

medicine, and nursing, and other appropriate health professional training programs, to establish a training demonstration program to support—

(1) training for physicians, medical residents, fellows, nurse practitioners, physician assistants, nurses, certified nurse midwives, relevant home visiting workforce professionals and paraprofessionals, or other professionals who meet relevant State training and licensing requirements, as applicable, to reduce preventable maternal mortality and severe maternal morbidity by improving prenatal care, labor care, birthing, and postpartum care in rural community-based settings; and

(2) developing recommendations for such training programs.

**(b) Application**

To be eligible to receive a grant under subsection (a), an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

**(c) Activities**

**(1) Training for health care professionals**

A recipient of a grant under subsection (a)—

(A) shall use the grant funds to plan, develop, and operate a training program to provide prenatal care, labor care, birthing, and postpartum care in rural areas; and

(B) may use the grant funds to provide additional support for the administration of the program or to meet the costs of projects to establish, maintain, or improve faculty development, or departments, divisions, or other units necessary to implement such training.

**(2) Training program requirements**

The recipient of a grant under subsection (a) shall ensure that training programs carried out under the grant are evidence-based and address improving prenatal care, labor care, birthing, and postpartum care in rural areas, and such programs may include training on topics such as—

(A) maternal mental health, including perinatal depression and anxiety;

(B) substance use disorders;

(C) social determinants of health that affect individuals living in rural areas; and

(D) improving the provision of prenatal care, labor care, birthing, and postpartum care for racial and ethnic minority populations, including with respect to perceptions and biases that may affect the approach to, and provision of, care.

**(d) Evaluation and report**

**(1) Evaluation**

**(A) In general**

The Secretary shall evaluate the outcomes of the demonstration program under this section.

**(B) Data submission**

Recipients of a grant under subsection (a) shall submit to the Secretary performance metrics and other related data in order to evaluate the program for the report described in paragraph (2).

**(2) Report to Congress**

Not later than January 1, 2026, the Secretary shall submit to Congress a report that includes—

(A) an analysis of the effects of the demonstration program under this section on the quality, quantity, and distribution of maternal health care services, including prenatal care, labor care, birthing, and postpartum care services, and the demographics of the recipients of those services;

(B) an analysis of maternal and infant health outcomes (including quality of care, morbidity, and mortality) before and after implementation of the program in the communities served by entities participating in the demonstration; and

(C) recommendations on whether the demonstration program should be continued.

**(e) Authorization of appropriations**

There are authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title VII, §764, as added Pub. L. 117-103, div. P, title I, §144, Mar. 15, 2022, 136 Stat. 800.)

**Editorial Notes**

**CODIFICATION**

Another section 764 of act July 1, 1944, is classified to section 294t of this title.

**PRIOR PROVISIONS**

A prior section 294s, act July 1, 1944, ch. 373, title VII, §749, as added Oct. 12, 1976, Pub. L. 94-484, title IV, §408(a), 90 Stat. 2280; amended Aug. 1, 1977, Pub. L. 95-83, title III, §307(f), 91 Stat. 391, Pub. L. 96-88, title III, §301(a)(1), title V, §507, 93 Stat. 677, 692, which related to traineeships for students in other graduate programs, was renumbered section 791A of act July 1, 1944, by Pub. L. 97-35 and transferred to section 295h-1a of this title, and was subsequently omitted in the general amendment of this subchapter by Pub. L. 102-408.

**§ 294t. Programs to promote mental health among the health professional workforce**

**(a) Programs to promote mental health among health care professionals**

**(1) In general**

The Secretary shall award grants or contracts to health care entities, including entities that provide health care services, such as hospitals, community health centers, and rural health clinics, or to medical professional associations, to establish or enhance evidence-based or evidence-informed programs dedicated to improving mental health and resiliency for health care professionals.

