

4786; amended Pub. L. 102-573, title I, §§102(c), 103, Oct. 29, 1992, 106 Stat. 4531, 4532; Pub. L. 104-313, §2(b), Oct. 19, 1996, 110 Stat. 3820.)

REFERENCES IN TEXT

The Indian Self-Determination Act, referred to in subsec. (b)(3)(A)(ii), is title I of Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2206, as amended, which is classified principally to part A (§450f et seq.) of subchapter II of chapter 14 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 450 of this title and Tables.

PRIOR PROVISIONS

A prior section 104 of Pub. L. 94-437, title I, Sept. 30, 1976, 90 Stat. 1403, amended former section 234 of Title 42, The Public Health and Welfare.

AMENDMENTS

1996—Subsec. (b)(3)(A). Pub. L. 104-313, §2(b)(1)(A), substituted “The active duty service obligation under a written contract with the Secretary under section 254l of title 42 that an individual has entered into under that section shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice, by service—” for “The active duty service obligation prescribed under section 254m of title 42 shall be met by a recipient of an Indian Health Scholarship by service—” in introductory provisions, struck out “or” at end of cl. (iii), and substituted “; or” for period at end of cl. (iv).

Subsec. (b)(3)(B). Pub. L. 104-313, §2(b)(1)(C), added subpar. (B). Former subpar. (B) redesignated (C).

Subsec. (b)(3)(C). Pub. L. 104-313, §2(b)(1)(D), substituted “described in subparagraph (A) by service in a program specified in that subparagraph” for “prescribed under section 254m of title 42 by service in a program specified in subparagraph (A)”.

Pub. L. 104-313, §2(b)(1)(B), redesignated subpar. (B) as (C). Former subpar. (C) redesignated (D).

Subsec. (b)(3)(D). Pub. L. 104-313, §2(b)(1)(E), substituted “Subject to subparagraph (C),” for “Subject to subparagraph (B),” and “described in subparagraph (A)” for “prescribed under section 254m of title 42”.

Pub. L. 104-313, §2(b)(1)(B), redesignated subpar. (C) as (D).

Subsec. (b)(4)(B). Pub. L. 104-313, §2(b)(2)(A), substituted “the period of obligated service described in paragraph (3)(A) shall be equal to the greater of—” for “the period of obligated service specified in section 254l(f)(1)(B)(iv) of title 42 shall be equal to the greater of—” in introductory provisions.

Subsec. (b)(4)(C). Pub. L. 104-313, §2(b)(2)(B), made technical amendment to reference in original act which appears in text as reference to section 254l(g)(1)(B) of title 42.

Subsec. (b)(5)(C) to (F). Pub. L. 104-313, §2(b)(3), added subpars. (C) to (F).

1992—Subsec. (a). Pub. L. 102-573, §102(c)(1)(C), substituted “accredited schools and pursuing courses of study in the health professions” for “accredited schools of medicine, osteopathy, podiatry, psychology, dentistry, environmental health and engineering, nursing, optometry, public health, allied health professions, and social work”.

Pub. L. 102-573, §102(c)(1)(A), (B), substituted “Indians, Indian tribes, tribal organizations, and urban Indian organizations” for “Indian communities” and “full or part time” for “full time”.

Subsec. (b)(2). Pub. L. 102-573, §102(c)(2)(A), substituted “full or part time” for “full time” and “course of study” for “health profession school”.

Subsec. (b)(3). Pub. L. 102-573, §102(c)(2)(B), designated existing provisions as subpar. (A), redesignated former subpars. (A) to (D) as cls. (i) to (iv), respectively, and added subpars. (B) and (C).

Subsec. (b)(4). Pub. L. 102-573, §102(c)(2)(C), added par. (4).

Subsec. (b)(5). Pub. L. 102-573, §103, added par. (5).

Subsec. (c). Pub. L. 102-573, §102(c)(3), amended subsec. (c) generally. Prior to amendment, subsec. (c) read as follows: “For purposes of this section, the term ‘Indian’ has the same meaning given that term by subsection (c) of section 1603 of this title, including all individuals described in clauses (1) through (4) of that subsection.”

