

**Statutory Notes and Related Subsidiaries**

## CHANGE OF NAME

Reference to Reserve Corps of the Public Health Service deemed to be a reference to the Ready Reserve Corps, see section 204(c)(3) of Title 42, The Public Health and Welfare.

**§ 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.)

**Editorial Notes**

## AMENDMENTS

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

**§ 1616l. 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—

- (A) any determination of the neutral panel under paragraph (2)(C); and
- (B) any comments received from Alaska tribal organizations under paragraph (2)(D).

**(d) Nationalization of program****(1) In general**

Except as provided in paragraph (2), the Secretary, acting through the Service, may establish a national Community Health Aide Program in accordance with the program under this section, as the Secretary determines to be appropriate.

**(2) Requirement; exclusion**

Subject to paragraphs (3) and (4), in establishing a national program under paragraph (1), the Secretary—

- (A) shall not reduce the amounts provided for the Community Health Aide Program described in subsections (a) and (b); and
- (B) shall exclude dental health aide therapist services from services covered under the program.

**(3) Election of Indian tribe or tribal organization****(A) In general**

Subparagraph (B) of paragraph (2) shall not apply in the case of an election made by an Indian tribe or tribal organization located in a State (other than Alaska) in which the use of dental health aide therapist services or midlevel dental health provider services is authorized under State law to supply such services in accordance with State law.

**(B) Action by Secretary**

On an election by an Indian tribe or tribal organization under subparagraph (A), the Secretary, acting through the Service, shall facilitate implementation of the services elected.

**(4) Vacancies**

The Secretary shall not fill any vacancy for a certified dentist in a program operated by the Service with a dental health aide therapist.

**(e) Effect of section**

Nothing in this section shall restrict the ability of the Service, an Indian tribe, or a tribal organization to participate in any program or to provide any service authorized by any other Federal law.

(Pub. L. 94-437, title I, §119, as added Pub. L. 102-573, title I, §111, Oct. 29, 1992, 106 Stat. 4539; amended Pub. L. 111-148, title X, §10221(a), (b)(1), Mar. 23, 2010, 124 Stat. 935.)

**Editorial Notes**

## CODIFICATION

Amendment by section 10221(a) of Pub. L. 111-148 is based on section 111 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, except as provided in section 10221(b)(1) of Pub. L. 111-148.

## AMENDMENTS

2010—Pub. L. 111-148, §10221(a), amended section generally. Prior to amendment, section related to maintenance of Community Health Aide Program for Alaska and related training, curriculum, and establishment and maintenance of Certification Board.

Subsec. (d)(2). Pub. L. 111-148, §10221(b)(1)(A)(i), substituted “Subject to paragraphs (3) and (4), in establishing” for “In establishing” in introductory provisions.

Subsec. (d)(3), (4). Pub. L. 111-148, §10221(b)(1)(A)(ii), added pars. (3) and (4).

Subsec. (e). Pub. L. 111-148, §10221(b)(1)(B), added subsec. (e).

**§ 1616m. Matching grants to tribes for scholarship programs****(a) In general**

(1) The Secretary shall make grants to Indian tribes and tribal organizations for the purpose of assisting such tribes and tribal organizations in educating Indians to serve as health professionals in Indian communities.

(2) Amounts available for grants under paragraph (1) for any fiscal year shall not exceed 5