

appropriate for decisionmaker needs, and rationale for further evolution of this field.

(2) An evaluation of best practices for precipitation estimation that are based on the best-available science, include considerations of non-stationarity, and can be utilized by the user community.

(3) A framework for—

(A) the development of a National Guidance Document for estimating extreme precipitation in future conditions; and

(B) evaluation of the strengths and challenges of the full spectrum of approaches, including for probable maximum precipitation studies.

(4) A description of existing research needs in the field of precipitation estimation in order to modernize current methodologies and consider non-stationarity.

(5) A description of in-situ, airborne, and space-based observation requirements, that could enhance precipitation estimation and development of models, including an examination of the use of geographic information systems and geospatial technology for integration, analysis, and visualization of precipitation data.

(6) A recommended plan for a Federal research and development program, including specifications for costs, timeframes, and responsible agencies for addressing identified research needs.

(7) An analysis of the respective roles in precipitation estimation of various Federal agencies, academia, State, tribal, territorial, and local governments, and other public and private stakeholders.

(8) Recommendations for data management to promote long-term needs such as enabling retrospective analyses and data discoverability, interoperability, and reuse.

(9) Recommendations for how data and services from the entire enterprise can be best leveraged by the Federal Government.

(10) A description of non-Federal precipitation data, its accessibility by the Federal Government, and ways for National Oceanic and Atmospheric Administration to improve or expand such datasets.

(c) Authorization of appropriations

There is authorized \$1,500,000 to the National Oceanic and Atmospheric Administration to carry out this study.

(Pub. L. 115-25, title VI, § 601, as added Pub. L. 117-229, div. D, § 2(a), Dec. 16, 2022, 136 Stat. 2313.)

§ 8562. Improving probable maximum precipitation estimates

(a) In general

Not later than 90 days after the date on which the National Academies makes public the report under section 8561 of this title, the Administrator, in consideration of the report recommendations, shall consult with relevant partners, including users of the data, on the development of a plan to—

(1) not later than 6 years after the completion of such report and not less than every 10 years thereafter, update probable maximum

precipitation estimates for the United States, such that each update considers non-stationarity;

(2) coordinate with partners to conduct research in the field of extreme precipitation estimation, in accordance with the research needs identified in such report;

(3) make publicly available, in a searchable, interoperable format, all probable maximum precipitation studies developed by the National Oceanic and Atmospheric Administration that the Administrator has the legal right to redistribute and deemed to be at an appropriate state of development on an internet website of the National Oceanic and Atmospheric Administration; and

(4) ensure all probable maximum precipitation estimate data, products, and supporting documentation and metadata developed by the National Oceanic and Atmospheric Administration are preserved, curated, and served by the National Oceanic and Atmospheric Administration, as appropriate.

(b) National guidance document for the development of probable maximum precipitation estimates

The Administrator, in collaboration with Federal agencies, State, territorial, Tribal and local governments, academia, and other partners the Administrator deems appropriate, shall develop a National Guidance Document that—

(1) provides best practices that can be followed by Federal and State regulatory agencies, private meteorological consultants, and other users that perform probable maximum precipitation studies;

(2) considers the recommendations provided in the National Academies study under section 8561 of this title;

(3) facilitates review of probable maximum precipitation studies by regulatory agencies; and

(4) provides confidence in regional and site-specific probable maximum precipitation estimates.

(c) Publication

Not later than 2 years after the date on which the National Academies makes public the report under section 8561 of this title, the Administrator shall make publicly available the National Guidance Document under subsection (b) on an internet website of the National Oceanic and Atmospheric Administration.

(d) Updates

The Administrator shall update the National Guidance Document not less than once every 10 years after the publication of the National Guidance Document under subsection (c) and publish such updates in accordance with such subsection.

(Pub. L. 115-25, title VI, § 602, as added Pub. L. 117-229, div. D, § 2(a), Dec. 16, 2022, 136 Stat. 2314.)

