

**(b) Authorization of appropriations**

There are authorized to be appropriated to carry out subsection (a) of this section, \$3,500,000 for fiscal year 2001, \$7,000,000 for fiscal year 2002, \$7,000,000 for fiscal year 2003, and \$3,500,000 for fiscal year 2004.

(July 1, 1944, ch. 373, title VII, §741, as added Pub. L. 106-525, title IV, §401(a), Nov. 22, 2000, 114 Stat. 2508.)

**PRIOR PROVISIONS**

A prior section 293e, act July 1, 1944, ch. 373, title VII, §725, formerly §728, as added Sept. 24, 1963, Pub. L. 88-129, §2(b), 77 Stat. 170; amended Sept. 4, 1964, Pub. L. 88-581, §3(d), 78 Stat. 919; Nov. 18, 1971, Pub. L. 92-157, title I, §102(i), 85 Stat. 436; renumbered §725, Oct. 12, 1976, Pub. L. 94-484, title III, §308(d), 90 Stat. 2257, related to technical assistance to applicants for grants for construction of teaching facilities for medical, dental, and other health personnel, and to States or interstate planning agencies to plan programs for relieving shortages of training of health personnel, prior to the general amendment of this subchapter by Pub. L. 102-408, title I, §102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 293e, act July 1, 1944, ch. 373, title VII, §702, formerly §725, as added Sept. 24, 1963, Pub. L. 88-129, §2(b), 77 Stat. 169; amended Sept. 4, 1964, Pub. L. 88-581, §3(c), 78 Stat. 919; Nov. 2, 1966, Pub. L. 89-709, §2(d), 80 Stat. 1103; Nov. 3, 1966, Pub. L. 89-751, §3(a), 80 Stat. 1230; Dec. 5, 1967, Pub. L. 90-174, §12(c), 81 Stat. 541; Oct. 30, 1970, Pub. L. 91-515, title VI, §601(b)(2), 84 Stat. 1311; Nov. 18, 1971, Pub. L. 92-157, title I, §108(a), 85 Stat. 460, was renumbered §702 of act July 1, 1944, by Pub. L. 94-484 and transferred to section 292b of this title, and subsequently omitted in the general amendment of this subchapter by Pub. L. 102-408.

A prior section 293f, act July 1, 1944, ch. 373, title VII, §726, formerly §729, as added Nov. 18, 1971, Pub. L. 92-157, title I, §102(d), 85 Stat. 432; renumbered §726 and amended Oct. 12, 1976, Pub. L. 94-484, title I, §101(d), title III, §§306, 308(d), 90 Stat. 2244, 2256, 2257; Aug. 13, 1981, Pub. L. 97-35, title XXVII, §2725, 95 Stat. 916, related to loan guarantees and interest subsidies, prior to the general amendment of this subchapter by Pub. L. 102-408, title I, §102, Oct. 13, 1992, 106 Stat. 1994.

Another prior section 293f, act July 1, 1944, ch. 373, title VII, §726, as added Sept. 24, 1963, Pub. L. 88-129, §2(b), 77 Stat. 170, provided for noninterference with administration of institutions, prior to repeal by Pub. L. 94-484, title III, §308(b), Oct. 12, 1976, 90 Stat. 2257.

A prior section 293g, act July 1, 1944, ch. 373, title VII, §727, as added Sept. 24, 1963, Pub. L. 88-129, §2(b), 77 Stat. 170; amended Nov. 18, 1971, Pub. L. 92-157, title I, §102(j)(7)(B), 85 Stat. 437, which related to regulations, was renumbered section 724 of act July 1, 1944, by Pub. L. 94-484 and transferred to section 293d of this title, and subsequently omitted in the general amendment of this subchapter by Pub. L. 102-408.

A prior section 293h, act July 1, 1944, ch. 373, title VII, §728, as added Sept. 24, 1963, Pub. L. 88-129, §2(b), 77 Stat. 170; amended Sept. 4, 1964, Pub. L. 88-581, §3(d), 78 Stat. 919; Nov. 18, 1971, Pub. L. 92-157, title I, §102(i), 85 Stat. 436, which related to technical assistance, was renumbered section 726 of act July 1, 1944, by Pub. L. 94-484 and transferred to section 293e of this title, and subsequently omitted in the general amendment of this subchapter by Pub. L. 102-408.

A prior section 293i, act July 1, 1944, ch. 373, title VII, §729, as added Nov. 18, 1971, Pub. L. 92-157, title I, §102(d), 85 Stat. 432, which related to loan guarantees and interest subsidies, was renumbered section 726 of act July 1, 1944, by Pub. L. 94-484 and transferred to section 293f of this title, and subsequently omitted in the general amendment of this subchapter by Pub. L. 102-408.

**NATIONAL CONFERENCE ON HEALTH PROFESSIONS  
EDUCATION AND HEALTH DISPARITIES**

Pub. L. 106-525, title IV, §402, Nov. 22, 2000, 114 Stat. 2509, provided that:

“(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act [Nov. 22, 2000], the Secretary of Health and Human Services (in this section referred to as the ‘Secretary’), acting through the Administrator of the Health Resources and Services Administration, shall convene a national conference on health professions education as a method for reducing disparities in health outcomes.

