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.

(2) Planning and implementing projects in preventive and primary care training for podiatric physicians in approved or provisionally approved residency programs that shall provide financial assistance in the form of traineeships to residents who participate in such projects and who plan to specialize in primary care.

(3) Carrying out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment for spinal and lower-back conditions.

(4) Increasing educational opportunities in physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology professions, which may include offering scholarships or stipends and carrying out other activities to improve retention, for individuals from disadvantaged backgrounds or individuals who are underrepresented in such professions.

(July 1, 1944, ch. 373, title VII, § 755, as added Pub. L. 105–392, title I, § 103, Nov. 13, 1998, 112 Stat. 3548; amended Pub. L. 116–136, div. A, title III, § 3401(8), Mar. 27, 2020, 134 Stat. 386; Pub. L. 117–328, div. FF, title II, § 2224, Dec. 29, 2022, 136 Stat. 5749.)

Editorial Notes

PRIOR PROVISIONS

A prior section 294e, act July 1, 1944, ch. 373, title VII, § 767, as added Pub. L. 102–408, title I, § 102, Oct. 13, 1992, 106 Stat. 2048, authorized grants and contracts for establishment of programs to increase number of allied health professionals, prior to the general amendment of this part by Pub. L. 105–392.

Another prior section 294e, act July 1, 1944, ch. 373, title VII, § 732, as added Oct. 12, 1976, Pub. L. 94–484, title IV, § 401(b)(3), 90 Stat. 2260; amended Aug. 1, 1977, Pub. L. 95–83, title III, § 307(c)(3), (4), 91 Stat. 390; Dec. 19, 1977, Pub. L. 95–215, § 4(e)(8), (9), 91 Stat. 1506; Aug. 13, 1981, Pub. L. 97–35, title XXVII, § 2729, 95 Stat. 918; Oct. 22, 1985, Pub. L. 99–129, title II, § 208(e), 99 Stat. 531; Nov. 4, 1988, Pub. L. 100–607, title VI, § 602(g), 102 Stat. 3123, related to certificates of loan insurance, prior to the general amendment of this subchapter by Pub. L. 102–408. See section 292e of this title.

Another prior section 294e, act July 1, 1944, ch. 373, title VII, § 744, formerly § 745, as added Sept. 24, 1963, Pub. L. 88–129, § 2(b), 77 Stat. 173; amended Nov. 18, 1971, Pub. L. 92–157, title I, § 105(f)(2), 85 Stat. 451; renumbered § 744, Oct. 12, 1976, Pub. L. 94–484, title IV, § 406(a)(2), 90 Stat. 2268, which related to administrative provisions, was transferred to section 294q of this title.

AMENDMENTS

2022—Subsec. (b)(4). Pub. L. 117–328 added par. (4).

2020—Subsec. (b)(1)(A). Pub. L. 116–136 substituted ''geriatric populations or for maternal and child health'' for ''the elderly''.

§ 294e–1. Mental and behavioral health education and training grants

(a) Grants authorized

The Secretary may award grants to eligible institutions to support the recruitment of students for, and education and clinical experience of the students in—

(1) accredited institutions of higher education or accredited professional training programs that are establishing or expanding internships or other field placement programs in

mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing (which may include master's and doctoral level programs), social work, school social work, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy (which may include master's and doctoral level programs), school counseling, or professional counseling, including such programs with a focus on child and adolescent mental health, trauma, and transitional-age youth;

(2) accredited doctoral, internship, and postdoctoral residency programs of health service psychology (including clinical psychology, counseling, and school psychology) for the development and implementation of interdisciplinary training of psychology graduate students for providing behavioral health services, including trauma-informed care and substance use disorder prevention and treatment services, as well as the development of faculty in health service psychology;

(3) accredited master's and doctoral degree programs of social work for the development and implementation of interdisciplinary training of social work graduate students for providing behavioral health services, including trauma-informed care and substance use disorder prevention and treatment services, and the development of faculty in social work; and

(4) State-licensed mental health nonprofit and for-profit organizations to enable such organizations to pay for programs for preservice or in-service training in a behavioral health-related paraprofessional field with preference for preservice or in-service training of paraprofessional child and adolescent mental health workers, including training to increase skills and capacity to meet the needs of children and adolescents who have experienced trauma.

