

(c) Dissemination

(1) In general

Model curricula developed under this section shall be disseminated through the Internet Clearinghouse under section 270¹ and such

other means as determined appropriate by the Secretary.

(2) Evaluation

The Secretary shall evaluate the adoption and the implementation of cultural competency, prevention, and public health, and working with individuals with a disability training curricula, and the facilitate² inclusion of these competency measures in quality measurement systems as appropriate.

(d) Authorization of appropriations

There is authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2010 through 2015.

(July 1, 1944, ch. 373, title VII, § 741, as added Pub. L. 106-525, title IV, § 401(a), Nov. 22, 2000, 114 Stat. 2508; amended Pub. L. 111-148, title V, § 5307(a), Mar. 23, 2010, 124 Stat. 628.)

PRIOR PROVISIONS

A prior section 293e, act July 1, 1944, ch. 373, title VII, § 725, formerly § 728, as added Sept. 24, 1963, Pub. L. 88-129, § 2(b), 77 Stat. 170; amended Sept. 4, 1964, Pub. L. 88-581, § 3(d), 78 Stat. 919; Nov. 18, 1971, Pub. L. 92-157, title I, § 102(i), 85 Stat. 436; renumbered § 725, Oct. 12, 1976, Pub. L. 94-484, title III, § 308(d), 90 Stat. 2257, related to technical assistance to applicants for grants for construction of teaching facilities for medical, dental, and other health personnel, and to States or interstate planning agencies to plan programs for relieving shortages of training of health personnel, prior to the general amendment of this subchapter by Pub. L. 102-408, title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 293e, act July 1, 1944, ch. 373, title VII, § 702, formerly § 725, as added Sept. 24, 1963, Pub. L. 88-129, § 2(b), 77 Stat. 169; amended Sept. 4, 1964, Pub. L. 88-581, § 3(c), 78 Stat. 919; Nov. 2, 1966, Pub. L. 89-709, § 2(d), 80 Stat. 1103; Nov. 3, 1966, Pub. L. 89-751, § 3(a), 80 Stat. 1230; Dec. 5, 1967, Pub. L. 90-174, § 12(c), 81 Stat. 541; Oct. 30, 1970, Pub. L. 91-515, title VI, § 601(b)(2), 84 Stat. 1311; Nov. 18, 1971, Pub. L. 92-157, title I, § 108(a), 85 Stat. 460, was renumbered § 702 of act July 1, 1944, by Pub. L. 94-484 and transferred to section 292b of this title, and subsequently omitted in the general amendment of this subchapter by Pub. L. 102-408.

A prior section 293f, act July 1, 1944, ch. 373, title VII, § 726, formerly § 729, as added Nov. 18, 1971, Pub. L. 92-157, title I, § 102(d), 85 Stat. 432; renumbered § 726 and amended Oct. 12, 1976, Pub. L. 94-484, title I, § 101(d), title III, §§ 306, 308(d), 90 Stat. 2244, 2256, 2257; Aug. 13, 1981, Pub. L. 97-35, title XXVII, § 2725, 95 Stat. 916, related to loan guarantees and interest subsidies, prior to the general amendment of this subchapter by Pub. L. 102-408, title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 293f, act July 1, 1944, ch. 373, title VII, § 726, as added Sept. 24, 1963, Pub. L. 88-129, § 2(b), 77 Stat. 170, provided for noninterference with administration of institutions, prior to repeal by Pub. L. 94-484, title III, § 308(b), Oct. 12, 1976, 90 Stat. 2257.

A prior section 293g, act July 1, 1944, ch. 373, title VII, § 727, as added Sept. 24, 1963, Pub. L. 88-129, § 2(b), 77 Stat. 170; amended Nov. 18, 1971, Pub. L. 92-157, title I, § 102(j)(7)(B), 85 Stat. 437, which related to regulations, was renumbered section 724 of act July 1, 1944, by Pub. L. 94-484 and transferred to section 293d of this title, and subsequently omitted in the general amendment of this subchapter by Pub. L. 102-408.

A prior section 293h, act July 1, 1944, ch. 373, title VII, § 728, as added Sept. 24, 1963, Pub. L. 88-129, § 2(b), 77 Stat. 170; amended Sept. 4, 1964, Pub. L. 88-581, § 3(d), 78 Stat. 919; Nov. 18, 1971, Pub. L. 92-157, title I, § 102(i), 85 Stat. 436, which related to technical assistance, was renumbered section 726 of act July 1, 1944, by Pub. L.

¹ So in original. Act July 1, 1944, does not contain a section 270.

² So in original.

94-484 and transferred to section 293e of this title, and subsequently omitted in the general amendment of this subchapter by Pub. L. 102-408.

A prior section 293i, act July 1, 1944, ch. 373, title VII, § 729, as added Nov. 18, 1971, Pub. L. 92-157, title I, § 102(d), 85 Stat. 432, which related to loan guarantees and interest subsidies, was renumbered section 726 of act July 1, 1944, by Pub. L. 94-484 and transferred to section 293f of this title, and subsequently omitted in the general amendment of this subchapter by Pub. L. 102-408.

