

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

address adult learning requirements and increase knowledge and skills related to community-based cultural diversity in public health education.

(2) Severe shortage disciplines

Amounts provided under grants or contracts under this section may be used for the operation of programs designed to award traineeships to students in accredited schools of public health who enter educational programs in fields where there is a severe shortage of public health professionals, including epidemiology, biostatistics, environmental health, toxicology, public health nursing, nutrition, preventive medicine, maternal and child health, and behavioral and mental health professions.

(July 1, 1944, ch. 373, title VII, §765, as added Pub. L. 105-392, title I, §105, Nov. 13, 1998, 112 Stat. 3553; amended Pub. L. 111-148, title V, §5206(a), Mar. 23, 2010, 124 Stat. 611.)

Editorial Notes

PRIOR PROVISIONS

A prior section 295, act July 1, 1944, ch. 373, title VII, §781, as added Pub. L. 102-408, title I, §102, Oct. 13, 1992, 106 Stat. 2055; amended Pub. L. 105-12, §12(b), Apr. 30, 1997, 111 Stat. 29, authorized grants and contracts for research on certain health professions issues, prior to repeal by Pub. L. 105-392, title I, §106(a)(1), Nov. 13, 1998, 112 Stat. 3557.

Another prior section 295, act July 1, 1944, ch. 373, title VII, §761, as added Dec. 25, 1970, Pub. L. 91-696, §101, 84 Stat. 2080-1; amended Oct. 17, 1979, Pub. L. 96-88, title III, §301(a)(1), title V, §507, 93 Stat. 677, 692, provided Congressional declaration of purpose for former part D of this subchapter, prior to repeal by Pub. L. 99-129, title II, §220(c), Oct. 22, 1985, 99 Stat. 544.

Another prior section 295, act July 1, 1944, ch. 373, title VII, §761, as added Oct. 31, 1963, Pub. L. 88-164, title I, §101, 77 Stat. 282, related to authorization of appropriations respecting grants for construction of mental retardation facilities, prior to the general amendment of former part D of this subchapter by section 101 of Pub. L. 91-696.

A prior section 765 of act July 1, 1944, was classified to section 294c of this title prior to the general amendment of part D of this subchapter by Pub. L. 105-392.

Another prior section 765 of act July 1, 1944, was classified to section 295d of this title prior to repeal by Pub. L. 99-129.

Another prior section 765 of act July 1, 1944, was classified to section 295d of this title prior to the general amendment of part D of this subchapter by Pub. L. 91-696.

AMENDMENTS

2010—Subsec. (d)(8), (9). Pub. L. 111-148 added par. (8) and redesignated former par. (8) as (9).

Statutory Notes and Related Subsidiaries

FUNDING FOR PUBLIC HEALTH WORKFORCE

Pub. L. 117-2, title II, §2501, Mar. 11, 2021, 135 Stat. 42, provided that:

“(a) IN GENERAL.—In addition to amounts otherwise available, there is appropriated to the Secretary of Health and Human Services (in this subtitle [subtitle F (§§2501, 2502) of title II of Pub. L. 117-2, enacting this note] referred to as the ‘Secretary’) for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, \$7,660,000,000, to remain available until expended, to carry out activities related to establishing, expanding, and sustaining a public health workforce,

including by making awards to State, local, and territorial public health departments.

“(b) USE OF FUNDS FOR PUBLIC HEALTH DEPARTMENTS.—Amounts made available to an awardee pursuant to subsection (a) shall be used for the following:

“(1) Costs, including wages and benefits, related to the recruiting, hiring, and training of individuals—

“(A) to serve as case investigators, contact tracers, social support specialists, community health workers, public health nurses, disease intervention specialists, epidemiologists, program managers, laboratory personnel, informaticians, communication and policy experts, and any other positions as may be required to prevent, prepare for, and respond to COVID-19; and

“(B) who are employed by—

“(i) the State, territorial, or local public health department involved; or

“(ii) a nonprofit private or public organization with demonstrated expertise in implementing public health programs and established relationships with such State, territorial, or local public health departments, particularly in medically underserved areas.

“(2) Personal protective equipment, data management and other technology, or other necessary supplies.

“(3) Administrative costs and activities necessary for awardees to implement activities funded under this section.

“(4) Subawards from recipients of awards under subsection (a) to local health departments for the purposes of the activities funded under this section.”

§ 295a. Public health training centers

(a) In general

The Secretary may make grants or contracts for the operation of public health training centers.

(b) Eligible entities

(1) In general

A public health training center shall be an accredited school of public health, or another public or nonprofit private institution accredited for the provision of graduate or specialized training in public health, that plans, develops, operates, and evaluates projects to improve preventive medicine, health promotion and disease prevention, or access to and quality of health care services in rural or medically underserved communities.

(2) Preference

In awarding grants or contracts under this section the Secretary shall give preference to accredited schools of public health.

(c) Certain requirements

With respect to a public health training center, an award may not be made under subsection (a) unless the program agrees that it—

(1) will establish or strengthen field placements for students in public or nonprofit private health agencies or organizations;

(2) will involve faculty members and students in collaborative projects to enhance public health services to medically underserved communities;

(3) will specifically designate a geographic area or medically underserved population to be served by the center that shall be in a location removed from the main location of the teaching facility of the school that is participating in the program with such center; and