

the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives a grant under this section.

(i) Authorization of appropriations

There are authorized to be appropriated \$4,000,000 for each of the fiscal years 2010 through 2013.

(July 1, 1944, ch. 373, title VII, § 749B, as added Pub. L. 111-148, title X, § 10501(l)(2), Mar. 23, 2010, 124 Stat. 1000.)

Editorial Notes

PRIOR PROVISIONS

A prior section 293m, act July 1, 1944, ch. 373, title VII, § 749, as added Pub. L. 102-408, title I, § 102, Oct. 13, 1992, 106 Stat. 2043, authorized grants and contracts for development of programs in general practice of dentistry, prior to repeal by Pub. L. 105-392, title I, § 102(4), Nov. 13, 1998, 112 Stat. 3539.

§§ 293n to 293p. Repealed. Pub. L. 105-392, title I, § 102(4), Nov. 13, 1998, 112 Stat. 3539

Section 293n, act July 1, 1944, ch. 373, title VII, § 750, as added Pub. L. 102-408, title I, § 102, Oct. 13, 1992, 106 Stat. 2044, authorized grants and contracts for development of training programs for physician assistants.

Section 293o, act July 1, 1944, ch. 373, title VII, § 751, as added Pub. L. 102-408, title I, § 102, Oct. 13, 1992, 106 Stat. 2044, authorized grants and contracts for implementation of training projects for podiatric physicians.

Section 293p, act July 1, 1944, ch. 373, title VII, § 752, as added Pub. L. 102-408, title I, § 102, Oct. 13, 1992, 106 Stat. 2045, set forth general provisions relating to traineeships and fellowships.

PART D—INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES

§ 294. General provisions

(a) Collaboration

To be eligible to receive assistance under this part, an academic institution shall use such assistance in collaboration with 2 or more disciplines.

(b) Activities

An entity shall use assistance under this part to carry out innovative demonstration projects for strategic workforce supplementation activities as needed to meet national goals for interdisciplinary, community-based linkages. Such assistance may be used consistent with this part—

- (1) to develop and support training programs;
- (2) for faculty development;
- (3) for model demonstration programs;
- (4) for the provision of stipends for fellowship trainees;
- (5) to provide technical assistance; and
- (6) for other activities that will produce outcomes consistent with the purposes of this part.

(July 1, 1944, ch. 373, title VII, § 750, as added Pub. L. 105-392, title I, § 103, Nov. 13, 1998, 112 Stat. 3541.)

Editorial Notes

PRIOR PROVISIONS

A prior section 294, act July 1, 1944, ch. 373, title VII, § 761, as added Pub. L. 102-408, title I, § 102, Oct. 13, 1992, 106 Stat. 2045; amended Pub. L. 103-43, title XX, § 2014(e), June 10, 1993, 107 Stat. 217, authorized grants for traineeships in health professions fields experiencing severe shortages of health professionals, prior to the general amendment of this part by Pub. L. 105-392.

Another prior section 294, act July 1, 1944, ch. 373, title VII, § 727, as added Oct. 12, 1976, Pub. L. 94-484, title IV, § 401(b)(3), 90 Stat. 2257; amended Dec. 19, 1977, Pub. L. 95-215, § 4(e)(1), 91 Stat. 1506, stated purpose of and authorized appropriations for Federal program of student loan insurance, prior to the general amendment of this subchapter by Pub. L. 102-408. See sections 292 and 292p of this title.

