

Similar provisions were contained in the following prior appropriation acts:

Pub. L. 117-328, div. H, title II, Dec. 29, 2022, 136 Stat. 4854.

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, con-

tinuing educational activities, collaborative conferences, and electronic and telelearning activities, with priority for primary care providers who are seeking additional education in specialty fields such as infectious disease, endocrinology, pediatrics, mental health and substance use disorders, pain management, geriatrics, and other areas, as appropriate, in order to—

(A) improve retention of primary care physicians and health care providers and increase access to specialty health care services for patients; and

(B) support access to the integration of specialty care through existing service delivery locations and care across settings.

(2) Clarification

Entities may use amounts awarded under a grant or contract under this section for continuing educational activities that include a clinical training component, including in-person patient care, in the respective community health center or rural health clinic, with the primary care physician or health care provider at such site and the clinical specialist from whom such additional training is being provided.

(e) Administrative expenses

An entity that revives a grant or contract under this section shall use not more than 5 percent of the amounts received under the grant or contract under this section for administrative expenses.

(f) Non-duplication of effort

The Secretary shall ensure that activities under this section do not unnecessarily duplicate efforts of other programs overseen by the Health Resources and Services Administration, including activities described in section 254c-20 of this title.

(g) Authorization

There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2023 through 2025.

(July 1, 1944, ch. 373, title VII, §752, as added Pub. L. 111-148, title V, §5403(b), Mar. 23, 2010, 124 Stat. 648; amended Pub. L. 117-328, div. FF, title II, §2227, Dec. 29, 2022, 136 Stat. 5751.)

Editorial Notes

PRIOR PROVISIONS

A prior section 294b, act July 1, 1944, ch. 373, title VII, §752, as added Pub. L. 105-392, title I, §103, Nov. 13, 1998, 112 Stat. 3544, related to health education and training centers, prior to repeal by Pub. L. 111-148, title V, §5403(b), Mar. 23, 2010, 124 Stat. 648.

Another prior section 294b, act July 1, 1944, ch. 373, title VII, §763, as added Pub. L. 102-408, title I, §102, Oct. 13, 1992, 106 Stat. 2047, authorized grants and contracts for development of preventive medicine and dental public health programs, prior to the general amendment of this part by Pub. L. 105-392.

Another prior section 294b, act July 1, 1944, ch. 373, title VII, §729, as added Oct. 12, 1976, Pub. L. 94-484, title IV, §401(b)(3), 90 Stat. 2258; amended Dec. 19, 1977, Pub. L. 95-215, §4(e)(5), 91 Stat. 1506; Sept. 29, 1979, Pub. L. 96-76, title II, §201, 93 Stat. 582; Aug. 13, 1981, Pub. L. 97-35, title XXVII, §2727, 95 Stat. 917; Oct. 22, 1985, Pub. L. 99-129, title II, §208(g)(1), 99 Stat. 531; Nov. 4, 1988,

Pub. L. 100-607, title VI, §§ 628(5), 629(b)(2), 102 Stat. 3145, 3146, related to limitations on individually insured loans and loan insurance, prior to the general revision of this subchapter by Pub. L. 102-408. See section 292b of this title.

Another prior section 294b, act July 1, 1944, ch. 373, title VII, § 742, as added Sept. 24, 1963, Pub. L. 88-129, § 2(b), 77 Stat. 172; amended Oct. 22, 1965, Pub. L. 89-290, § 4(c), 79 Stat. 1057; Nov. 2, 1966, Pub. L. 89-709, § 3(e), 80 Stat. 1103; Nov. 3, 1966, Pub. L. 89-751, § 5(b), 80 Stat. 1232; Aug. 16, 1968, Pub. L. 90-490, title I, § 121(b), 82 Stat. 778; July 9, 1971, Pub. L. 92-52, § 1(a), 85 Stat. 144; Nov. 18, 1971, Pub. L. 92-157, title I, § 105(a), (f)(2), 85 Stat. 449, 451; Aug. 23, 1974, Pub. L. 93-385, § 2(a), 88 Stat. 741; Apr. 22, 1976, Pub. L. 94-278, title XI, § 1105(a), 90 Stat. 416; Oct. 12, 1976, Pub. L. 94-484, title I, § 101(e), title IV, §§ 404, 406(d), 90 Stat. 2244, 2267, 2268, which related to authorization of appropriations, was transferred to section 294o of this title.

