

held jointly with other related entities established under this subchapter where appropriate.

**(2) Documents**

Not later than 14 days prior to the convening of a meeting under paragraph (1), the Advisory Committee shall prepare and make available an agenda of the matters to be considered by the Advisory Committee at such meeting. At any such meeting, the Advisory Council<sup>1</sup> shall distribute materials with respect to the issues to be addressed at the meeting. Not later than 30 days after the adjourning of such a meeting, the Advisory Committee shall prepare and make available a summary of the meeting and any actions taken by the Committee based upon the meeting.

**(f) Compensation and expenses**

**(1) Compensation**

Each member of the Advisory Committee shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5 for each day (including travel time) during which such member is engaged in the performance of the duties of the Committee.

**(2) Expenses**

The members of the Advisory Committee shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5 while away from their homes or regular places of business in the performance of services for the Committee.

**(g) FACA**

The Federal Advisory Committee Act shall apply to the Advisory Committee under this section only to the extent that the provisions of such Act do not conflict with the requirements of this section.

(July 1, 1944, ch. 373, title VII, §749, formerly §748, as added Pub. L. 105-392, title I, §102(4), Nov. 13, 1998, 112 Stat. 3539; renumbered §749 and amended Pub. L. 111-148, title V, §§5103(d)(1), 5303(1), Mar. 23, 2010, 124 Stat. 605, 618.)

REFERENCES IN TEXT

The Federal Advisory Committee Act, referred to in subsec. (g), is Pub. L. 92-463, Oct. 6, 1972, 86 Stat. 770, as amended, which is set out in the Appendix to Title 5, Government Organization and Employees.

CODIFICATION

November 13, 1998, referred to in subsec. (b)(2), was in the original “the date of enactment of this Act”, which was translated as meaning the date of enactment of Pub. L. 105-392, which enacted this section, to reflect the probable intent of Congress.

PRIOR PROVISIONS

A prior section 293I, act July 1, 1944, ch. 373, title VII, §748, as added Pub. L. 102-408, title I, §102, Oct. 13, 1992, 106 Stat. 2043; amended Pub. L. 102-531, title III, §313(a)(3), Oct. 27, 1992, 106 Stat. 3507, authorized grants and contracts for development of general internal medicine and general pediatrics training programs, prior to

repeal by Pub. L. 105-392, title I, §102(4), Nov. 13, 1998, 112 Stat. 3539.

A prior section 749 of act July 1, 1944, was classified to section 293m of this title prior to repeal by Pub. L. 105-392.

Another prior section 749 of act July 1, 1944, was classified to section 294s of this title prior to renumbering by Pub. L. 97-35.

AMENDMENTS

2010—Subsec. (d)(3) to (5). Pub. L. 111-148, §5103(d)(1), added pars. (3) to (5).

CHANGE OF NAME

Committee on Commerce of House of Representatives changed to Committee on Energy and Commerce of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred to Committee on Financial Services of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

Committee on Labor and Human Resources of Senate changed to Committee on Health, Education, Labor, and Pensions of Senate by Senate Resolution No. 20, One Hundred Sixth Congress, Jan. 19, 1999.

TERMINATION OF ADVISORY COMMITTEES

Pub. L. 93-641, §6, Jan. 4, 1975, 88 Stat. 2275, set out as a note under section 217a of this title, provided that an advisory committee established pursuant to the Public Health Service Act shall terminate at such time as may be specifically prescribed by an Act of Congress enacted after Jan. 4, 1975.

**§ 293I-1. Teaching health centers development grants**

**(a) Program authorized**

The Secretary may award grants under this section to teaching health centers for the purpose of establishing new accredited or expanded primary care residency programs.

**(b) Amount and duration**

Grants awarded under this section shall be for a term of not more than 3 years and the maximum award may not be more than \$500,000.

**(c) Use of funds**

Amounts provided under a grant under this section shall be used to cover the costs of—

(1) establishing or expanding a primary care residency training program described in subsection (a), including costs associated with—

(A) curriculum development;

(B) recruitment, training and retention of residents and faculty;<sup>1</sup>

(C) accreditation by the Accreditation Council for Graduate Medical Education (ACGME), the American Dental Association (ADA), or the American Osteopathic Association (AOA); and

(D) faculty salaries during the development phase; and

(2) technical assistance provided by an eligible entity.

