

Subsec. (d). Pub. L. 115-271, §7064(3), (5), redesignated subsec. (c) as (d) and substituted “2019 through 2023” for “2001 through 2005”.

#### Statutory Notes and Related Subsidiaries

##### IMPROVING DATA AND THE PUBLIC HEALTH RESPONSE

Pub. L. 114-91, §4, Nov. 25, 2015, 129 Stat. 725, provided that: “The Secretary [of Health and Human Services] may continue activities, as appropriate, related to—

“(1) providing technical assistance to support States and Federally recognized Indian Tribes in collecting information on neonatal abstinence syndrome through the utilization of existing surveillance systems and collaborating with States and Federally recognized Indian Tribes to improve the quality, consistency, and collection of such data; and

“(2) providing technical assistance to support States in implementing effective public health measures, such as disseminating information to educate the public, health care providers, and other stakeholders on prenatal opioid use and neonatal abstinence syndrome.”

#### § 247b-13a. Screening and treatment for maternal mental health and substance use disorders

##### (a) Grants

The Secretary shall make grants to States, Indian Tribes and Tribal organizations (as such terms are defined in section 5304 of title 25) to establish, improve, or maintain programs for screening, assessment, and treatment services, including culturally and linguistically appropriate services, as appropriate, for women who are postpartum, pregnant, or have given birth within the preceding 12 months, for maternal mental health and substance use disorders.

##### (b) Application

To seek a grant under this section, an entity listed in subsection (a) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require. At a minimum, any such application shall include explanations of—

(1) how a program, or programs, will increase the percentage of women screened and treated, as appropriate, for maternal mental health and substance use disorders in 1 or more communities; and

(2) how a program, or programs, if expanded, would increase access to screening and treatment services for maternal mental health and substance use disorders.

##### (c) Priority

In awarding grants under this section, the Secretary shall, as appropriate, give priority to entities listed in subsection (a) that—

(1) are proposing to create, improve, or enhance screening, prevention, and treatment services for maternal mental health and substance use disorders in primary care settings;

(2) are currently partnered with, or will partner with, one or more community-based organizations to address maternal mental health and substance use disorders;

(3) are located in, or provide services under this section in, an area with disproportionately high rates of maternal mental health or substance use disorders or other related disparities; and

(4) operate in a health professional shortage area designated under section 254e of this title, including maternity care health professional target areas.

##### (d) Use of funds

The activities eligible for funding through a grant under subsection (a)—

(1) shall include—

(A) providing appropriate training on maternal mental health and substance use disorder screening, brief intervention, treatment (as applicable for health care providers), and referrals for treatment to health care providers in the primary care setting and, as applicable, relevant health paraprofessionals;

(B) providing information on maternal mental health and substance use disorder screening, brief intervention, treatment (as applicable for health care providers) and referrals for treatment, follow-up support services, and linkages to community-based resources to health care providers in the primary care setting and, as applicable, relevant health paraprofessionals; and

(C) to the extent practicable and appropriate, enabling health care providers (such as obstetrician-gynecologists, nurse practitioners, nurse midwives, pediatricians, psychiatrists, mental and other behavioral health care providers, and adult primary care clinicians) to provide or receive real-time psychiatric consultation (in-person or remotely), including through the use of technology-enabled collaborative learning and capacity building models (as defined in section 254c-20 of this title), to aid in the treatment of pregnant and postpartum women; and

(2) may include—

(A) establishing linkages with and among community-based resources, including mental health resources, primary care resources, and support groups;

(B) utilizing telehealth services, including for rural areas and medically underserved areas (as defined in section 254c-14(a) of this title);

(C) providing assistance to pregnant and postpartum women to receive maternal mental health and substance use disorder treatment, including patient consultation, care coordination, and navigation for such treatment;

(D) coordinating, as appropriate, with maternal and child health programs of State, local, and Tribal governments, including child psychiatric access programs;

(E) conducting public outreach and awareness regarding grants under subsection (a);

(F) creating multistate consortia to carry out the activities required or authorized under this subsection; and

(G) training health care providers in the primary care setting and relevant health paraprofessionals on trauma-informed care, culturally and linguistically appropriate services, and best practices related to training to improve the provision of maternal mental health and substance use disorder

care for racial and ethnic minority populations and reduce related disparities in the delivery of such care.

**(e) Technical assistance**

The Secretary shall provide technical assistance to grantees and entities listed in subsection (a) for carrying out activities pursuant to this section.

**(f) Dissemination of best practices**

The Secretary, based on evaluation of the activities funded pursuant to this section, shall identify and disseminate evidence-based or evidence-informed practices for screening, assessment, treatment, and referral to treatment services for maternal mental health and substance use disorders, including culturally and linguistically appropriate services, for women during pregnancy and 12 months following pregnancy.

**(g) Matching requirement**

The Federal share of the cost of the activities for which a grant is made to an entity under subsection (a) shall not exceed 90 percent of the total cost of such activities.