AMENDMENTS

2010—Subsec. (a). Pub. L. 111-148, § 5307(a)(1)(A), substituted “Cultural competency, prevention, and public health and individuals with disability grants” for “Grants for health professions education in health disparities and cultural competency” in heading.

Subsec. (a)(1). Pub. L. 111-148, § 5307(a)(1)(B), substituted “for the development, evaluation, and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs, and for other purposes determined as appropriate by the Secretary” for “for the purpose of carrying out research and demonstration projects (including research and demonstration projects for continuing health professions education) for training and education of health professionals for the reduction of disparities in health care outcomes and the provision of culturally competent health care”.

Subsecs. (b) to (d). Pub. L. 111-148, § 5307(a)(2), added subsecs. (b) to (d) and struck out former subsec. (b). Prior to amendment, text of subsec. (b) read as follows: “There are authorized to be appropriated to carry out subsection (a) of this section, \$3,500,000 for fiscal year 2001, \$7,000,000 for fiscal year 2002, \$7,000,000 for fiscal year 2003, and \$3,500,000 for fiscal year 2004.”

NATIONAL CONFERENCE ON HEALTH PROFESSIONS EDUCATION AND HEALTH DISPARITIES

Pub. L. 106-525, title IV, § 402, Nov. 22, 2000, 114 Stat. 2509, provided that:

“(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act [Nov. 22, 2000], the Secretary of Health and Human Services (in this section referred to as the ‘Secretary’), acting through the Administrator of the Health Resources and Services Administration, shall convene a national conference on health professions education as a method for reducing disparities in health outcomes.

“(b) PARTICIPANTS.—The Secretary shall include in the national conference convened under subsection (a) advocacy groups and educational entities as described in section 741 of the Public Health Service Act [this section] (as added by section 401), tribal health programs, health centers under section 330 of such Act [section 254b of this title], and other interested parties.

“(c) ISSUES.—The national conference convened under subsection (a) shall include, but is not limited to, issues that address the role and impact of health professions education on the reduction of disparities in health outcomes, including the role of education on cultural competency. The conference shall focus on methods to achieve reductions in disparities in health outcomes through health professions education (including continuing education programs) and strategies for outcomes measurement to assess the effectiveness of education in reducing disparities.

“(d) PUBLICATION OF FINDINGS.—Not later than 6 months after the national conference under subsection (a) has convened, the Secretary shall publish in the Federal Register a summary of the proceedings and findings of the conference.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.”

PART C—TRAINING IN FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PHYSICIAN ASSISTANTS, GENERAL DENTISTRY, AND PEDIATRIC DENTISTRY

SUBPART 1—MEDICAL TRAINING GENERALLY

§ 293j. Repealed. Pub. L. 105-392, title I, § 102(2), Nov. 13, 1998, 112 Stat. 3537

Section, act July 1, 1944, ch. 373, title VII, § 746, as added Pub. L. 102-408, title I, § 102, Oct. 13, 1992, 106 Stat. 2034; amended Pub. L. 102-531, title III, § 313(a)(2), Oct. 27, 1992, 106 Stat. 3507; Pub. L. 103-43, title XX, § 2008(i)(3), June 10, 1993, 107 Stat. 213, related to area health education center programs.

A prior section 746 of act July 1, 1944, was classified to section 294q-2 of this title prior to the general revision of this subchapter by Pub. L. 102-408.

§ 293k. Primary care training and enhancement

(a) Support and development of primary care training programs

(1) In general

The Secretary may make grants to, or enter into contracts with, an accredited public or nonprofit private hospital, school of medicine or osteopathic medicine, academically affiliated physician assistant training program, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such grant or contract—

(A) to plan, develop, operate, or participate in an accredited professional training program, including an accredited residency or internship program in the field of family medicine, general internal medicine, or general pediatrics for medical students, interns, residents, or practicing physicians as defined by the Secretary;

(B) to provide need-based financial assistance in the form of traineeships and fellowships to medical students, interns, residents, practicing physicians, or other medical personnel, who are participants in any such program, and who plan to specialize or work in the practice of the fields defined in subparagraph (A);

(C) to plan, develop, and operate a program for the training of physicians who plan to teach in family medicine, general internal medicine, or general pediatrics training programs;

(D) to plan, develop, and operate a program for the training of physicians teaching in community-based settings;

(E) to provide financial assistance in the form of traineeships and fellowships to physicians who are participants in any such programs and who plan to teach or conduct research in a family medicine, general internal medicine, or general pediatrics training program;

(F) to plan, develop, and operate a physician assistant education program, and for the training of individuals who will teach in programs to provide such training;

(G) to plan, develop, and operate a demonstration program that provides training in new competencies, as recommended by the Advisory Committee on Training in Primary Care Medicine and Dentistry and the Na-