§ 8563. Definitions

In this subchapter:

(1) Administrator

The term “Administrator” means the Under Secretary of Commerce for Oceans and Atmos-

phere and Administrator of the National Oceanic and Atmospheric Administration.

(2) National Academies

The term “National Academies” means the National Academies of Sciences, Engineering, and Medicine.

(3) United States

The term “United States” means, collectively, each State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Virgin Islands of the United States, and any other territory or possession of the United States.

(Pub. L. 115–25, title VI, §603, as added Pub. L. 117–229, div. D, §2(a), Dec. 16, 2022, 136 Stat. 2315.)

**CHAPTER 112—SPORTS MEDICINE
LICENSURE**

Sec.
8601. Protections for covered sports medicine professionals.

§ 8601. Protections for covered sports medicine professionals

(a) In general

In the case of a covered sports medicine professional who has in effect medical professional liability insurance coverage and provides in a secondary State covered medical services that are within the scope of practice of such professional in the primary State to an athlete or an athletic team (or a staff member of such an athlete or athletic team) pursuant to an agreement described in subsection (c)(4) with respect to such athlete or athletic team—

(1) such medical professional liability insurance coverage shall cover (subject to any related premium adjustments) such professional with respect to such covered medical services provided by the professional in the secondary State to such an individual or team as if such services were provided by such professional in the primary State to such an individual or team; and

(2) to the extent such professional is licensed under the requirements of the primary State to provide such services to such an individual or team, the professional shall be treated as satisfying any licensure requirements of the secondary State to provide such services to such an individual or team to the extent the licensure requirements of the secondary State are substantially similar to the licensure requirements of the primary State.

(b) Rule of construction

Nothing in this section shall be construed—

(1) to allow a covered sports medicine professional to provide medical services in the secondary State that exceed the scope of that professional’s license in the primary State;

(2) to allow a covered sports medicine professional to provide medical services in the secondary State that exceed the scope of a substantially similar sports medicine professional license in the secondary State;

(3) to supersede any reciprocity agreement in effect between the two States regarding such services or such professionals;

(4) to supersede any interstate compact agreement entered into by the two States regarding such services or such professionals; or

(5) to supersede a licensure exemption the secondary State provides for sports medicine professionals licensed in the primary State.

(c) Definitions

In this chapter, the following definitions apply:

(1) Athlete

The term “athlete” means—

(A) an individual participating in a sporting event or activity for which the individual may be paid;

(B) an individual participating in a sporting event or activity sponsored or sanctioned by a national governing body; or

(C) an individual for whom a high school or institution of higher education provides a covered sports medicine professional.

(2) Athletic team

The term “athletic team” means a sports team—

(A) composed of individuals who are paid to participate on the team;

(B) composed of individuals who are participating in a sporting event or activity sponsored or sanctioned by a national governing body; or

(C) for which a high school or an institution of higher education provides a covered sports medicine professional.

(3) Covered medical services

The term “covered medical services” means general medical care, emergency medical care, athletic training, or physical therapy services. Such term does not include care provided by a covered sports medicine professional—

(A) at a health care facility; or

(B) while a health care provider licensed to practice in the secondary State is transporting the injured individual to a health care facility.

(4) Covered sports medicine professional

The term “covered sports medicine professional” means a physician, athletic trainer, or other health care professional who—

(A) is licensed to practice in the primary State;

(B) provides covered medical services, pursuant to a written agreement with an athlete, an athletic team, a national governing body, a high school, or an institution of higher education; and

(C) prior to providing the covered medical services described in subparagraph (B), has disclosed the nature and extent of such services to the entity that provides the professional with liability insurance in the primary State.

(5) Health care facility

The term “health care facility” means a facility in which medical care, diagnosis, or treatment is provided on an inpatient or outpatient basis. Such term does not include facilities at an arena, stadium, or practice facility, or temporary facilities existing for events