“(b) PARTICIPANTS.—The Secretary shall include in the national conference convened under subsection (a) advocacy groups and educational entities as described in section 741 of the Public Health Service Act [this section] (as added by section 401), tribal health programs, health centers under section 330 of such Act [section 254b of this title], and other interested parties.

“(c) ISSUES.—The national conference convened under subsection (a) shall include, but is not limited to, issues that address the role and impact of health professions education on the reduction of disparities in health outcomes, including the role of education on cultural competency. The conference shall focus on methods to achieve reductions in disparities in health outcomes through health professions education (including continuing education programs) and strategies for outcomes measurement to assess the effectiveness of education in reducing disparities.

“(d) PUBLICATION OF FINDINGS.—Not later than 6 months after the national conference under subsection (a) has convened, the Secretary shall publish in the Federal Register a summary of the proceedings and findings of the conference.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.”

**PART C—TRAINING IN FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PHYSICIAN ASSISTANTS, GENERAL DENTISTRY, AND PEDIATRIC DENTISTRY****§ 293j. Repealed. Pub. L. 105-392, title I, § 102(2), Nov. 13, 1998, 112 Stat. 3537**

Section, act July 1, 1944, ch. 373, title VII, §746, as added Pub. L. 102-408, title I, §102, Oct. 13, 1992, 106 Stat. 2034; amended Pub. L. 102-531, title III, §313(a)(2), Oct. 27, 1992, 106 Stat. 3507; Pub. L. 103-43, title XX, §2008(i)(3), June 10, 1993, 107 Stat. 213, related to area health education center programs.

A prior section 746 of act July 1, 1944, was classified to section 294q-2 of this title prior to the general revision of this subchapter by Pub. L. 102-408.

**§ 293k. Family medicine, general internal medicine, general pediatrics, general dentistry, pediatric dentistry, and physician assistants****(a) Training generally**

The Secretary may make grants to, or enter into contracts with, any public or nonprofit private hospital, school of medicine or osteopathic medicine, or to or with a public or private nonprofit entity (which the Secretary has determined is capable of carrying out such grant or contract)—

(1) to plan, develop, and operate, or participate in, an approved professional training program (including an approved residency or internship program) in the field of family medicine, internal medicine, or pediatrics for medical (M.D. and D.O.) students, interns (including interns in internships in osteopathic medicine), residents, or practicing physicians that

emphasizes training for the practice of family medicine, general internal medicine, or general pediatrics (as defined by the Secretary);

(2) to provide financial assistance (in the form of traineeships and fellowships) to medical (M.D. and D.O.) students, interns (including interns in internships in osteopathic medicine), residents, practicing physicians, or other medical personnel, who are in need thereof, who are participants in any such program, and who plan to specialize or work in the practice of family medicine, general internal medicine, or general pediatrics;

(3) to plan, develop, and operate a program for the training of physicians who plan to teach in family medicine (including geriatrics), general internal medicine or general pediatrics training programs;

(4) to provide financial assistance (in the form of traineeships and fellowships) to physicians who are participants in any such program and who plan to teach in a family medicine (including geriatrics), general internal medicine or general pediatrics training program;

(5) to meet the costs of projects to plan, develop, and operate or maintain programs for the training of physician assistants (as defined in section 295p of this title), and for the training of individuals who will teach in programs to provide such training; and

(6) to meet the costs of planning, developing, or operating programs, and to provide financial assistance to residents in such programs, of general dentistry or pediatric dentistry.

For purposes of paragraph (6), entities eligible for such grants or contracts shall include entities that have programs in dental schools, approved residency programs in the general or pediatric practice of dentistry, approved advanced education programs in the general or pediatric practice of dentistry, or approved residency programs in pediatric dentistry.

**(b) Academic administrative units**

**(1) In general**

The Secretary may make grants to or enter into contracts with schools of medicine or osteopathic medicine to meet the costs of projects to establish, maintain, or improve academic administrative units (which may be departments, divisions, or other units) to provide clinical instruction in family medicine, general internal medicine, or general pediatrics.

**(2) Preference in making awards**

In making awards of grants and contracts under paragraph (1), the Secretary shall give preference to any qualified applicant for such an award that agrees to expend the award for the purpose of—

(A) establishing an academic administrative unit for programs in family medicine, general internal medicine, or general pediatrics;<sup>1</sup>

(B) substantially expanding the programs of such a unit; or<sup>1</sup>

<sup>1</sup> So in original.

**(3) Priority in making awards**

In making awards of grants and contracts under paragraph (1), the Secretary shall give priority to any qualified applicant for such an award that proposes a collaborative project between departments of primary care.

**(c) Priority**

**(1) In general**

With respect to programs for the training of interns or residents, the Secretary shall give priority in awarding grants under this section to qualified applicants that have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers, which enter and remain in primary care practice or general or pediatric dentistry.