(b) Eligibility requirements

To be eligible for a grant under this section, an institution shall demonstrate—

(1) an ability to recruit and place the students described in subsection (a) in areas with a high need and high demand population;

(2) participation in the institutions' programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations;

(3) knowledge and understanding of the concerns of the individuals and groups described in paragraph (2), especially individuals with mental disorder symptoms or diagnoses, particularly children and adolescents, and transitional-age youth;

(4) any internship or other field placement program assisted under the grant will prioritize cultural and linguistic competency; and

(5) the institution will provide to the Secretary such data, assurances, and information as the Secretary may require.

(c) Institutional requirement

For grants awarded under paragraphs (2) and (3) of subsection (a), at least 4 of the grant recipients shall be historically black colleges or universities or other minority-serving institutions.

(d) Priority

In selecting grant recipients under this section, the Secretary shall give priority to—

(1) programs that have demonstrated the ability to train psychology, psychiatry, and social work professionals to work in integrated care settings for purposes of recipients under paragraphs (1), (2), and (3) of subsection (a); and

(2) programs for paraprofessionals that emphasize the role of the family and the lived experience of the consumer and family-paraprofessional partnerships for purposes of recipients under subsection (a)(4).

(e) Report to Congress

Not later than 4 years after December 13, 2016, the Secretary shall include in the biennial report submitted to Congress under section 290aa(m) of this title an assessment on the effectiveness of the grants under this section in—

(1) providing graduate students support for experiential training (internship or field placement);

(2) recruiting students interested in behavioral health practice;

(3) recruiting students in accordance with subsection (b)(1);

(4) developing and implementing interprofessional training and integration within primary care;

(5) developing and implementing accredited field placements and internships; and

(6) collecting data on the number of students trained in behavioral health care and the number of available accredited internships and field placements.

(f) Authorization of appropriations

For each of fiscal years 2023 through 2027, there are authorized to be appropriated to carry out this section $50,000,000, to be allocated as follows:

(1) For grants described in subsection (a)(1), $15,000,000.

(2) For grants described in subsection (a)(2), $15,000,000.

(3) For grants described in subsection (a)(3), $10,000,000.

(4) For grants described in subsection (a)(4), $10,000,000.

(July 1, 1944, ch. 373, title VII, § 756, as added Pub. L. 111–148, title V, § 5306(a)(3), Mar. 23, 2010, 124 Stat. 626; amended Pub. L. 114–255, div. B, title IX, § 9021, Dec. 13, 2016, 130 Stat. 1248; Pub. L. 115–271, title VII, § 7073(b), Oct. 24, 2018, 132 Stat. 4032; Pub. L. 117–328, div. FF, title I, § 1311(a), Dec. 29, 2022, 136 Stat. 5696.)

Editorial Notes

CODIFICATION

Pub. L. 111–148, title V, § 5306(a)(3), Mar. 23, 2010, 124 Stat. 626, which directed the amendment of part D of title VII by inserting section 756 after section 755, without specifying the act to be amended, was executed by inserting section 756 after section 755 of act July 1, 1944, to reflect the probable intent of Congress.

PRIOR PROVISIONS

A prior section 756 of act July 1, 1944, was renumbered section 757 and is classified to section 294f of this title.

Another prior section 756 of act July 1, 1944, was renumbered section 338G, transferred to section 254q of this title, and subsequently repealed by Pub. L. 100–177.

Another prior section 756 of act July 1, 1944, was classified to section 294f of this title prior to repeal by Pub. L. 94–484.

AMENDMENTS

2022—Subsec. (a)(1). Pub. L. 117–328, § 1311(a)(1)(A), inserted ''(which may include master's and doctoral level programs)'' after ''occupational therapy''.

Subsec. (a)(4). Pub. L. 117–328, § 1311(a)(1)(B), inserted '', including training to increase skills and capacity to meet the needs of children and adolescents who have experienced trauma'' after ''workers''.

Subsec. (f). Pub. L. 117–328, § 1311(a)(2), substituted ''For each of fiscal years 2023 through 2027'' for ''For each of fiscal years 2019 through 2023'' in introductory provisions.

2018—Subsec. (a)(1). Pub. L. 115–271, § 7073(b)(1)(A), inserted '', trauma,'' after ''focus on child and adolescent mental health''.

Subsec. (a)(2), (3). Pub. L. 115–271, § 7073(b)(1)(B), inserted ''trauma-informed care and'' before ''substance use disorder prevention and treatment services''.

