

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

care settings, including practicing clinical specialists, health care administrators, faculty without backgrounds in geriatrics, and students from all health professions;

(III) emphasizes integration of geriatric care into existing service delivery locations and care across settings, including primary care clinics, medical homes, Federally qualified health centers, ambulatory care clinics, critical access hospitals, emergency care, assisted living and nursing facilities, and home- and community-based services, which may include adult daycare;

(IV) supports the training and retraining of faculty, primary care providers, other direct care providers, and other appropriate professionals on geriatrics;

(V) emphasizes education and engagement of family caregivers on disease management and strategies to meet the needs of caregivers of older adults; or

(VI) proposes to conduct outreach to communities that have a shortage of geriatric workforce professionals.

(B) Special consideration

In awarding grants, contracts, and cooperative agreements under this section, the Secretary shall give special consideration to entities that provide services in areas with a shortage of geriatric workforce professionals.

(6) Priority

The Secretary may provide awardees with additional support for activities in areas of demonstrated need, which may include education and training for home health workers, family caregivers, and direct care workers on care for older adults.

(7) Reporting

(A) Reports from entities

Each entity awarded a grant, contract, or cooperative agreement under this section shall submit an annual report to the Secretary on the activities conducted under such grant, contract, or cooperative agreement, which may include information on the number of trainees, the number of professions and disciplines, the number of partnerships with health care delivery sites, the number of faculty and practicing professionals who participated in such programs, and other information, as the Secretary may require.

(B) Report to Congress

Not later than 4 years after March 27, 2020, and every 5 years thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that provides a summary of the activities and outcomes associated with grants, contracts, and cooperative agreements made under this section. Such reports shall include—

(i) information on the number of trainees, faculty, and professionals who participated in programs under this section;

(ii) information on the impact of the program conducted under this section on the health status of older adults, including in areas with a shortage of health professionals; and

(iii) information on outreach and education provided under this section to families and caregivers of older adults.

(C) Public availability

The Secretary shall make reports submitted under paragraph (B) publically available on the internet website of the Department of Health and Human Services.

(b) Geriatric academic career awards

(1) Establishment of program

The Secretary shall, as appropriate, establish or maintain a program to provide geriatric academic career awards to eligible entities applying on behalf of eligible individuals to promote the career development of such individuals as academic geriatricians or other academic geriatrics health professionals.

(2) Eligibility

(A) Eligible entity

For purposes of this subsection, the term “eligible entity” means—

(i) an entity described in paragraph (1), (3), or (4) of section 295p of this title or section 296(2) of this title; or

(ii) another accredited health professions school or graduate program approved by the Secretary.

(B) Eligible individual

For purposes of this subsection, the term “eligible individual” means an individual who—

(i)(I) is board certified or board eligible in internal medicine, family practice, psychiatry, or licensed dentistry, or has completed required training in a discipline and is employed in an accredited health professions school or graduate program that is approved by the Secretary; or

(II) has completed an approved fellowship program in geriatrics, or has completed specialty training in geriatrics as required by the discipline and any additional geriatrics training as required by the Secretary; and

(ii) has a junior, nontenured, faculty appointment at an accredited health professions school or graduate program in geriatrics or a geriatrics health profession.

(C) Clarification

If an eligible individual is promoted during the period of an award under this subsection and thereby no longer meets the criteria of subparagraph (B)(ii), the individual shall continue to be treated as an eligible individual through the term of the award.

(3) Application requirements

In order to receive an award under paragraph (1), an eligible entity, on behalf of an eligible individual, shall—

(A) submit to the Secretary an application, at such time, in such manner, and con-

taining such information as the Secretary may require;

(B) provide, in such form and manner as the Secretary may require, assurances that the eligible individual will meet the service requirement described in paragraph (6); and

(C) provide, in such form and manner as the Secretary may require, assurances that the individual has a full-time faculty appointment in a health professions institution and documented commitment from such eligible entity that the individual will spend 75 percent of the individual's time that is supported by the award on teaching and developing skills in interdisciplinary education in geriatrics.