A prior section 752 of act July 1, 1944, was classified to section 293p of this title prior to repeal by Pub. L. 105-392.

Another prior section 752 of act July 1, 1944, was classified to section 294u of this title prior to renumbering by Pub. L. 97-35.

AMENDMENTS

2022—Pub. L. 117-328, § 2227(1), inserted “rural and” after “serving in” in section catchline.

Subsec. (a). Pub. L. 117-328, § 2227(2), substituted “, 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” for “shall make grants to, and enter into contracts with, eligible entities” and “health care providers” for “faculty members” and inserted “increase primary care physician and health care provider knowledge,” after “practice environment.”

Subsec. (b). Pub. L. 117-328, § 2227(3), inserted “, such as a community health center or rural health clinic” before period at end.

Subsec. (c). Pub. L. 117-328, § 2227(4), which directed substitution of “may require, including—” and pars. (1) and (2) for “by require.”, was executed by making the substitution for “may require.”, to reflect the probable intent of Congress.

Subsec. (d). Pub. L. 117-328, § 2227(5), amended subsec. (d) generally. Prior to amendment, text read as follows: “An eligible entity shall use amounts awarded under a grant or contract under this section to provide innovative supportive activities to enhance education through distance learning, continuing educational activities, collaborative conferences, and electronic and tele-learning activities, with priority for primary care.”

Subsecs. (e), (f). Pub. L. 117-328, § 2227(7), added subsecs. (e) and (f). Former subsec. (e) redesignated (g).

Subsec. (g). Pub. L. 117-328, § 2227(6), (8), redesignated subsec. (e) as (g) and substituted “fiscal years 2023 through 2025” for “the fiscal years 2010 through 2014, and such sums as may be necessary for each subsequent fiscal year”.

§ 294c. Education and training relating to geriatrics

(a) Geriatrics Workforce Enhancement Program

(1) In general

The Secretary shall award grants, contracts, or cooperative agreements under this subsection to entities described in paragraph (1), (3), or (4) of section 295p of this title, section 296(2) of this title, or section 298(d) of this title, or other health professions schools or programs approved by the Secretary, for the

establishment or operation of Geriatrics Workforce Enhancement Programs that meet the requirements of paragraph (2).

(2) Requirements

(A) In general

A Geriatrics Workforce Enhancement Program receiving an award under this section shall support the training of health professionals in geriatrics, including traineeships or fellowships. Such programs shall emphasize, as appropriate, patient and family engagement, integration of geriatrics with primary care and other appropriate specialties, and collaboration with community partners to address gaps in health care for older adults.

(B) Activities

Activities conducted by a program under this section may include the following:

(i) Clinical training on providing integrated geriatrics and primary care delivery services.

(ii) Interprofessional training to practitioners from multiple disciplines and specialties, including training on the provision of care to older adults.

(iii) Establishing or maintaining training-related community-based programs for older adults and caregivers to improve health outcomes for older adults.

(iv) Providing education on Alzheimer’s disease and related dementias to families and caregivers of older adults, direct care workers, and health professions students, faculty, and providers.

(3) Duration

Each grant, contract, or cooperative agreement or contract awarded under paragraph (1) shall be for a period not to exceed 5 years.

(4) Applications

To be eligible to receive a grant, contract, or cooperative agreement under paragraph (1), an entity described in such paragraph shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(5) Program requirements

(A) In general

In awarding grants, contracts, and cooperative agreements under paragraph (1), the Secretary—

(i) shall give priority to programs that demonstrate coordination with another Federal or State program or another public or private entity;

(ii) shall give priority to applicants with programs or activities that are expected to substantially benefit rural or medically underserved populations of older adults, or serve older adults in Indian Tribes or Tribal organizations; and

(iii) may give priority to any program that—

(I) integrates geriatrics into primary care practice;

(II) provides training to integrate geriatric care into other specialties across