**(d) Application**

A teaching health center seeking a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

<sup>1</sup> So in original. Probably should be “Committee”.

<sup>1</sup> So in original. The colon probably should be a semicolon.

**(e) Preference for certain applications**

In selecting recipients for grants under this section, the Secretary shall give preference to any such application that documents an existing affiliation agreement with an area health education center program as defined in sections 294a and 295p of this title.

**(f) Definitions**

In this section:

**(1) Eligible entity**

The term “eligible entity” means an organization capable of providing technical assistance including an area health education center program as defined in sections 294a and 295p of this title.

**(2) Primary care residency program**

The term “primary care residency program” means an approved graduate medical residency training program (as defined in section 256h of this title) in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics.

**(3) Teaching health center****(A) In general**

The term “teaching health center” means an entity that—

- (i) is a community based, ambulatory patient care center; and
- (ii) operates a primary care residency program.

**(B) Inclusion of certain entities**

Such term includes the following:

- (i) A Federally qualified health center (as defined in section 1396d(l)(2)(B) of this title).
- (ii) A community mental health center (as defined in section 1395x(ff)(3)(B) of this title).
- (iii) A rural health clinic, as defined in section 1395x(aa) of this title.
- (iv) A health center operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization (as defined in section 1603 of title 25).
- (v) An entity receiving funds under subchapter VIII.

**(g) Authorization of appropriations**

There is authorized to be appropriated, \$25,000,000 for fiscal year 2010, \$50,000,000 for fiscal year 2011, \$50,000,000 for fiscal year 2012, and such sums as may be necessary for each fiscal year thereafter to carry out this section. Not to exceed \$5,000,000 annually may be used for technical assistance program grants.

(July 1, 1944, ch. 373, title VII, § 749A, as added Pub. L. 111-148, title V, § 5508(a), Mar. 23, 2010, 124 Stat. 668.)

SUBPART 2—TRAINING IN UNDERSERVED  
COMMUNITIES

**§ 293m. Rural physician training grants****(a) In general**

The Secretary, acting through the Administrator of the Health Resources and Services Ad-

ministration, shall establish a grant program for the purposes of assisting eligible entities in recruiting students most likely to practice medicine in underserved rural communities, providing rural-focused training and experience, and increasing the number of recent allopathic and osteopathic medical school graduates who practice in underserved rural communities.

**(b) Eligible entities**

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

- (1) be a school of allopathic or osteopathic medicine accredited by a nationally recognized accrediting agency or association approved by the Secretary for this purpose, or any combination or consortium of such schools; and
- (2) submit an application to the Secretary that includes a certification that such entity will use amounts provided to the institution as described in subsection (d)(1).

**(c) Priority**

In awarding grant funds under this section, the Secretary shall give priority to eligible entities that—

- (1) demonstrate a record of successfully training students, as determined by the Secretary, who practice medicine in underserved rural communities;
- (2) demonstrate that an existing academic program of the eligible entity produces a high percentage, as determined by the Secretary, of graduates from such program who practice medicine in underserved rural communities;
- (3) demonstrate rural community institutional partnerships, through such mechanisms as matching or contributory funding, documented in-kind services for implementation, or existence of training partners with inter-professional expertise in community health center training locations or other similar facilities; or
- (4) submit, as part of the application of the entity under subsection (b), a plan for the long-term tracking of where the graduates of such entity practice medicine.

**(d) Use of funds****(1) Establishment**

An eligible entity receiving a grant under this section shall use the funds made available under such grant to establish, improve, or expand a rural-focused training program (referred to in this section as the “Program”) meeting the requirements described in this subsection and to carry out such program.

**(2) Structure of Program**

An eligible entity shall—

- (A) enroll no fewer than 10 students per class year into the Program; and
- (B) develop criteria for admission to the Program that gives priority to students—
  - (i) who have originated from or lived for a period of 2 or more years in an underserved rural community; and
  - (ii) who express a commitment to practice medicine in an underserved rural community.

**(3) Curricula**

The Program shall require students to enroll in didactic coursework and clinical experience