(4) Equitable distribution

In making awards under this subsection, the Secretary shall seek to ensure geographical distribution among award recipients, including among rural or medically underserved areas of the United States.

(5) Amount and duration

(A) Amount

The amount of an award under this subsection shall be at least \$75,000 for fiscal year 2021, adjusted for subsequent years in accordance with the consumer price index. The Secretary shall determine the amount of an award under this subsection for individuals who are not physicians.

(B) Duration

The Secretary shall make awards under paragraph (1) for a period not to exceed 5 years.

(6) Service requirement

An individual who receives an award under this subsection shall provide training in clinical geriatrics, including the training of inter-professional teams of health care professionals. The provision of such training shall constitute at least 75 percent of the obligations of such individual under the award.

(c) Nonapplicability of provision

Notwithstanding any other provision of this subchapter, section 295j(a) of this title shall not apply to awards made under this section.

(d) Authorization of appropriations

There is authorized to be appropriated \$40,737,000 for each of fiscal years 2021 through 2025 for purposes of carrying out this section.

(July 1, 1944, ch. 373, title VII, § 753, as added Pub. L. 105-392, title I, § 103, Nov. 13, 1998, 112 Stat. 3544; amended Pub. L. 107-205, title II, § 202(b), Aug. 1, 2002, 116 Stat. 817; Pub. L. 111-148, title V, § 5305(a), (b), Mar. 23, 2010, 124 Stat. 622, 624; Pub. L. 111-256, § 2(f)(5), Oct. 5, 2010, 124 Stat. 2644; Pub. L. 116-136, div. A, title III, § 3403, Mar. 27, 2020, 134 Stat. 388; Pub. L. 116-260, div. BB, title III, § 331(a), Dec. 27, 2020, 134 Stat. 2938.)

Editorial Notes

PRIOR PROVISIONS

A prior section 294c, act July 1, 1944, ch. 373, title VII, § 765, as added Pub. L. 102-408, title I, § 102, Oct. 13, 1992,

106 Stat. 2047, authorized appropriations for purpose of carrying out subpart I of this part, prior to the general amendment of this part by Pub. L. 105-392.

Another prior section 294c, act July 1, 1944, ch. 373, title VII, § 730, as added Oct. 12, 1976, Pub. L. 94-484, title IV, § 401(b)(3), 90 Stat. 2258, related to sources of funds for eligible student loans, prior to the general amendment of this subchapter by Pub. L. 102-408. See section 292c of this title.

Another prior section 294c, act July 1, 1944, ch. 373, title VII, § 743, as added Sept. 24, 1963, Pub. L. 88-129, § 2(b), 77 Stat. 172; amended Oct. 22, 1965, Pub. L. 89-290, § 4(d), 79 Stat. 1057; Nov. 3, 1966, Pub. L. 89-751, § 5(c)(2), (3), 80 Stat. 1233; Aug. 16, 1968, Pub. L. 90-490, title I, § 121(c), 82 Stat. 778; July 9, 1971, Pub. L. 92-52, § 1(b), 85 Stat. 144; Nov. 18, 1971, Pub. L. 92-157, title I, § 105(e)(2), (f)(2), 85 Stat. 451; Oct. 12, 1976, Pub. L. 94-484, title IV, §§ 405, 406(e), 90 Stat. 2267, 2268, which related to the distribution of assets from loan funds, was transferred to section 294p of this title.

AMENDMENTS

2020—Pub. L. 116-136 amended section generally. Prior to amendment, section consisted of subsecs. (a) to (e) which related to geriatric education centers, geriatric training regarding physicians and dentists, geriatric faculty fellowships, geriatric workforce development, and geriatric career incentive awards, respectively.