Another prior section 294, act July 1, 1944, ch. 373, title VII, § 740, as added Sept. 24, 1963, Pub. L. 88-129, § 2(b), 77 Stat. 170; amended Oct. 13, 1964, Pub. L. 88-654, § 1(a), (b), 78 Stat. 1086; Oct. 22, 1965, Pub. L. 89-290, §§ 2(b), 4(a), (f)(1), (2), 79 Stat. 1056 to 1058; Nov. 2, 1966, Pub. L. 89-709, § 3(a), (b), 80 Stat. 1103; Nov. 3, 1966, Pub. L. 89-751, § 5(c)(1), 80 Stat. 1232; Aug. 16, 1968, Pub. L. 90-490, title I § 121(a)(1), (2), (5)(B), 82 Stat. 777, 778; Nov. 18, 1971, Pub. L. 92-157, title I, § 105(e)(1), (4), (f)(2), 85 Stat. 451; Aug. 23, 1974, Pub. L. 93-385, § 2(b), 88 Stat. 741; Apr. 22, 1976, Pub. L. 94-278, title XI, § 1105(b), 90 Stat. 416; Oct. 12, 1976, Pub. L. 94-484, title IV, § 402, 90 Stat. 2266, which related to loan agreements for the establishment of student loan funds, was transferred to section 294m of this title.

A prior section 750 of act July 1, 1944, was classified to section 293n of this title prior to repeal by Pub. L. 105-392.

§ 294a. Area health education centers

(a) Establishment of awards

The Secretary shall make the following 2 types of awards in accordance with this section:

(1) Infrastructure development award

The Secretary shall make awards to eligible entities to enable such entities to initiate health care workforce educational programs or to continue to carry out comparable programs that are operating at the time the award is made by planning, developing, operating, and evaluating an area health education center program.

(2) Point of service maintenance and enhancement award

The Secretary shall make awards to eligible entities to maintain and improve the effectiveness and capabilities of an existing area health education center program, and make other modifications to the program that are appropriate due to changes in demographics, needs of the populations served, or other similar issues affecting the area health education center program. For the purposes of this section, the term “Program” refers to the area health education center program.

(b) Eligible entities; application

(1) Eligible entities

(A) Infrastructure development

For purposes of subsection (a)(1), the term “eligible entity” means a school of medicine or osteopathic medicine, an incorporated consortium of such schools, or the parent institutions of such a school. With respect to

a State in which no area health education center program is in operation, the Secretary may award a grant or contract under subsection (a)(1) to a school of nursing.

(B) Point of service maintenance and enhancement

For purposes of subsection (a)(2), the term “eligible entity” means an entity that has received funds under this section, is operating an area health education center program, including an area health education center or centers, and has a center or centers that are no longer eligible to receive financial assistance under subsection (a)(1).

(2) Application

An eligible entity desiring to receive an award under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(c) Use of funds

(1) Required activities

An eligible entity shall use amounts awarded under a grant under subsection (a)(1) or (a)(2) to carry out the following activities:

(A) Develop and implement strategies, in coordination with the applicable one-stop delivery system under section 3151(e) of title 29, to recruit individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health professions, and support such individuals in attaining such careers.

(B) Develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas for the purpose of developing and maintaining a diverse health care workforce that is prepared to deliver high-quality care, with an emphasis on primary care, in underserved areas or for health disparity populations, in collaboration with other Federal and State health care workforce development programs, the State workforce agency, and local workforce investment boards, and in health care safety net sites.

(C) Prepare individuals to more effectively provide health services to underserved areas and health disparity populations through field placements or preceptorships in conjunction with community-based organizations, accredited primary care residency training programs, Federally qualified health centers, rural health clinics, public health departments, or other appropriate facilities.

(D) Conduct and participate in interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professionals, or other health professionals, as practicable.

(E) Deliver or facilitate continuing education and information dissemination programs for health care professionals, with an emphasis on individuals providing care in

underserved areas and for health disparity populations.

(F) Propose and implement effective program and outcomes measurement and evaluation strategies.

(G) Establish a youth public health program to expose and recruit high school students into health careers, with a focus on careers in public health.

(2) Innovative opportunities

An eligible entity may use amounts awarded under a grant under subsection (a)(1) or subsection (a)(2) to carry out any of the following activities:

(A) Develop and implement innovative curricula in collaboration with community-based accredited primary care residency training programs, Federally qualified health centers, rural health clinics, behavioral and mental health facilities, public health departments, or other appropriate facilities, with the goal of increasing the number of primary care physicians and other primary care providers prepared to serve in underserved areas and health disparity populations.