Subsec. (d). Pub. L. 102-573, §102(c)(4), struck out subsec. (d) which authorized appropriations for fiscal years 1989 to 1992.

EFFECTIVE DATE OF 1992 AMENDMENT

Pub. L. 102-573, title I, §102(d), Oct. 29, 1992, 106 Stat. 4532, provided that: “The amendments made by subsection (c)(1)(C) and subsection (c)(2)(B) [amending this section] shall apply with respect to scholarships granted under section 104 of the Indian Health Care Improvement Act [this section] after the date of the enactment of this Act [Oct. 29, 1992].”

§ 1614. Indian health service extern programs

(a) Employment of scholarship grantees during nonacademic periods

Any individual who receives a scholarship grant pursuant to section 1613a of this title shall be entitled to employment in the Service during any nonacademic period of the year. Periods of employment pursuant to this subsection shall not be counted in determining the fulfillment of the service obligation incurred as a condition of the scholarship grant.

(b) Employment of medical and other students during nonacademic periods

Any individual enrolled in a course of study in the health professions may be employed by the Service during any nonacademic period of the year. Any such employment shall not exceed one hundred and twenty days during any calendar year.

(c) Employment without regard to competitive personnel system or agency personnel limitation; compensation

Any employment pursuant to this section shall be made without regard to any competitive personnel system or agency personnel limitation and to a position which will enable the individual so employed to receive practical experience in the health profession in which he or she is engaged in study. Any individual so employed shall receive payment for his or her services comparable to the salary he or she would receive if he or she were employed in the competitive system. Any individual so employed shall not be counted against any employment ceiling affecting the Service or the Department of Health and Human Services.

(Pub. L. 94-437, title I, §105, Sept. 30, 1976, 90 Stat. 1404; Pub. L. 95-83, title III, §307(n)(2), Aug. 1, 1977, 91 Stat. 393; Pub. L. 96-537, §3(c), Dec. 17, 1980, 94 Stat. 3174; Pub. L. 100-713, title I, §103, Nov. 23, 1988, 102 Stat. 4786; Pub. L. 102-573, title I, §§102(e), 117(b)(2), title IX, §902(2)(B), Oct. 29, 1992, 106 Stat. 4532, 4544, 4591.)

AMENDMENTS

1992—Subsec. (a). Pub. L. 102-573, §102(e)(1), substituted “section 1613a of this title” for “section 254r of title 42”.

Subsec. (b). Pub. L. 102-573, §102(e)(2), substituted “course of study in the health professions” for “school of medicine, osteopathy, dentistry, veterinary medi-

cine, optometry, podiatry, pharmacy, public health, nursing, or allied health professions”.

Subsec. (c). Pub. L. 102-573, §902(2)(B), substituted “Department of Health and Human Services” for “Department of Health, Education, and Welfare”.

Subsec. (d). Pub. L. 102-573, §117(b)(2), struck out subsec. (d) which authorized appropriations for fiscal years 1989 to 1992.

1988—Subsec. (d). Pub. L. 100-713 amended subsec. (d) generally. Prior to amendment, subsec. (d) read as follows: “There are authorized to be appropriated for the purpose of this section: \$600,000 for fiscal year 1978, \$800,000 for fiscal year 1979, and \$1,000,000 for fiscal year 1980. There are authorized to be appropriated to carry out this section \$990,000 for the fiscal year ending September 30, 1981, \$1,140,000 for the fiscal year ending September 30, 1982, \$1,310,000 for the fiscal year ending September 30, 1983, and \$1,510,000 for the fiscal year ending September 30, 1984.”

1980—Subsec. (d). Pub. L. 96-537 substituted provisions authorizing appropriations of specific amounts for fiscal years ending Sept. 30, 1981, Sept. 30, 1982, Sept. 30, 1983, and Sept. 30, 1984, for provisions authorizing appropriation of such amounts as may be specifically authorized by an act enacted after Sept. 30, 1976.

