

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 subparagraph. (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 298(b)(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.

AMENDMENTS

2020—Subsec. (b)(1)(A). Pub. L. 116-136 substituted “innovative or evidence-based” for “new and innovative”.

§ 294e. Allied health and other disciplines

(a) In general

The Secretary may make grants or contracts under this section to help entities fund activities of the type described in subsection (b).

(b) Activities

Activities of the type described in this subsection include the following:

(1) Assisting entities in meeting the costs associated with expanding or establishing programs that will increase the number of individuals trained in allied health professions. Programs and activities funded under this paragraph may include—

(A) those that expand enrollments in allied health professions with the greatest shortages or whose services are most needed by geriatric populations or for maternal and child health;

(B) those that provide rapid transition training programs in allied health fields to individuals who have baccalaureate degrees in health-related sciences;

(C) those that establish community-based allied health training programs that link academic centers to rural clinical settings;

(D) those that provide career advancement training for practicing allied health professionals;

(E) those that expand or establish clinical training sites for allied health professionals in medically underserved or rural communities in order to increase the number of individuals trained;

(F) those that develop curriculum that will emphasize knowledge and practice in the areas of prevention and health promotion, geriatrics, long-term care, home health and hospice care, and ethics;

(G) those that expand or establish interdisciplinary training programs that promote the effectiveness of allied health practitioners in geriatric assessment and the rehabilitation of the elderly;

(H) those that expand or establish demonstration centers to emphasize innovative models to link allied health clinical practice, education, and research;

(I) those that provide financial assistance (in the form of traineeships) to students who are participants in any such program; and

(i) who plan to pursue a career in an allied health field that has a demonstrated personnel shortage; and

(ii) who agree upon completion of the training program to practice in a medically underserved community;

that shall be utilized to assist in the payment of all or part of the costs associated with tuition, fees and such other stipends as the Secretary may consider necessary; and

(J) those to meet the costs of projects to plan, develop, and operate or maintain graduate programs in behavioral and mental health practice.