**(2) Use of funds**

An eligible entity receiving a grant or contract under this subsection shall use funds received through the grant or contract to implement a new program or enhance an existing program to promote mental health among health care professionals, which may include—

(A) improving awareness among health care professionals about risk factors for, and signs of, suicide and mental health or sub-

stance use disorders, in accordance with evidence-based or evidence-informed practices;

(B) establishing new, or enhancing existing, evidence-based or evidence-informed programs for preventing suicide and improving mental health and resiliency among health care professionals;

(C) establishing new, or enhancing existing, peer-support programs among health care professionals; or

(D) providing mental health care, follow-up services and care, or referral for such services and care, as appropriate.

### (3) Priority

In awarding grants and contracts under this subsection, the Secretary shall give priority to eligible entities in health professional shortage areas or rural areas.

### (b) Training grants

The Secretary may establish a program to award grants to health professions schools, academic health centers, State or local governments, Indian Tribes or Tribal organizations, or other appropriate public or private nonprofit entities (or consortia of entities, including entities promoting multidisciplinary approaches) to support the training of health care students, residents, or health care professionals in evidence-based or evidence-informed strategies to address mental and substance use disorders and improve mental health and resiliency among health care professionals.

### (c) Grant terms

A grant or contract awarded under subsection (a) or (b) shall be for a period of 3 years.

### (d) Application submission

An entity seeking a grant or contract under subsection (a) or (b) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require.

### (e) Reporting

An entity awarded a grant or contract under subsection (a) or (b) shall periodically submit to the Secretary a report evaluating the activities supported by the grant or contract.

### (f) Authorization of appropriations

To carry out this section and section 5 of the Dr. Lorna Breen Health Care Provider Protection Act, there are authorized to be appropriated \$35,000,000 for each of fiscal years 2022 through 2024.

(July 1, 1944, ch. 373, title VII, §764, as added Pub. L. 117-105, §4, Mar. 18, 2022, 136 Stat. 1119.)

## Editorial Notes

### REFERENCES IN TEXT

Section 5 of the Dr. Lorna Breen Health Care Provider Protection Act, referred to in subsec. (f), is section 5 of Pub. L. 117-105, Mar. 18, 2022, 136 Stat. 1120, which is not classified to the Code.

### CODIFICATION

Another section 764 of act July 1, 1944, is classified to section 294s of this title.

### PRIOR PROVISIONS

A prior section 294t, act July 1, 1944, ch. 373, title VII, §751, as added Oct. 12, 1976, Pub. L. 94-484, title IV,

§408(b)(1), 90 Stat. 2281; amended Dec. 19, 1977, Pub. L. 95-215, §5, 91 Stat. 1506; Nov. 9, 1978, Pub. L. 95-623, §12(c), 92 Stat. 3457; Nov. 10, 1978, Pub. L. 95-626, title I, §113(b), 92 Stat. 3563; July 10, 1979, Pub. L. 96-32, §7(i), 93 Stat. 84, which related to National Health Service Corps Scholarships Program, was renumbered section 338A of act July 1, 1944, by Pub. L. 97-35 and transferred to section 254l of this title.

A prior section 294u, act July 1, 1944, ch. 373, title VII, §752, as added Oct. 12, 1976, Pub. L. 94-484, title IV, §408(b)(1), 90 Stat. 2284; amended Nov. 10, 1978, Pub. L. 95-626, title I, §113(b), 92 Stat. 3563; Sept. 29, 1979, Pub. L. 96-76, title II, §202(a), (b), 93 Stat. 582, which related to obligated service under contract, was renumbered section 338B of act July 1, 1944, by Pub. L. 97-35 and transferred to section 254m of this title, and subsequently renumbered section 338C of act July 1, 1944, by Pub. L. 100-177.

A prior section 294v, act July 1, 1944, ch. 373, title VII, §753, as added Oct. 12, 1976, Pub. L. 94-484, title IV, §408(b)(1), 90 Stat. 2285; amended Dec. 17, 1980, Pub. L. 96-538, title IV, §403, 94 Stat. 3192, which related to private practice, was renumbered section 338C of act July 1, 1944, by Pub. L. 97-35 and transferred to section 254n of this title, and subsequently renumbered section 338D of act July 1, 1944, by Pub. L. 100-177.