(B) Coordinate community-based participatory research with academic health centers, and facilitate rapid flow and dissemination of evidence-based health care information, research results, and best practices to improve quality, efficiency, and effectiveness of health care and health care systems within community settings.

(C) Develop and implement other strategies to address identified workforce needs and increase and enhance the health care workforce in the area served by the area health education center program.

(d) Requirements

(1) Area health education center program

In carrying out this section, the Secretary shall ensure the following:

(A) An entity that receives an award under this section shall conduct at least 10 percent of clinical education required for medical students in community settings that are removed from the primary teaching facility of the contracting institution for grantees that operate a school of medicine or osteopathic medicine. In States in which an entity that receives an award under this section is a nursing school or its parent institution, the Secretary shall alternatively ensure that—

(i) the nursing school conducts at least 10 percent of clinical education required for nursing students in community settings that are remote from the primary teaching facility of the school; and

(ii) the entity receiving the award maintains a written agreement with a school of medicine or osteopathic medicine to place students from that school in training sites in the area health education center program area.

(B) An entity receiving funds under subsection (a)(2) does not distribute such funding to a center that is eligible to receive funding under subsection (a)(1).

(2) Area health education center

The Secretary shall ensure that each area health education center program includes at least 1 area health education center, and that each such center—

(A) is a public or private organization whose structure, governance, and operation is independent from the awardee and the parent institution of the awardee;

(B) is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities;

(C) designates an underserved area or population to be served by the center which is in a location removed from the main location of the teaching facilities of the schools participating in the program with such center and does not duplicate, in whole or in part, the geographic area or population served by any other center;

(D) fosters networking and collaboration among communities and between academic health centers and community-based centers;

(E) serves communities with a demonstrated need of health professionals in partnership with academic medical centers;

(F) addresses the health care workforce needs of the communities served in coordination with the public workforce investment system; and

(G) has a community-based governing or advisory board that reflects the diversity of the communities involved.

(e) Matching funds

With respect to the costs of operating a program through a grant under this section, to be eligible for financial assistance under this section, an entity shall make available (directly or through contributions from State, county or municipal governments, or the private sector) recurring non-Federal contributions in cash or in kind, toward such costs in an amount that is equal to not less than 50 percent of such costs. At least 25 percent of the total required non-Federal contributions shall be in cash. An entity may apply to the Secretary for a waiver of not more than 75 percent of the matching fund amount required by the entity for each of the first 3 years the entity is funded through a grant under subsection (a)(1).

(f) Limitation

Not less than 75 percent of the total amount provided to an area health education center program under subsection (a)(1) or (a)(2) shall be allocated to the area health education centers participating in the program under this section. To provide needed flexibility to newly funded area health education center programs, the Secretary may waive the requirement in the sentence for the first 2 years of a new area health education center program funded under subsection (a)(1).

(g) Award

An award to an entity under this section shall be not less than \$250,000 annually per area

health education center included in the program involved. If amounts appropriated to carry out this section are not sufficient to comply with the preceding sentence, the Secretary may reduce the per center amount provided for in such sentence as necessary, provided the distribution established in subsection (j)(2) is maintained.

(h) Project terms**(1) In general**

Except as provided in paragraph (2), the period during which payments may be made under an award under subsection (a)(1) may not exceed—

- (A) in the case of a program, 12 years; or
- (B) in the case of a center within a program, 6 years.

(2) Exception

The periods described in paragraph (1) shall not apply to programs receiving point of service maintenance and enhancement awards under subsection (a)(2) to maintain existing centers and activities.

(i) Inapplicability of provision

Notwithstanding any other provision of this subchapter, section 295j(a) of this title shall not apply to an area health education center funded under this section.

(j) Authorization of appropriations**(1) In general**

There is authorized to be appropriated to carry out this section \$41,250,000 for each of fiscal years 2021 through 2025.

