

§ 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, §1022(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes**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.)

Editorial Notes**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 In-