**(h) Authorization of appropriations**

To carry out this section, there are authorized to be appropriated \$24,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title III, § 317L-1, as added Pub. L. 114-255, div. B, title X, § 10005, Dec. 13, 2016, 130 Stat. 1266; amended Pub. L. 117-328, div. FF, title I, § 1111, Dec. 29, 2022, 136 Stat. 5640.)

**Editorial Notes**

AMENDMENTS

2022—Pub. L. 117-328, § 1111(a)(1), substituted “maternal mental health and substance use disorders” for “maternal depression” in section catchline.

Subsec. (a). Pub. L. 117-328, § 1111(a)(2), inserted “, Indian Tribes and Tribal organizations (as such terms are defined in section 5304 of title 25)” after “States” and substituted “for women who are postpartum, pregnant, or have given birth within the preceding 12 months, for maternal mental health and substance use disorders” for “for women who are pregnant, or who have given birth within the preceding 12 months, for maternal depression”.

Subsec. (b). Pub. L. 117-328, § 1111(b)(1), substituted “an entity listed in subsection (a) shall submit” for “a State shall submit” in introductory provisions.

Subsec. (b)(1), (2). Pub. L. 117-328, § 1111(b)(2), substituted “maternal mental health and substance use disorders” for “maternal depression”.

Subsec. (c). Pub. L. 117-328, § 1111(c), substituted “shall, as appropriate, give priority to entities listed in subsection (a) that—” for “may give priority to States proposing to improve or enhance access to screening”, inserted par. (1) designation and “are proposing to create, improve, or enhance screening, prevention, and treatment” before “services”, substituted “maternal mental health and substance use disorders” for “maternal depression” and added pars. (2) to (4).

Subsec. (d)(1)(A). Pub. L. 117-328, § 1111(d)(1)(A), substituted “on maternal mental health and substance use disorder screening, brief intervention, treatment (as applicable for health care providers), and referrals for treatment to health care providers in the primary care setting and, as applicable, relevant health paraprofessionals;” for “to health care providers; and”.

Subsec. (d)(1)(B). Pub. L. 117-328, § 1111(d)(1)(B), substituted “on maternal mental health and substance use disorder screening, brief intervention, treatment (as

applicable for health care providers) and referrals for treatment, follow-up support services, and linkages to community-based resources to health care providers in the primary care setting and, as applicable, relevant health paraprofessionals; and” for “to health care providers, including information on maternal depression screening, treatment, and followup support services, and linkages to community-based resources; and”.

Subsec. (d)(1)(C). Pub. L. 117-328, § 1111(d)(1)(C), added subpar. (C).

Subsec. (d)(2)(A). Pub. L. 117-328, § 1111(d)(2)(A), (B), redesignated subpar. (B) as (A) and struck out former subpar. (A) which read as follows: “enabling health care providers (including obstetrician-gynecologists, pediatricians, psychiatrists, mental health care providers, and adult primary care clinicians) to provide or receive real-time psychiatric consultation (in-person or remotely) to aid in the treatment of pregnant and parenting women;”.

Subsec. (d)(2)(B). Pub. L. 117-328, § 1111(d)(2)(B), (D)(i), redesignated subpar. (C) as (B) and inserted “, including” before “for rural areas”. Former subpar. (B) redesignated (A).

Subsec. (d)(2)(C) to (G). Pub. L. 117-328, § 1111(d)(2)(C), (D)(ii), (E), added subpars. (C) to (G). Former subpar. (C) redesignated (B).

Subsecs. (e) to (g). Pub. L. 117-328, § 1111(e)(2), added subsecs. (e) to (g). Former subsec. (e) redesignated (h).

Subsec. (h). Pub. L. 117-328, § 1111(e)(1), (f), redesignated subsec. (e) as (h) and substituted “\$24,000,000” for “\$5,000,000” and “2023 through 2027” for “2018 through 2022”.

**§ 247b-14. Oral health promotion and disease prevention**

**(a) Grants to increase resources for community water fluoridation**

**(1) In general**

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States and Indian tribes for the purpose of increasing the resources available for community water fluoridation.

**(2) Use of funds**

A State shall use amounts provided under a grant under paragraph (1)—

- (A) to purchase fluoridation equipment;
- (B) to train fluoridation engineers;
- (C) to develop educational materials on the benefits of fluoridation; or
- (D) to support the infrastructure necessary to monitor and maintain the quality of water fluoridation.

**(b) Community water fluoridation**

**(1) In general**

The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in collaboration with the Director of the Indian Health Service, shall establish a demonstration project that is designed to assist rural water systems in successfully implementing the water fluoridation guidelines of the Centers for Disease Control and Prevention that are entitled “Engineering and Administrative Recommendations for Water Fluoridation, 1995” (referred to in this subsection as the “EARWF”).

**(2) Requirements**

**(A) Collaboration**

In collaborating under paragraph (1), the Directors referred to in such paragraph shall