Subsec. (a)(7)(B). Pub. L. 116-260, in introductory provisions, substituted "Coronavirus Aid, Relief, and Economic Security Act" for "Title VII Health Care Workforce Reauthorization Act of 2019" in the original, and accordingly, "the date of enactment of the Coronavirus Aid, Relief, and Economic Security Act" was translated to "March 27, 2020". The Coronavirus Aid, Relief, and Economic Security Act, Pub. L. 116-136, was approved Mar. 27, 2020.

2010—Subsec. (b)(2)(E). Pub. L. 111-256 substituted "elderly individuals with intellectual disabilities" for "elderly mentally retarded individuals".

Subsec. (c)(2) to (4). Pub. L. 111-148, § 5305(b)(2), added pars. (2) to (4) and struck out former pars. (2) and (3) which described eligible individuals and limitations for Geriatric Academic Career Awards. Former par. (4) redesignated (5).

Subsec. (c)(5). Pub. L. 111-148, § 5305(b)(1), redesignated par. (4) as (5). Former par. (5) redesignated (6).

Subsec. (c)(5)(A). Pub. L. 111-148, § 5305(b)(3)(A), inserted "for individuals who are physicians" before "shall equal" and inserted at end "The Secretary shall determine the amount of an Award under this section for individuals who are not physicians."

Subsec. (c)(5)(C). Pub. L. 111-148, § 5305(b)(3)(B), added subpar. (C).

Subsec. (c)(6). Pub. L. 111-148, § 5305(b)(1), redesignated par. (5) as (6).

Subsecs. (d), (e). Pub. L. 111-148, § 5305(a), added subsecs. (d) and (e).

2002—Subsec. (a)(1). Pub. L. 107-205 substituted ", and section 296(2) of this title," for ", and section 298b(2) of this title,".

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2020 AMENDMENT

Pub. L. 116-260, div. BB, title III, § 331(d), Dec. 27, 2020, 134 Stat. 2938, provided that: "The amendments made by subsections (a), (b), and (c) [amending this section and sections 297n-1 and 297t of this title] shall take effect as if included in the enactment of the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116-136)."

DEFINITIONS

For meaning of references to an intellectual disability and to individuals with intellectual disabilities in provisions amended by section 2 of Pub. L. 111-256, see section 2(k) of Pub. L. 111-256, set out as a note under section 1400 of Title 20, Education.

§ 294d. Quentin N. Burdick program for rural interdisciplinary training

(a) Grants

The Secretary may make grants or contracts under this section to help entities fund authorized activities under an application approved under subsection (c).

(b) Use of amounts

(1) In general

Amounts provided under subsection (a) shall be used by the recipients to fund interdisciplinary training projects designed to—

(A) use innovative or evidence-based methods to train health care practitioners to provide services in rural areas;

(B) demonstrate and evaluate innovative interdisciplinary methods and models designed to provide access to cost-effective comprehensive health care;

(C) deliver health care services to individuals residing in rural areas;

(D) enhance the amount of relevant research conducted concerning health care issues in rural areas; and

(E) increase the recruitment and retention of health care practitioners from rural areas and make rural practice a more attractive career choice for health care practitioners.

(2) Methods

A recipient of funds under subsection (a) may use various methods in carrying out the projects described in paragraph (1), including—

(A) the distribution of stipends to students of eligible applicants;

(B) the establishment of a post-doctoral fellowship program;

(C) the training of faculty in the economic and logistical problems confronting rural health care delivery systems; or

(D) the purchase or rental of transportation and telecommunication equipment where the need for such equipment due to unique characteristics of the rural area is demonstrated by the recipient.

(3) Administration

(A) In general

An applicant shall not use more than 10 percent of the funds made available to such applicant under subsection (a) for administrative expenses.

(B) Training

Not more than 10 percent of the individuals receiving training with funds made available to an applicant under subsection (a) shall be trained as doctors of medicine or doctors of osteopathy.