(2) Requirements

Of the amounts appropriated for a fiscal year under paragraph (1)—

(A) not more than 35 percent shall be used for awards under subsection (a)(1);

(B) not less than 60 percent shall be used for awards under subsection (a)(2);

(C) not more than 1 percent shall be used for grants and contracts to implement outcomes evaluation for the area health education centers; and

(D) not more than 4 percent shall be used for grants and contracts to provide technical assistance to entities receiving awards under this section.

(3) Carryover funds

An entity that receives an award under this section may carry over funds from 1 fiscal year to another without obtaining approval from the Secretary. In no case may any funds be carried over pursuant to the preceding sentence for more than 3 years.

(k) Sense of Congress

It is the sense of the Congress that every State have an area health education center program in effect under this section.

(July 1, 1944, ch. 373, title VII, §751, as added Pub. L. 105-392, title I, §103, Nov. 13, 1998, 112 Stat. 3541; amended Pub. L. 111-148, title V, §5403(a), Mar. 23, 2010, 124 Stat. 644; Pub. L. 113-128, title V, §512(z)(2), July 22, 2014, 128 Stat. 1716; Pub. L. 116-136, div. A, title III, §3401(6), Mar. 27, 2020, 134 Stat. 386.)

Editorial Notes**PRIOR PROVISIONS**

A prior section 294a, act July 1, 1944, ch. 373, title VII, §762, as added Pub. L. 102-408, title I, §102, Oct. 13, 1992, 106 Stat. 2046, authorized grants and contracts for public health special projects, prior to the general amendment of this part by Pub. L. 105-392.

Another prior section 294a, act July 1, 1944, ch. 373, title VII, §728, as added Oct. 12, 1976, Pub. L. 94-484, title IV, §401(b)(3), 90 Stat. 2257; amended Dec. 19, 1977, Pub. L. 95-215, §4(e)(2)-(4), 91 Stat. 1506; Dec. 17, 1980, Pub. L. 96-538, title IV, §401, 94 Stat. 3192; Aug. 13, 1981, Pub. L. 97-35, title XXVII, §2726, 95 Stat. 916; Oct. 22, 1985, Pub. L. 99-129, title I, §101, title II, §208(h), 99 Stat. 523, 532; Nov. 4, 1988, Pub. L. 100-607, title VI, §§602(a)-(d), 636, title VII, §707, 102 Stat. 3122, 3149, 3159; Nov. 18, 1988, Pub. L. 100-690, title II, §2615(b), 102 Stat. 4239; Aug. 16, 1989, Pub. L. 101-93, §5(g)(1), 103 Stat. 612, related to Federal student loan insurance program, prior to the general amendment of this subchapter by Pub. L. 102-408. See section 292a of this title.

Another prior section 294a, act July 1, 1944, ch. 373, title VII, §741, as added Sept. 24, 1963, Pub. L. 88-129, §2(b), 77 Stat. 171; amended Oct. 13, 1964, Pub. L. 88-654, §1(c), (d), 78 Stat. 1086; Oct. 22, 1965, Pub. L. 89-290, §4(b), (f)(3), (4), (g)(1), 79 Stat. 1057, 1058; Nov. 2, 1966, Pub. L. 89-709, §3(c), (d), 80 Stat. 1103; Nov. 3, 1966, Pub. L. 89-751, §4, 80 Stat. 1230; Aug. 16, 1968, Pub. L. 90-490, title I, §121(a)(3), (4), (5)(A), 82 Stat. 777; Nov. 18, 1971, Pub. L. 92-157, title I, §105(b)-(d), (e)(4), (f)(2), 85 Stat. 449-451; Oct. 27, 1972, Pub. L. 92-585, §4, 86 Stat. 1293; Oct. 12, 1976, Pub. L. 94-484, title IV, §§403(a), (b), (d), 407(d)(1), 90 Stat. 2266, 2279, which related to loan provisions, was transferred to section 294a of this title.

A prior section 751 of act July 1, 1944, was classified to section 293o of this title prior to repeal by Pub. L. 105-392.

