

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.

(Pub. L. 94-437, title I, §107, as added Pub. L. 100-713, title I, §107, Nov. 23, 1988, 102 Stat. 4788; amended Pub. L. 102-573, title I, §105, Oct. 29, 1992, 106 Stat. 4535.)

#### AMENDMENTS

1992—Subsec. (b)(2). Pub. L. 102-573, §105(1), inserted “and maintain” in introductory provisions.

Subsec. (b)(2)(B). Pub. L. 102-573, §105(2), inserted at end “with appropriate consideration given to lifestyle factors that have an impact on Indian health status, such as alcoholism, family dysfunction, and poverty.”

Subsec. (b)(3). Pub. L. 102-573, §105(3), substituted “maintain” for “develop” in two places.

Subsec. (b)(4). Pub. L. 102-573, §105(4), struck out “develop and” before “maintain”.

Subsec. (b)(5). Pub. L. 102-573, §105(3), substituted “maintain” for “develop”.

### § 1616a. Indian Health Service Loan Repayment Program

#### (a) Establishment

(1) The Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereinafter referred to as the “Loan Repayment Program”) in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian health programs.

(2) For the purposes of this section—

(A) the term “Indian health program” means any health program or facility funded, in whole or part, by the Service for the benefit of Indians and administered—

(i) directly by the Service;

(ii) by any Indian tribe or tribal or Indian organization pursuant to a contract under—

(I) the Indian Self-Determination Act [25 U.S.C. 450f et seq.], or

(II) section 23 of the Act of April 30, 1908<sup>1</sup> (25 U.S.C. 47), popularly known as the “Buy-Indian” Act; or

(iii) by an urban Indian organization pursuant to subchapter IV of this chapter; and

(B) the term “State” has the same meaning given such term in section 254d(i)(4)<sup>1</sup> of title 42.

#### (b) Eligibility

To be eligible to participate in the Loan Repayment Program, an individual must—

(1)(A) be enrolled—

(i) in a course of study or program in an accredited institution, as determined by the Secretary, within any State and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or

(ii) in an approved graduate training program in a health profession; or

(B) have—

(i) a degree in a health profession; and

(ii) a license to practice a health profession in a State;

(2)(A) be eligible for, or hold, an appointment as a commissioned officer in the Regular or Reserve Corps of the Public Health Service;

(B) be eligible for selection for civilian service in the Regular or Reserve Corps of the Public Health Service;

(C) meet the professional standards for civil service employment in the Indian Health Service; or

(D) be employed in an Indian health program without a service obligation; and

(3) submit to the Secretary an application for a contract described in subsection (f).

#### (c) Application and contract forms

(1) In disseminating application forms and contract forms to individuals desiring to participate in the Loan Repayment Program, the Secretary shall include with such forms a fair summary of the rights and liabilities of an individual whose application is approved (and whose contract is accepted) by the Secretary, including in the summary a clear explanation of the damages to which the United States is entitled under subsection (l) in the case of the individual’s breach of the contract. The Secretary shall provide such individuals with sufficient information regarding the advantages and disadvantages of service as a commissioned officer in the Regular or Reserve Corps of the Public Health Service or a civilian employee of the Indian Health Service to enable the individual to make a decision on an informed basis.

(2) The application form, contract form, and all other information furnished by the Secretary under this section shall be written in a manner calculated to be understood by the average individual applying to participate in the Loan Repayment Program.

(3) The Secretary shall make such application forms, contract forms, and other information available to individuals desiring to participate in the Loan Repayment Program on a date sufficiently early to ensure that such individuals have adequate time to carefully review and evaluate such forms and information.

#### (d) Vacancies; priority

(1) Consistent with paragraph (3), the Secretary, acting through the Service and in accordance with subsection (k), shall annually—

(A) identify the positions in each Indian health program for which there is a need or a vacancy, and

(B) rank those positions in order of priority.

(2) Consistent with the priority determined under paragraph (1), the Secretary, in determining which applications under the Loan Repayment Program to approve (and which contracts to accept), shall give priority to applications made by—

(A) Indians; and

(B) individuals recruited through the efforts of Indian tribes or tribal or Indian organizations.

(3)(A) Subject to subparagraph (B), of the total amounts appropriated for each of the fiscal years 1993, 1994, and 1995 for loan repayment contracts under this section, the Secretary shall provide that—

(i) not less than 25 percent be provided to applicants who are nurses, nurse practitioners, or nurse midwives; and

(ii) not less than 10 percent be provided to applicants who are mental health profes-

<sup>1</sup> See References in Text note below.