(C) Limitation

An institution that receives a grant under this section shall use amounts received under such grant to supplement, not supplant, amounts made available by such institution for activities of the type described in subsection (b)(1) in the fiscal year preceding the year for which the grant is received.

(c) Applications

Applications submitted for assistance under this section shall—

(1) be jointly submitted by at least two eligible applicants with the express purpose of assisting individuals in academic institutions in establishing long-term collaborative relationships with health care providers in rural areas; and

(2) designate a rural health care agency or agencies for clinical treatment or training, including hospitals, community health centers, migrant health centers, rural health clinics, community behavioral and mental health centers, long-term care facilities, Native Hawaiian health centers, or facilities operated by the Indian Health Service or an Indian tribe or tribal organization or Indian organization under a contract with the Indian Health Service under the Indian Self-Determination Act [25 U.S.C. 5321 et seq.].

(d) Definitions

For the purposes of this section, the term “rural” means geographic areas that are located outside of standard metropolitan statistical areas.

(July 1, 1944, ch. 373, title VII, §754, as added Pub. L. 105-392, title I, §103, Nov. 13, 1998, 112 Stat. 3547; amended Pub. L. 116-136, div. A, title III, §3401(7), Mar. 27, 2020, 134 Stat. 386.)

Editorial Notes

REFERENCES IN TEXT

The Indian Self-Determination Act, referred to in subsec. (c)(2), 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 Title 25, Indians. For complete classification of this Act to the Code, see Short Title note set out under section 5301 of Title 25 and Tables.

PRIOR PROVISIONS

A prior section 294d, act July 1, 1944, ch. 373, title VII, §766, as added Pub. L. 102-408, title I, §102, Oct. 13, 1992, 106 Stat. 2047, authorized grants and contracts for development of advanced training of allied health professionals, prior to the general amendment of this part by Pub. L. 105-392.

Another prior section 294d, act July 1, 1944, ch. 373, title VII, §731, as added Oct. 12, 1976, Pub. L. 94-484, title IV, §401(b)(3), 90 Stat. 2258; amended Aug. 1, 1977, Pub. L. 95-83, title III, §307(c)(1), (2), 91 Stat. 389, 390; Dec. 19, 1977, Pub. L. 95-215, §4(a)-(d), (e)(6), 91 Stat. 1505, 1506; Dec. 17, 1980, Pub. L. 96-538, title IV, §402, 94 Stat. 3192; Aug. 13, 1981, Pub. L. 97-35, title XXVII, §2728, 95 Stat. 918; Oct. 22, 1985, Pub. L. 99-129, title II, §§208(a), (b)(1), (2), (c)(1), (d), (i), 211(a)(2), 99 Stat. 529-532, 539; Nov. 4, 1988, Pub. L. 100-607, title VI, §602(e), (f), 102 Stat. 3123; Apr. 6, 1991, Pub. L. 102-25, title III, §374, 105 Stat. 95; July 23, 1992, Pub. L. 102-325, title IV, §427(b)(2), 106 Stat. 549, related to eligibility of borrowers and terms of insurance, prior to the general amendment of this subchapter by Pub. L. 102-408. See section 292d of this title.

Another prior section 294d, act July 1, 1944, ch. 373, title VII, §744, as added Sept. 24, 1963, Pub. L. 88-129, §2(b), 77 Stat. 173; amended Oct. 22, 1965, Pub. L. 89-290, §4(e), 79 Stat. 1057; Nov. 3, 1966, Pub. L. 89-751, §5(a), 80 Stat. 1230; Aug. 16, 1968, Pub. L. 90-490, title I, §121(d), 82 Stat. 778; July 9, 1971, Pub. L. 92-52, §1(c), 85 Stat. 144; Nov. 18, 1971, Pub. L. 92-157, title I, §105(e)(3), (f)(2), 85 Stat. 451, provided for loans to schools to capitalize health professions student loan funds, prior to repeal by Pub. L. 94-484, title IV, §406(a)(1), Oct. 12, 1976, 90 Stat. 2268.