

such settings that serve pediatric populations” after “settings”.

Subsec. (d)(2)(C), Pub. L. 117-328, §1311(b)(8), inserted “(which may include trauma-informed care, as appropriate)” after “care”.

Subsec. (f)(2)(B), Pub. L. 117-328, §1311(b)(10), substituted “disorders” for “disorder”.

Subsec. (g), Pub. L. 117-328, §1311(b)(9), substituted “, and \$31,700,000 for each of fiscal years 2023 through 2027” for “\$10,000,000 for each of fiscal years 2018 through 2022”.

PART E—HEALTH PROFESSIONS AND PUBLIC HEALTH WORKFORCE

SUBPART 1—HEALTH PROFESSIONS WORKFORCE INFORMATION AND ANALYSIS

Statutory Notes and Related Subsidiaries

FUNDING FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER TRAINING FOR HEALTH CARE PROFESSIONALS, PARAPROFESSIONALS, AND PUBLIC SAFETY OFFICERS

Pub. L. 117-2, title II, §2703, Mar. 11, 2021, 135 Stat. 46, provided that:

“(a) IN GENERAL.—In addition to amounts otherwise available, there is appropriated to the Secretary [of Health and Human Services] for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, \$80,000,000, to remain available until expended, for the purpose described in subsection (b).

“(b) USE OF FUNDING.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall, taking into consideration the needs of rural and medically underserved communities, use amounts appropriated by subsection (a) to award grants or contracts to health professions schools, academic health centers, State or local governments, Indian Tribes and Tribal organizations, or other appropriate public or private nonprofit entities (or consortia of entities, including entities promoting multidisciplinary approaches), to plan, develop, operate, or participate in health professions and nursing training activities for health care students, residents, professionals, paraprofessionals, trainees, and public safety officers, and employers of such individuals, in evidence-informed strategies for reducing and addressing suicide, burnout, mental health conditions, and substance use disorders among health care professionals.”

FUNDING FOR EDUCATION AND AWARENESS CAMPAIGN ENCOURAGING HEALTHY WORK CONDITIONS AND USE OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES BY HEALTH CARE PROFESSIONALS

Pub. L. 117-2, title II, §2704, Mar. 11, 2021, 135 Stat. 46, provided that:

“(a) IN GENERAL.—In addition to amounts otherwise available, there is appropriated to the Secretary [of Health and Human Services] for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, \$20,000,000, to remain available until expended, for the purpose described in subsection (b).

“(b) Use of Funds.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with the medical professional community, shall use amounts appropriated by subsection (a) to carry out a national evidence-based education and awareness campaign directed at health care professionals and first responders (such as emergency medical service providers), and employers of such professionals and first responders. Such awareness campaign shall—

“(1) encourage primary prevention of mental health conditions and substance use disorders and secondary and tertiary prevention by encouraging health care professionals to seek support and treatment for their own mental health and substance use concerns; and

“(2) help such professionals to identify risk factors in themselves and others and respond to such risks.”

FUNDING FOR GRANTS FOR HEALTH CARE PROVIDERS TO PROMOTE MENTAL HEALTH AMONG THEIR HEALTH PROFESSIONAL WORKFORCE

Pub. L. 117-2, title II, §2705, Mar. 11, 2021, 135 Stat. 46, provided that:

“(a) IN GENERAL.—In addition to amounts otherwise available, there is appropriated to the Secretary [of Health and Human Services] for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, \$40,000,000, to remain available until expended, for the purpose described in subsection (b).

“(b) USE OF FUNDS.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall, taking into consideration the needs of rural and medically underserved communities, use amounts appropriated by subsection (a) to award grants or contracts to entities providing health care, including health care providers associations and Federally qualified health centers, to establish, enhance, or expand evidence-informed programs or protocols to promote mental health among their providers, other personnel, and members.”

§ 294n. Health professions workforce information and analysis

(a) Purpose

It is the purpose of this section to—

(1) provide for the development of information describing the health professions workforce and the analysis of workforce related issues; and

(2) provide necessary information for decision-making regarding future directions in health professions and nursing programs in response to societal and professional needs.

(b) National Center for Health Care Workforce Analysis

(1) Establishment

The Secretary shall establish the National Center for Health Workforce Analysis (referred to in this section as the “National Center”).

(2) Purposes

The National Center, in coordination to the extent practicable with the National Health Care Workforce Commission (established in section 294q of this title), and relevant regional and State centers and agencies, shall—

(A) provide for the development of information describing and analyzing the health care workforce and workforce related issues;

(B) carry out the activities under section 295k(a) of this title;

(C) annually evaluate programs under this subchapter;

(D) develop and publish performance measures and benchmarks for programs under this subchapter; and

(E) establish, maintain, and publicize a national Internet registry of each grant awarded under this subchapter and a database to collect data from longitudinal evaluations (as described in subsection (d)(2)) on performance measures (as developed under sections 293l(d)(3), 294f(d)(3), and 294o(a)(3) of this title).

