

IX, §901(1), Oct. 29, 1992, 106 Stat. 4544, 4590; Pub. L. 115-91, div. A, title VI, §618(f), Dec. 12, 2017, 131 Stat. 1427.)

AMENDMENTS

2017—Subsec. (a). Pub. L. 115-91 inserted “or 335(b)” after “section 302(b)”.

1992—Subsec. (d). Pub. L. 102-573, §901(1), struck out subsec. (d) which required a report to Congress by the Secretary no later than 6 months after Nov. 23, 1988, relating to overtime pay for individuals employed by the Service.

Subsec. (e). Pub. L. 102-573, §117(b)(8), struck out subsec. (e) which authorized appropriations for fiscal years 1990 to 1992.

§ 1616j. Retention bonus

(a) Eligibility

The Secretary may pay a retention bonus to any physician or nurse employed by, or assigned to, and serving in, the Service either as a civilian employee or as a commissioned officer in the Regular or Reserve Corps of the Public Health Service who—

(1) is assigned to, and serving in, a position included in the list established under section 1616i(b)(1) of this title for which recruitment or retention of personnel is difficult,

(2) the Secretary determines is needed by the Service,

(3) has—

(A) completed 3 years of employment with the Service, or

(B) completed any service obligations incurred as a requirement of—

(i) any Federal scholarship program, or

(ii) any Federal education loan repayment program, and

(4) enters into an agreement with the Service for continued employment for a period of not less than 1 year.

(b) Minimum award percentage to nurses

Beginning with fiscal year 1993, not less than 25 percent of the retention bonuses awarded each year under subsection (a) shall be awarded to nurses.

(c) Rates; maximum rate

The Secretary may establish rates for the retention bonus which shall provide for a higher annual rate for multiyear agreements than for single year agreements referred to in subsection (a)(4), but in no event shall the annual rate be more than \$25,000 per annum.

(d) Time of payment

The retention bonus for the entire period covered by the agreement described in subsection (a)(4) shall be paid at the beginning of the agreed upon term of service.

(e) Refund; interest

Any physician or nurse failing to complete the agreed upon term of service, except where such failure is through no fault of the individual, shall be obligated to refund to the Government the full amount of the retention bonus for the period covered by the agreement, plus interest as determined by the Secretary in accordance with section 1616a(l)(2)(B) of this title.

(f) Physicians and nurses employed under Indian Self-Determination Act

The Secretary may pay a retention bonus to any physician or nurse employed by an organiza-

tion providing health care services to Indians pursuant to a contract under the Indian Self-Determination Act [25 U.S.C. 5321 et seq.] if such physician or nurse is serving in a position which the Secretary determines is—

(1) a position for which recruitment or retention is difficult; and

(2) necessary for providing health care services to Indians.

(Pub. L. 94-437, title I, §117, as added Pub. L. 100-713, title I, §109, Nov. 23, 1988, 102 Stat. 4799; amended Pub. L. 102-573, title I, §104(d), Oct. 29, 1992, 106 Stat. 4533.)

REFERENCES IN TEXT

The Indian Self-Determination Act, referred to in subsec. (f), is title I of Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2206, which is classified principally to subchapter I (§5321 et seq.) of chapter 46 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 5301 of this title and Tables.

AMENDMENTS

1992—Subsecs. (b) to (f). Pub. L. 102-573 added subsec. (b), redesignated former subsecs. (b) to (e) as (c) to (f), respectively, and amended subsec. (f) generally, substituting provisions relating to physicians and nurses employed under the Indian Self-Determination Act for provisions which authorized appropriations for fiscal years 1990 to 1992.

§ 1616k. Nursing residency program

(a) Establishment

The Secretary, acting through the Service, shall establish a program to enable licensed practical nurses, licensed vocational nurses, and registered nurses who are working in an Indian health program (as defined in section 1616a(a)(2)(A) of this title), and have done so for a period of not less than one year, to pursue advanced training.

(b) Program components

Such program shall include a combination of education and work study in an Indian health program (as defined in section 1616a(a)(2)(A) of this title) leading to an associate or bachelor's degree (in the case of a licensed practical nurse or licensed vocational nurse) or a bachelor's degree (in the case of a registered nurse) or a Master's degree.