Another prior section 751 of act July 1, 1944, was classified to section 294r of this title prior to the general amendment of this subchapter by Pub. L. 102-408.

Another prior section 751 of act July 1, 1944, was classified to section 294t of this title prior to renumbering by Pub. L. 97-35.

AMENDMENTS

2020—Subsec. (j)(1). Pub. L. 116-136 substituted “\$41,250,000 for each of fiscal years 2021 through 2025” for “\$125,000,000 for each of the fiscal years 2010 through 2014”.

2014—Subsec. (c)(1)(A). Pub. L. 113-128 substituted “the applicable one-stop delivery system under section 3151(e) of title 29,” for “the applicable one-stop delivery system under section 2864(c) of title 29.”.

2010—Pub. L. 111-148 amended section generally. Prior to amendment, section consisted of subsecs. (a) to (c) which related to authority for provision of financial assistance, requirements for centers, and allocations and costs.

Statutory Notes and Related Subsidiaries**EFFECTIVE DATE OF 2014 AMENDMENT**

Amendment by Pub. L. 113-128 effective on the first day of the first full program year after July 22, 2014 (July 1, 2015), see section 506 of Pub. L. 113-128, set out as an Effective Date note under section 3101 of Title 29, Labor.

WAIVER OF REQUIREMENTS

Pub. L. 117-328, div. H, title II, Dec. 29, 2022, 136 Stat. 4854, provided in part: “That for any program operating under section 751 of the PHS [Public Health Service] Act [42 U.S.C. 294a] on or before January 1, 2009, the Secretary of Health and Human Services (referred to in this title as the ‘Secretary’) may hereafter waive any of the requirements contained in sections 751(d)(2)(A) and 751(d)(2)(B) of such Act for the full project period of a grant under such section”.

Similar provisions were contained in the following prior appropriation acts:

Pub. L. 117-103, div. H, title II, Mar. 15, 2022, 136 Stat. 442.
 Pub. L. 116-260, div. H, title II, Dec. 27, 2020, 134 Stat. 1567.
 Pub. L. 116-94, div. A, title II, Dec. 20, 2019, 133 Stat. 2556.
 Pub. L. 115-245, div. B, title II, Sept. 28, 2018, 132 Stat. 3068.
 Pub. L. 115-141, div. H, title II, Mar. 23, 2018, 132 Stat. 715.
 Pub. L. 115-31, div. H, title II, May 5, 2017, 131 Stat. 519.
 Pub. L. 114-113, div. H, title II, Dec. 18, 2015, 129 Stat. 2600.
 Pub. L. 113-235, div. G, title II, Dec. 16, 2014, 128 Stat. 2467.
 Pub. L. 113-76, div. H, title II, Jan. 17, 2014, 128 Stat. 363.

§ 294b. Continuing educational support for health professionals serving in rural and underserved communities**(a) In general**

The Secretary, as appropriate, shall make grants to, and enter into contracts with, eligible entities to support access to accredited continuing medical education for primary care physicians and health care providers at community health centers or rural health clinics to improve and increase access to care for patients in rural and medically underserved areas. Such grants or contracts may be used to improve health care, increase retention, increase representation of minority health care providers, enhance the practice environment, increase primary care physician and health care provider knowledge, and provide information dissemination and educational support to reduce professional isolation through the timely dissemination of research findings using relevant resources.

(b) Eligible entities

For purposes of this section, the term “eligible entity” means an entity described in section 2950-1(b) of this title, such as a community health center or rural health clinic.

(c) Application

An eligible entity desiring to receive an award under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including—

- (1) a description of how participation in activities funded under this section will help improve access to, and quality of, health care services and training needs of primary care physicians and health care providers; and
- (2) a plan for providing peer-to-peer training, as appropriate.

(d) Use of funds**(1) In general**

An eligible entity shall use amounts awarded under a grant or contract under this section to provide innovative supportive activities to enhance education for primary care physicians and health care providers described in subsection (a) through distance learning, continuing educational activities, collaborative conferences, and electronic and telelearning