A prior section 294w, act July 1, 1944, ch. 373, title VII, §754, as added Oct. 12, 1976, Pub. L. 94-484, title IV, §408(b)(1), 90 Stat. 2286; amended Aug. 1, 1977, Pub. L. 95-83, title III, §307(g), 91 Stat. 391, which related to breach of scholarship contract, was renumbered section 338D of act July 1, 1944, by Pub. L. 97-35 and transferred to section 254o of this title, and subsequently renumbered section 338E of act July 1, 1944, by Pub. L. 100-177.

A prior section 294x, act July 1, 1944, ch. 373, title VII, §755, as added Oct. 12, 1976, Pub. L. 94-484, title IV, §408(b)(1), 90 Stat. 2287, which related to special grants for former Corps member to enter private practice, was renumbered section 338E of act July 1, 1944, by Pub. L. 97-35 and transferred to section 254p of this title, and subsequently renumbered section 338F of act July 1, 1944, by Pub. L. 100-177, and section 338G of act July 1, 1944, by Pub. L. 101-597.

A prior section 294y, act July 1, 1944, ch. 373, title VII, §756, as added Oct. 12, 1976, Pub. L. 94-484, title IV, §408(b)(1), 90 Stat. 2288, which related to authorization of appropriations, was renumbered section 338F of act July 1, 1944, by Pub. L. 97-35 and transferred to section 254q of this title, and subsequently renumbered section 338G of act July 1, 1944, prior to repeal by Pub. L. 100-177, title II, §§201(2), 203, Dec. 1, 1987, 101 Stat. 992, 999.

A prior section 294y-1, act July 1, 1944, ch. 373, title VII, §757, as added Aug. 1, 1977, Pub. L. 95-83, title III, §307(m)(1), 91 Stat. 392; amended Dec. 17, 1980, Pub. L. 96-537, §3(d), 94 Stat. 3174, which related to Indian Health Scholarships, was renumbered section 338G of act July 1, 1944, by Pub. L. 97-35 and transferred to section 254r of this title, and subsequently renumbered section 338I of act July 1, 1944, by Pub. L. 100-177, prior to repeal by Pub. L. 100-713, title I, §104(b)(1), Nov. 23, 1988, 102 Stat. 4787.

Prior sections 294z to 294cc were omitted in the general amendment of this subchapter by Pub. L. 102-408.

Section 294z, act July 1, 1944, ch. 373, title VII, §758, as added Oct. 12, 1976, Pub. L. 94-484, title IV, §408(c), 90 Stat. 2289; amended Aug. 1, 1977, Pub. L. 95-83, title III, §307(h), 91 Stat. 391; Aug. 13, 1981, Pub. L. 97-35, title XXVII, §2737, 95 Stat. 920; Oct. 22, 1985, Pub. L. 99-129, title I, §102, title II, §210(a), 99 Stat. 523, 537; Nov. 4, 1988, Pub. L. 100-607, title VI, §§605, 628(9), 629(b)(2), 102 Stat. 3126, 3146, related to scholarships for students of exceptional financial need.

Section 294aa, act July 1, 1944, ch. 373, title VII, §759, as added Oct. 12, 1976, Pub. L. 94-484, title IV, §408(c), 90 Stat. 2289; amended Nov. 16, 1990, Pub. L. 101-597, title IV, §401(b)[(a)], 104 Stat. 3035, established a Lister Hill scholarship program of grants for family practice of medicine.

Section 294bb, act July 1, 1944, ch. 373, title VII, §760, as added Nov. 6, 1990, Pub. L. 101-527, §6, 104 Stat. 2323,

related to grants and other assistance for students from disadvantaged backgrounds. See section 293a of this title.

Section 294cc, act July 1, 1944, ch. 373, title VII, §761, as added Nov. 6, 1990, Pub. L. 101-527, §6, 104 Stat. 2325, related to a loan repayment program regarding service on faculties of certain health professions schools. See section 293b of this title.