(c) Service obligation of program participant

An individual who participates in a program under subsection (a), where the educational costs are paid by the Service, shall incur an obligation to serve in an Indian health program for a period of obligated service equal to at least three times the period of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (l) of section 1616a of this title in the manner provided for in such subsection.

(Pub. L. 94-437, title I, §118, as added Pub. L. 102-573, title I, §104(e), Oct. 29, 1992, 106 Stat. 4534; amended Pub. L. 103-435, §16(b), Nov. 2, 1994, 108 Stat. 4573.)

AMENDMENTS

1994—Subsec. (b). Pub. L. 103-435 inserted before period at end “or a Master’s degree”.

§ 1616I. Community health aide program

(a) General purposes of program

Pursuant to section 13 of this title, the Secretary, acting through the Service, shall develop and operate a Community Health Aide Program in the State of Alaska under which the Service—

(1) provides for the training of Alaska Natives as health aides or community health practitioners;

(2) uses those aides or practitioners in the provision of health care, health promotion, and disease prevention services to Alaska Natives living in villages in rural Alaska; and

(3) provides for the establishment of teleconferencing capacity in health clinics located in or near those villages for use by community health aides or community health practitioners.

(b) Specific program requirements

The Secretary, acting through the Community Health Aide Program of the Service, shall—

(1) using trainers accredited by the Program, provide a high standard of training to community health aides and community health practitioners to ensure that those aides and practitioners provide quality health care, health promotion, and disease prevention services to the villages served by the Program;

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

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

(B) provides instruction and practical experience in the provision of acute care, emergency care, health promotion, disease prevention, and the efficient and effective management of clinic pharmacies, supplies, equipment, and facilities; and

(C) promotes the achievement of the health status objectives specified in section 1602(2) of this title;

(3) establish and maintain a Community Health Aide Certification Board to certify as community health aides or community health practitioners individuals who have successfully completed the training described in paragraph (1) or can demonstrate equivalent experience;

(4) develop and maintain a system that identifies the needs of community health aides and community health practitioners for continuing education in the provision of health care, including the areas described in paragraph (2)(B), and develop programs that meet the needs for such continuing education;

(5) develop and maintain a system that provides close supervision of community health aides and community health practitioners;

(6) develop a system under which the work of community health aides and community health practitioners is reviewed and evaluated to ensure the provision of quality health care, health promotion, and disease prevention services; and

(7) ensure that—

(A) pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment; and

(B) dental health aide therapists are strictly prohibited from performing all other oral or jaw surgeries, subject to the condition that uncomplicated extractions shall not be considered oral surgery under this section.

(c) Program review

(1) Neutral panel

(A) Establishment

The Secretary, acting through the Service, shall establish a neutral panel to carry out the study under paragraph (2).

(B) Membership

Members of the neutral panel shall be appointed by the Secretary from among clinicians, economists, community practitioners, oral epidemiologists, and Alaska Natives.

(2) Study

(A) In general

The neutral panel established under paragraph (1) shall conduct a study of the dental health aide therapist services provided by the Community Health Aide Program under this section to ensure that the quality of care provided through those services is adequate and appropriate.

(B) Parameters of study

The Secretary, in consultation with interested parties, including professional dental organizations, shall develop the parameters of the study.

(C) Inclusions

The study shall include a determination by the neutral panel with respect to—

(i) the ability of the dental health aide therapist services under this section to address the dental care needs of Alaska Natives;

(ii) the quality of care provided through those services, including any training, improvement, or additional oversight required to improve the quality of care; and

(iii) whether safer and less costly alternatives to the dental health aide therapist services exist.

(D) Consultation

In carrying out the study under this paragraph, the neutral panel shall consult with Alaska tribal organizations with respect to the adequacy and accuracy of the study.

(3) Report

The neutral panel shall submit to the Secretary, the Committee on Indian Affairs of the Senate, and the Committee on Natural Resources of the House of Representatives a report describing the results of the study under paragraph (2), including a description of—