Subsec. (f). Pub. L. 115–271, § 7073(b)(2), substituted ''2019 through 2023'' for ''2018 through 2022'' in introductory provisions.

2016—Subsec. (a). Pub. L. 114–255, § 9021(1), struck out ''of higher education'' after ''eligible institutions'' in introductory provisions, added pars. (1) to (4), and struck out former pars. (1) to (4) which read as follows:

''(1) baccalaureate, master's, and doctoral degree programs of social work, as well as the development of faculty in social work;

''(2) accredited master's, doctoral, internship, and post-doctoral residency programs of psychology for the development and implementation of interdisciplinary training of psychology graduate students for providing behavioral and mental health services, including substance abuse prevention and treatment services;

''(3) accredited institutions of higher education or accredited professional training programs that are establishing or expanding internships or other field placement programs in child and adolescent mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance abuse prevention and treatment, marriage and family therapy, school counseling, or professional counseling; and

''(4) State-licensed mental health nonprofit and for-profit organizations to enable such organizations to pay for programs for preservice or in-service training of paraprofessional child and adolescent mental health workers.''

Subsec. (b)(1), (2). Pub. L. 114–255, § 9021(2)(B), (C), added par. (1) and redesignated former par. (1) as (2). Former par. (2) redesignated (3).

Subsec. (b)(3). Pub. L. 114–255, § 9021(2)(B), (D), redesignated par. (2) as (3) and substituted ''paragraph (2), especially individuals with mental disorder symptoms or diagnoses, particularly children and adolescents, and transitional-age youth'' for ''subsection (a)''. Former par. (3) redesignated (4).

Subsec. (b)(4). Pub. L. 114–255, § 9021(2)(B), (E), redesignated par. (3) as (4) and inserted ''and'' at end. Former par. (4) redesignated (5).

Subsec. (b)(5). Pub. L. 114–255, § 9021(2)(A), (B), (F), redesignated par. (4) as (5), substituted period for ''; and'' at end, and struck out former par. (5) which read as follows: ''with respect to any violation of the agreement between the Secretary and the institution, the institution will pay such liquidated damages as prescribed by the Secretary by regulation.''

Subsec. (c). Pub. L. 114–255, § 9021(3), substituted ''awarded under paragraphs (2) and (3) of subsection (a)'' for ''authorized under subsection (a)(1)''.

Subsec. (d). Pub. L. 114–255, § 9021(4), amended subsec. (d) generally. Prior to amendment, subsec. (d) related to priority in selecting grant recipients in social work, graduate psychology, and training programs in child and adolescent mental health.

Subsecs. (e), (f). Pub. L. 114–255, § 9021(5), added subsecs. (e) and (f) and struck out former subsec. (e) which authorized appropriations for fiscal years 2010 through 2013.

§ 294f. Advisory Committee on Interdisciplinary, Community-Based Linkages

(a) Establishment

The Secretary shall establish an advisory committee to be known as the Advisory Committee on Interdisciplinary, Community-Based Linkages (in this section referred to as the ''Advisory Committee'').

(b) Composition

(1) In general

The Secretary shall determine the appropriate number of individuals to serve on the Advisory Committee. Such individuals shall not be officers or employees of the Federal Government.

(2) Appointment

Not later than 90 days after November 13, 1998, the Secretary shall appoint the members of the Advisory Committee from among individuals who are health professionals from schools of the types described in sections 294a(b)(1)(A), 294c(b), and 294e(b) of this title. In making such appointments, the Secretary shall ensure a fair balance between the health professions, that at least 75 percent of the members of the Advisory Committee are health professionals, a broad geographic representation of members and a balance between urban and rural members. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved.

(3) Minority representation

In appointing the members of the Advisory Committee under paragraph (2), the Secretary shall ensure the adequate representation of women and minorities.

(c) Terms

(1) In general

A member of the Advisory Committee shall be appointed for a term of 3 years, except that of the members first appointed—

(A) ⅓ of the members shall serve for a term of 1 year;

(B) ⅓ of the members shall serve for a term of 2 years; and

(C) ⅓ of the members shall serve for a term of 3 years.

(2) Vacancies

(A) In general

A vacancy on the Advisory Committee shall be filled in the manner in which the original appointment was made and shall be subject to any conditions which applied with respect to the original appointment.

(B) Filling unexpired term

An individual chosen to fill a vacancy shall be appointed for the unexpired term of the member replaced.