(3) Collaboration and data sharing

(A) In general

The National Center shall collaborate with Federal agencies and relevant professional

and educational organizations or societies for the purpose of linking data regarding grants awarded under this subchapter.

(B) Contracts for health workforce analysis

For the purpose of carrying out the activities described in subparagraph (A), the National Center may enter into contracts with relevant professional and educational organizations or societies.

(c) State and regional Centers for Health Workforce Analysis

(1) In general

The Secretary shall award grants to, or enter into contracts with, eligible entities for purposes of—

(A) collecting, analyzing, and reporting data regarding programs under this subchapter to the National Center and to the public; and

(B) providing technical assistance to local and regional entities on the collection, analysis, and reporting of data.

(2) Eligible entities

To be eligible for a grant or contract under this subsection, an entity shall—

(A) be a State, a State workforce investment board, a public health or health professions school, an academic health center, or an appropriate public or private nonprofit entity; and

(B) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(d) Increase in grants for longitudinal evaluations

(1) In general

The Secretary shall increase the amount awarded to an eligible entity under this subchapter for a longitudinal evaluation of individuals who have received education, training, or financial assistance from programs under this subchapter.

(2) Capability

A longitudinal evaluation shall be capable of—

(A) studying practice patterns; and

(B) collecting and reporting data on performance measures developed under sections 293l(d)(3), 294f(d)(3), and 294o(a)(3) of this title.

(3) Guidelines

A longitudinal evaluation shall comply with guidelines issued under sections 293l(d)(4), 294f(d)(4), and 294o(a)(4) of this title.

(4) Eligible entities

To be eligible to obtain an increase under this section, an entity shall be a recipient of a grant or contract under this subchapter.

(e) Authorization of appropriations

(1) In general

(A) National Center

To carry out subsection (b), there are authorized to be appropriated \$5,663,000 for each of fiscal years 2021 through 2025.

(B) State and regional Centers

To carry out subsection (c), there are authorized to be appropriated \$4,500,000 for each of fiscal years 2010 through 2014.

(C) Grants for longitudinal evaluations

To carry out subsection (d), there are authorized to be appropriated such sums as may be necessary for fiscal years 2010 through 2014.

(2) Reservation

Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall reserve not less than \$600,000 for conducting health professions research and for carrying out data collection and analysis in accordance with section 295k of this title.

(3) Availability of additional funds

Amounts otherwise appropriated for programs or activities under this subchapter may be used for activities under subsection (b) with respect to the programs or activities from which such amounts were made available.

(July 1, 1944, ch. 373, title VII, §761, as added Pub. L. 105-392, title I, §104(a), Nov. 13, 1998, 112 Stat. 3552; amended Pub. L. 111-148, title V, §5103(a), Mar. 23, 2010, 124 Stat. 603; Pub. L. 116-136, div. A, title III, §3401(9), Mar. 27, 2020, 134 Stat. 386.)

Editorial Notes

PRIOR PROVISIONS

A prior section 294n, act July 1, 1944, ch. 373, title VII, §776, as added Pub. L. 102-408, title I, §102, Oct. 13, 1992, 106 Stat. 2050, and amended, which related to grants and contracts to provide health care for individuals with acquired immune deficiency syndrome, was renumbered section 2692 of title XXVI of act July 1, 1944, by Pub. L. 104-146, §3(h)(3), May 20, 1996, 110 Stat. 1364, and transferred to section 300ff-111 of this title.

Another prior section 294n, 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, 2267, 2279; Aug. 1, 1977, Pub. L. 95-83, title III, §307(e)(1), (2), 91 Stat. 390; Aug. 13, 1981, Pub. L. 97-35, title XXVII, §2735, 95 Stat. 920; Oct. 22, 1985, Pub. L. 99-129, title II, §209(a)(2), (3), (b), (c)(1), (d)-(f), 99 Stat. 532, 534; Nov. 4, 1988, Pub. L. 100-607, title VI, §§603(b), (c), 628(8), 629(b)(2), 102 Stat. 3125, 3145, 3146; Nov. 16, 1990, Pub. L. 101-597, title IV, §401(b)[(a)], 104 Stat. 3035, outlined provisions for loans from a student loan fund, prior to the general amendment of this subchapter by Pub. L. 102-408. See section 292r of this title.

A prior section 761 of act July 1, 1944, was classified to section 294 of this title prior to the general amendment of part D of this subchapter by Pub. L. 105-392.

Another prior section 761 of act July 1, 1944, was classified to section 294cc of this title prior to the general amendment of this subchapter by Pub. L. 102-408.

Another prior section 761 of act July 1, 1944, was classified to section 295 of this title prior to repeal by Pub. L. 99-129.

