

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. 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 [42 U.S.C. 293e] (as added by section 401), tribal health programs, health centers under section 330 of such Act [42 U.S.C. 254b], 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 National Health Care Workforce Commission established in section 294q of this title, which may include—

(i) providing training to primary care physicians relevant to providing care through patient-centered medical homes (as defined by the Secretary for purposes of this section);

(ii) developing tools and curricula relevant to patient-centered medical homes; and

(iii) providing continuing education to primary care physicians relevant to patient-centered medical homes; and

(H) to plan, develop, and operate joint degree programs to provide interdisciplinary and interprofessional graduate training in public health and other health professions to provide training in environmental health, infectious disease control, disease prevention and health promotion, epidemiological studies and injury control.

## (2) Duration of awards

The period during which payments are made to an entity from an award of a grant or contract under this subsection shall be 5 years.

## (b) Capacity building in primary care

### (1) In general

The Secretary may make grants to or enter into contracts with accredited schools of medicine or osteopathic medicine to establish, maintain, or improve—

(A) academic units or programs that improve clinical teaching and research in fields defined in subsection (a)(1)(A); or

(B) programs that integrate academic administrative units in fields defined in subsection (a)(1)(A) to enhance interdisciplinary recruitment, training, and faculty development.

### (2) Preference in making awards under this subsection

In making awards of grants and contracts under paragraph (1), the Secretary shall give preference to any qualified applicant for such an award that agrees to expend the award for the purpose of—

(A) establishing academic units or programs in fields defined in subsection (a)(1)(A); or

(B) substantially expanding such units or programs.

### (3) Priorities in making awards

In awarding grants or contracts under paragraph (1), the Secretary shall give priority to qualified applicants that—

(A) proposes<sup>1</sup> a collaborative project between academic administrative units of primary care;

(B) proposes<sup>1</sup> innovative approaches to clinical teaching using models of primary care, such as the patient centered medical home, team management of chronic disease, and interprofessional integrated models of health care that incorporate transitions in health care settings and integration physical and mental health provision;

(C) have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers trained, who enter and remain in primary care practice;

(D) have a record of training individuals who are from underrepresented minority groups or from a rural or disadvantaged background;

(E) provide training in the care of vulnerable populations such as children, older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, individuals with HIV/AIDS, and individuals with disabilities;

(F) establish formal relationships and submit joint applications with federally qualified health centers, rural health clinics, area health education centers, or clinics located in underserved areas or that serve underserved populations;

<sup>1</sup> So in original. Probably should be "propose".

(G) teach trainees the skills to provide interprofessional, integrated care through collaboration among health professionals;

(H) provide training in enhanced communication with patients, evidence-based practice, chronic disease management, preventive care, health information technology, or other competencies as recommended by the Advisory Committee on Training in Primary Care Medicine and Dentistry and the National Health Care Workforce Commission established in section 294q of this title; or

(I) provide training in cultural competency and health literacy.

**(4) Duration of awards**

The period during which payments are made to an entity from an award of a grant or contract under this subsection shall be 5 years.

**(c) Authorization of appropriations**

**(1) In general**

For purposes of carrying out this section (other than subsection (b)(1)(B)), there are authorized to be appropriated \$125,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2014.

**(2) Training programs**

Fifteen percent of the amount appropriated pursuant to paragraph (1) in each such fiscal year shall be allocated to the physician assistant training programs described in subsection (a)(1)(F), which prepare students for practice in primary care.

**(3) Integrating academic administrative units**

For purposes of carrying out subsection (b)(1)(B), there are authorized to be appropriated \$750,000 for each of fiscal years 2010 through 2014.

(July 1, 1944, ch. 373, title VII, §747, as added Pub. L. 111-148, title V, §5301, Mar. 23, 2010, 124 Stat. 615.)

CODIFICATION

Pub. L. 111-148, title V, §5301, Mar. 23, 2010, 124 Stat. 615, which directed the amendment of part C of title VII by striking out section 747 and inserting a new section 747, without specifying the act to be amended, was executed as an amendment to part C of title VII of act July 1, 1944, by adding this section and repealing former section 293k of this title, to reflect the probable intent of Congress.

PRIOR PROVISIONS

A prior section 293k, act July 1, 1944, ch. 373, title VII, §747, as added Pub. L. 102-408, title I, §102, Oct. 13, 1992, 106 Stat. 2042; amended Pub. L. 105-392, title I, §102(3), Nov. 13, 1998, 112 Stat. 3537, related to grants and contracts for training in family medicine, general internal medicine, general pediatrics, general dentistry, and pediatric dentistry, and training for physician assistants, prior to repeal by Pub. L. 111-148, title V, §5301, Mar. 23, 2010, 124 Stat. 615. See Codification note above.

A prior section 747 of act July 1, 1944, was classified to section 294q-3 of this title prior to the general revision of this subchapter by Pub. L. 102-408.

Another prior section 747 of act July 1, 1944, was classified to section 294g of this title prior to repeal by Pub. L. 94-484.

**§ 293k-1. Training opportunities for direct care workers**

**(a) In general**

The Secretary shall award grants to eligible entities to enable such entities to provide new training opportunities for direct care workers who are employed in long-term care settings such as nursing homes (as defined in section 1396g(e)(1) of this title), assisted living facilities and skilled nursing facilities, intermediate care facilities for individuals with mental retardation, home and community based settings, and any other setting the Secretary determines to be appropriate.

**(b) Eligibility**

To be eligible to receive a grant under this section, an entity shall—

(1) be an institution of higher education (as defined in section 1002 of title 20) that—

(A) is accredited by a nationally recognized accrediting agency or association listed under section 1001(c) of title 20; and

(B) has established a public-private educational partnership with a nursing home or skilled nursing facility, agency or entity providing home and community based services to individuals with disabilities, or other long-term care provider; and

(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

**(c) Use of funds**

An eligible entity shall use amounts awarded under a grant under this section to provide assistance to eligible individuals to offset the cost of tuition and required fees for enrollment in academic programs provided by such entity.

**(d) Eligible individual**

**(1) Eligibility**

To be eligible for assistance under this section, an individual shall be enrolled in courses provided by a grantee under this subsection and maintain satisfactory academic progress in such courses.

**(2) Condition of assistance**

As a condition of receiving assistance under this section, an individual shall agree that, following completion of the assistance period, the individual will work in the field of geriatrics, disability services, long term services and supports, or chronic care management for a minimum of 2 years under guidelines set by the Secretary.

**(e) Authorization of appropriations**

There is authorized to be appropriated to carry out this section, \$10,000,000 for the period of fiscal years 2011 through 2013.

(July 1, 1944, ch. 373, title VII, §747A, as added Pub. L. 111-148, title V, §5302, Mar. 23, 2010, 124 Stat. 617.)