**(2) Disadvantaged individuals**

With respect to programs for the training of interns, residents, or physician assistants, the Secretary shall give priority in awarding grants under this section to qualified applicants that have a record of training individuals who are from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among primary care practice or general or pediatric dentistry).

**(3) Special consideration**

In awarding grants under this section the Secretary shall give special consideration to projects which prepare practitioners to care for underserved populations and other high risk groups such as the elderly, individuals with HIV-AIDS, substance abusers, homeless, and victims of domestic violence.

**(d) Duration of award**

The period during which payments are made to an entity from an award of a grant or contract under subsection (a) of this section may not exceed 5 years. The provision of such payments shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments.

**(e) Funding**

**(1) Authorization of appropriations**

For the purpose of carrying out this section, there is authorized to be appropriated \$78,300,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.

**(2) Allocation**

**(A) In general**

Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall make available—

(i) not less than \$49,300,000 for awards of grants and contracts under subsection (a) of this section to programs of family medicine, of which not less than \$8,600,000 shall be made available for awards of grants and contracts under subsection (b) of this section for family medicine academic administrative units;

(ii) not less than \$17,700,000 for awards of grants and contracts under subsection (a)

of this section to programs of general internal medicine and general pediatrics;

(iii) not less than \$6,800,000 for awards of grants and contracts under subsection (a) of this section to programs relating to physician assistants; and

(iv) not less than \$4,500,000 for awards of grants and contracts under subsection (a) of this section to programs of general or pediatric dentistry.

#### (B) Ratable reduction

If amounts appropriated under paragraph (1) for any fiscal year are less than the amount required to comply with subparagraph (A), the Secretary shall ratably reduce the amount to be made available under each of clauses (i) through (iv) of such subparagraph accordingly.

(July 1, 1944, ch. 373, title VII, §747, as added Pub. L. 102-408, title I, §102, Oct. 13, 1992, 106 Stat. 2042; amended Pub. L. 105-392, title I, §102(3), Nov. 13, 1998, 112 Stat. 3537.)

#### PRIOR PROVISIONS

A prior section 747 of act July 1, 1944, was classified to section 294q-3 of this title prior to the general revision of this subchapter by Pub. L. 102-408.

#### AMENDMENTS

1998—Pub. L. 105-392, §102(3)(A), substituted “Family medicine, general internal medicine, general pediatrics, general dentistry, pediatric dentistry, and physician assistants” for “Family medicine” in section catchline.

Subsec. (a). Pub. L. 105-392, §102(3)(B)(iv), (v), (vii), added pars. (5) and (6) and concluding provisions.

Subsec. (a)(1). Pub. L. 105-392, §102(3)(B)(i), inserted “, internal medicine, or pediatrics” after “family medicine” and inserted before semicolon at end “that emphasizes training for the practice of family medicine, general internal medicine, or general pediatrics (as defined by the Secretary)”.

Subsec. (a)(2). Pub. L. 105-392, §102(3)(B)(ii), inserted “, general internal medicine, or general pediatrics” before semicolon at end.

Subsec. (a)(3), (4). Pub. L. 105-392, §102(3)(B)(iii), inserted “(including geriatrics), general internal medicine or general pediatrics” after “family medicine”.

Subsec. (b)(1), (2)(A). Pub. L. 105-392, §102(3)(C)(i), inserted “, general internal medicine, or general pediatrics” after “family medicine”.

Subsec. (b)(3). Pub. L. 105-392, §102(3)(C)(ii), (iii), added par. (3).

Subsecs. (c) to (e). Pub. L. 105-392, §102(3)(D), (E), added subsec. (c) and redesignated former subsecs. (c) and (d) as (d) and (e), respectively.

Subsec. (e)(1). Pub. L. 105-392, §102(3)(F)(i), substituted “\$78,300,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.” for “\$54,000,000 for each of the fiscal years 1993 through 1995.”

Subsec. (e)(2). Pub. L. 105-392, §102(3)(F)(ii), added par. (2) and struck out heading and text of former par. (2). Text read as follows: “Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall make available not less than 20 percent for awards of grants and contracts under subsection (b) of this section.”

### § 293I. Advisory Committee on Training in Primary Care Medicine and Dentistry

#### (a) Establishment

The Secretary shall establish an advisory committee to be known as the Advisory Com-

mittee on Training in Primary Care Medicine and Dentistry (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. 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)  $\frac{1}{3}$  of such members shall serve for a term of 1 year;

(B)  $\frac{1}{3}$  of such members shall serve for a term of 2 years; and

(C)  $\frac{1}{3}$  of such 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.

#### (d) Duties

The Advisory Committee shall—

(1) provide advice and recommendations to the Secretary concerning policy and program development and other matters of significance concerning the activities under section 293k of this title; and

(2) not later than 3 years after November 13, 1998, and annually thereafter, prepare and submit to the Secretary, and the Committee on Labor and Human Resources of the Senate, and the Committee on Commerce of the House of Representatives, a report describing the ac-