### Statutory Notes and Related Subsidiaries

#### DISSEMINATION OF BEST PRACTICES

Pub. L. 117-105, §2, Mar. 18, 2022, 136 Stat. 1118, provided that: “Not later than 2 years after the date of the enactment of this Act [Mar. 18, 2022], the Secretary of Health and Human Services (referred to in this Act [see Short Title of 2022 Amendment note set out under section 201 of this title] as the ‘Secretary’) shall identify and disseminate evidence-based or evidence-informed best practices for preventing suicide and improving mental health and resiliency among health care professionals, and for training health care professionals in appropriate strategies to promote their mental health. Such best practices shall include recommendations related to preventing suicide and improving mental health and resiliency among health care professionals.”

#### EDUCATION AND AWARENESS INITIATIVE ENCOURAGING USE OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES BY HEALTH CARE PROFESSIONALS

Pub. L. 117-105, §3, Mar. 18, 2022, 136 Stat. 1118, provided that:

“(a) IN GENERAL.—The Secretary [of Health and Human Services], in consultation with relevant stakeholders, including medical professional associations, shall establish a national evidence-based or evidence-informed education and awareness initiative—

“(1) to encourage health care professionals to seek support and care for their mental health or substance use concerns, to help such professionals identify risk factors associated with suicide and mental health conditions, and to help such professionals learn how best to respond to such risks, with the goal of preventing suicide, mental health conditions, and substance use disorders; and

“(2) to address stigma associated with seeking mental health and substance use disorder services.

“(b) REPORTING.—Not later than 2 years after the date of enactment of this Act [Mar. 18, 2022], the Secretary shall provide to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives an update on the activities and outcomes of the initiative under subsection (a), including a description of quantitative and qualitative metrics used to evaluate such activities and outcomes.

“(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated \$10,000,000 for each of fiscal years 2022 through 2024.”

#### SUBPART 2—PUBLIC HEALTH WORKFORCE

### § 295. General provisions

#### (a) In general

The Secretary may award grants or contracts to eligible entities to increase the number of individuals in the public health workforce, to enhance the quality of such workforce, and to enhance the ability of the workforce to meet national, State, and local health care needs.

#### (b) Eligibility

To be eligible to receive a grant or contract under subsection (a) an entity shall—

(1) be—

(A) a health professions school, including an accredited school or program of public

health, health administration, preventive medicine, or dental public health or a school providing health management programs;

(B) an academic health center;

(C) a State or local government; or

(D) any other appropriate public or private nonprofit entity; and

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

#### (c) Preference

In awarding grants or contracts under this section the Secretary may grant a preference to entities—

(1) serving individuals who are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities); and

(2) graduating large proportions of individuals who serve in underserved communities.

#### (d) Activities

Amounts provided under a grant or contract awarded under this section may be used for—

(1) the costs of planning, developing, or operating demonstration training programs;

(2) faculty development;

(3) trainee support;

(4) technical assistance;

(5) to meet the costs of projects—

(A) to plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine and dental public health, that have available full-time faculty members with training and experience in the fields of preventive medicine and dental public health; and

(B) to provide financial assistance to residency trainees enrolled in such programs;

(6) the retraining of existing public health workers as well as for increasing the supply of new practitioners to address priority public health, preventive medicine, public health dentistry, and health administration needs;

(7) preparing public health professionals for employment at the State and community levels;

(8) public health workforce loan repayment programs; or

(9) other activities that may produce outcomes that are consistent with the purposes of this section.

#### (e) Traineeships

##### (1) In general

With respect to amounts used under this section for the training of health professionals, such training programs shall be designed to—

(A) make public health education more accessible to the public and private health workforce;

(B) increase the relevance of public health academic preparation to public health practice in the future;

(C) provide education or training for students from traditional on-campus programs in practice-based sites; or

(D) develop educational methods and distance-based approaches or technology that