Another prior section 761 of act July 1, 1944, was classified to section 295 of this title prior to the general

amendment of part D of this subchapter by Pub. L. 91-696.

AMENDMENTS

2020—Subsec. (e)(1)(A). Pub. L. 116-136, §3401(9)(A), substituted “\$5,663,000 for each of fiscal years 2021 through 2025” for “\$7,500,000 for each of fiscal years 2010 through 2014”.

Subsec. (e)(2). Pub. L. 116-136, §3401(9)(B), substituted “paragraph (1)” for “subsection (a)”.

2010—Subsecs. (b) to (e). Pub. L. 111-148, §5103(a)(1), (2), added subsecs. (b) to (d), redesignated former subsec. (c) as (e), and struck out former subsec. (b) which related to award of grants or contracts.

Subsec. (e)(1). Pub. L. 111-148, §5103(a)(3)(A), added par. (1) and struck out former par. (1). Prior to amendment, text read as follows: “There are authorized to be appropriated to carry out this section, \$750,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.”

Subsec. (e)(2). Pub. L. 111-148, §5103(a)(4), which directed amendment of “paragraph (2)”, without specifying the subsec. to be amended, by substituting “paragraph (1)” for “subsection (a)”, could not be executed.

Statutory Notes and Related Subsidiaries

TRANSFER OF FUNCTIONS

Pub. L. 111-148, title V, §5103(b), Mar. 23, 2010, 124 Stat. 605, provided that: “Not later than 180 days after the date of enactment of this Act [Mar. 23, 2010], the responsibilities and resources of the National Center for Health Workforce Analysis, as in effect on the date before the date of enactment of this Act, shall be transferred to the National Center for Health Care Workforce Analysis established under section 761 of the Public Health Service Act [42 U.S.C. 294n], as amended by subsection (a).”

§ 294o. Advisory Council on Graduate Medical Education

(a) Establishment; duties

There is established the Council on Graduate Medical Education (in this section referred to as the “Council”). The Council shall—

(1) make recommendations to the Secretary of Health and Human Services (in this section referred to as the “Secretary”), and to the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives, with respect to—

(A) the supply and distribution of physicians in the United States;

(B) current and future shortages or excesses of physicians in medical and surgical specialties and subspecialties;

(C) issues relating to foreign medical school graduates;

(D) appropriate Federal policies with respect to the matters specified in subparagraphs (A), (B), and (C), including policies concerning changes in the financing of undergraduate and graduate medical education programs and changes in the types of medical education training in graduate medical education programs;

(E) appropriate efforts to be carried out by hospitals, schools of medicine, schools of osteopathic medicine, and accrediting bodies with respect to the matters specified in subparagraphs (A), (B), and (C), including efforts for changes in undergraduate and graduate medical education programs; and

(F) deficiencies in, and needs for improvements in, existing data bases concerning the supply and distribution of, and postgraduate training programs for, physicians in the United States and steps that should be taken to eliminate those deficiencies;

(2) encourage entities providing graduate medical education to conduct activities to voluntarily achieve the recommendations of the Council under paragraph (1)(E);

(3) develop, publish, and implement performance measures for programs under this subchapter, except for programs under part C or D;

(4) develop and publish guidelines for longitudinal evaluations (as described in section 294n(d)(2) of this title) for programs under this subchapter, except for programs under part C or D; and

(5) recommend appropriation levels for programs under this subchapter, except for programs under part C or D.

(b) Composition

The Council shall be composed of—

(1) the Assistant Secretary for Health or the designee of the Assistant Secretary;

(2) the Administrator of the Centers for Medicare & Medicaid Services;

(3) the Chief Medical Director of the Department of Veterans Affairs;

(4) the Administrator of the Health Resources and Services Administration;

(5) 6 members appointed by the Secretary to include representatives of practicing primary care physicians, national and specialty physician organizations, foreign medical graduates, and medical student and house staff associations;

(6) 4 members appointed by the Secretary to include representatives of schools of medicine and osteopathic medicine and public and private teaching hospitals; and

(7) 4 members appointed by the Secretary to include representatives of health insurers, business, and labor.

(c) Terms of appointed members

(1) In general; staggered rotation

Members of the Council appointed under paragraphs (4), (5), and (6) of subsection (b) shall be appointed for a term of 4 years, except that the term of office of the members first appointed shall expire, as designated by the Secretary at the time of appointment, 4 at the end of 1 year, 4 at the end of 2 years, 3 at the end of 3 years, and 3 at the end of 4 years.

(2) Date certain for appointment

The Secretary shall appoint the first members to the Council under paragraphs (4), (5), and (6) of subsection (b) within 60 days after October 13, 1992.

(d) Chair

The Council shall elect one of its members as Chairman of the Council.

(e) Quorum

Nine members of the Council shall constitute a quorum, but a lesser number may hold hearings.