1977—Subsec. (a). Pub. L. 95-83 substituted reference to “section 294y-1 of title 42” for reference to “section 104” meaning section 104 of Pub. L. 94-437, which added section 234(i)(2) of Title 42, The Public Health and Welfare.

§ 1615. Continuing education allowances

In order to encourage scholarship and stipend recipients under sections 1613a, 1614, and 1616h of this title and health professionals, including community health representatives and emergency medical technicians, to join or continue in an Indian health program and to provide services in the rural and remote areas in which a significant portion of Indians reside, the Secretary, acting through the Service, may—

(1) provide programs or allowances to transition into an Indian health program, including licensing, board or certification examination assistance, and technical assistance in fulfilling service obligations under sections 1613a, 1614, and 1616h of this title; and

(2) provide programs or allowances to health professionals employed in an Indian health program to enable those professionals, for a period of time each year prescribed by regulation of the Secretary, to take leave of the duty stations of the professionals for professional consultation, management, leadership, and refresher training courses.

(Pub. L. 94-437, title I, §106, Sept. 30, 1976, 90 Stat. 1404; Pub. L. 100-713, title I, §105, Nov. 23, 1988, 102 Stat. 4787; Pub. L. 102-573, title I, §§104(a), 115, Oct. 29, 1992, 106 Stat. 4533, 4543; Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 134(c) 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.

AMENDMENTS

2010—Pub. L. 111-148 amended section generally. Prior to amendment, section related to discretionary allowances to health professionals employed in the Service to take leave for professional consultation and refresher training courses and included a limitation on

use of appropriations to establish postdoctoral training programs for health professionals.

1992—Subsec. (a). Pub. L. 102-573, §104(a), inserted “nurses,” after “physicians, dentists,”.

Subsec. (b). Pub. L. 102-573, §115, amended subsec. (b) generally. Prior to amendment, subsec. (b) read as follows: “There are authorized to be appropriated for the purpose of carrying out the provisions of this section—

- “(1) \$500,000 for fiscal year 1989,
- “(2) \$526,300 for fiscal year 1990,
- “(3) \$553,800 for fiscal year 1991, and
- “(4) \$582,500 for fiscal year 1992.”

1988—Subsec. (b). Pub. L. 100-713 amended subsec. (b) generally. Prior to amendment, subsec. (b) read as follows: “There are authorized to be appropriated for the purpose of this section: \$100,000 for fiscal year 1978, \$200,000 for fiscal year 1979, and \$250,000 for fiscal year 1980. For fiscal years 1981, 1982, 1983, and 1984 there are authorized to be appropriated for the purpose of this section such sums as may be specifically authorized by an Act enacted after this chapter.”

§ 1616. Community Health Representative Program

(a) Under the authority of section 13 of this title, the Secretary shall maintain a Community Health Representative Program under which the Service—

(1) provides for the training of Indians as health paraprofessionals, and

(2) uses such paraprofessionals in the provision of health care, health promotion, and disease prevention services to Indian communities.

(b) The Secretary, acting through the Community Health Representative Program of the Service, shall—

(1) provide a high standard of training for paraprofessionals to Community Health Representatives to ensure that the Community Health Representatives provide quality health care, health promotion, and disease prevention services to the Indian communities served by such Program,

(2) in order to provide such training, develop and maintain a curriculum that—

(A) combines education in the theory of health care with supervised practical experience in the provision of health care, and

(B) provides instruction and practical experience in health promotion and disease prevention activities, with appropriate consideration given to lifestyle factors that have an impact on Indian health status, such as alcoholism, family dysfunction, and poverty,

(3) maintain a system which identifies the needs of Community Health Representatives for continuing education in health care, health promotion, and disease prevention and maintain programs that meet the needs for such continuing education,

(4) maintain a system that provides close supervision of Community Health Representatives,

(5) maintain a system under which the work of Community Health Representatives is reviewed and evaluated, and

(6) promote traditional health care practices of the Indian tribes served consistent with the Service standards for the provision of health care, health promotion, and disease prevention.