

mediately below the level of State government, including counties, parishes, and boroughs. If State law recognizes an entity of general government that functions in lieu of, and is not within, a county, parish, or borough, the Secretary may recognize an area under the jurisdiction of such other entities of general government as a political subdivision for purposes of this section.

(f) Authorization of appropriations

(1) In general

For the purpose of carrying out this section, there are authorized to be appropriated \$100,000,000 for each of fiscal years 2019 through 2023.

(2) Public health emergencies

In the case of control programs carried out in response to a mosquito-borne disease that constitutes a public health emergency, the authorization of appropriations under paragraph (1) is in addition to applicable authorizations of appropriations under this chapter and other medical and public health preparedness and response laws.

(3) Fiscal year 2019 appropriations

For fiscal year 2019, 50 percent or more of the funds appropriated under paragraph (1) shall be used to award grants to political subdivisions or consortia of political subdivisions under subsection (b).

(July 1, 1944, ch. 373, title III, §317S, as added Pub. L. 108-75, §2(2), Aug. 15, 2003, 117 Stat. 898; amended Pub. L. 116-22, title VI, §607(a), June 24, 2019, 133 Stat. 959.)

Editorial Notes

AMENDMENTS

2019—Subsec. (a)(1)(B). Pub. L. 116-22, §607(a)(1), inserted “including programs to address emerging infectious mosquito-borne diseases,” after “subdivisions for control programs,” and “or improving existing control programs” after “in the subdivisions”.

Subsec. (b)(1). Pub. L. 116-22, §607(a)(2)(A), inserted “, including improvement,” after “operation”.

Subsec. (b)(2)(A)(iii). Pub. L. 116-22, §607(a)(2)(B)(i)(II), substituted “, including an emerging infectious mosquito-borne disease that presents a serious public health threat; or” for semicolon at end.

Subsec. (b)(2)(A)(iv). Pub. L. 116-22, §607(a)(2)(B)(i)(I), (III), added cl. (iv).

Subsec. (b)(2)(D). Pub. L. 116-22, §607(a)(2)(B)(ii), amended subpar. (D) generally. Prior to amendment, subpar. (D) read as follows: “is located in a State that has received a grant under subsection (a).”

Subsec. (b)(4)(C). Pub. L. 116-22, §607(a)(2)(C), substituted “that—” for “that extraordinary economic conditions in the political subdivision or consortium of political subdivisions involved justify the waiver.” and added cls. (i) and (ii).

Subsec. (b)(6). Pub. L. 116-22, §607(a)(2)(D), amended par. (6) generally. Prior to amendment, par. (6) related to amount of grant and number of grants.

Subsec. (f)(1). Pub. L. 116-22, §607(a)(3)(A), substituted “for each of fiscal years 2019 through 2023” for “for fiscal year 2003, and such sums as may be necessary for each of fiscal years 2004 through 2007”.

Subsec. (f)(2). Pub. L. 116-22, §607(a)(3)(B), substituted “this chapter and other medical and public health preparedness and response laws” for “the Public Health Security and Bioterrorism Preparedness and Response Act of 2002”.

Subsec. (f)(3). Pub. L. 116-22, §607(a)(3)(C), substituted “2019” for “2004” in heading and “2019,” for “2004,” in text.

§ 247b-22. Microbicide research

(a) In general

The Director of the Centers for Disease Control and Prevention is strongly encouraged to fully implement the Centers’ microbicide agenda to support research and development of microbicides for use to prevent the transmission of the human immunodeficiency virus.

(b) Authorization of appropriations

There are authorized to be appropriated such sums as may be necessary for each of fiscal years 2009 through 2013 to carry out this section.

(July 1, 1944, ch. 373, title III, §317T, as added Pub. L. 110-293, title II, §203(d), July 30, 2008, 122 Stat. 2941.)

§ 247b-23. National strategy and regional centers of excellence in vector-borne diseases

(a) In general

The Secretary shall—

(1)(A) ensure the development and implementation of a national strategy to address vector-borne diseases, including tick-borne diseases, that—

(i) identifies and assesses gaps and any unnecessary duplication in federally-funded programs; and

(ii) identifies strategic goals to address such diseases and appropriate benchmarks to measure progress toward achieving such goals; and

(B) update such strategy, as appropriate; and

(2) coordinate programs and activities, including related to data collection, research, and the development of diagnostics, treatments, vaccines, and other related activities, to address vector-borne diseases, including tick-borne diseases, across the Department of Health and Human Services and with other Federal agencies or departments, as appropriate.

(b) Consultation

In carrying out subsection (a)(1), the Secretary shall consult with the Tick-Borne Disease Working Group established under section 284s of this title and other individuals, as appropriate, such as—

(1) epidemiologists with experience in vector-borne diseases;

(2) representatives of patient advocacy and research organizations that focus on vector-borne diseases, including such organizations that have demonstrated experience in related research, public health, data collection, or patient access to care;

(3) health information technology experts or other information management specialists;

(4) clinicians, entomologists, vector management professionals, public health professionals, and others with expertise in vector-borne diseases; and

(5) researchers, including researchers with experience conducting translational research.

(c) Centers of excellence

The Secretary, in coordination with the Director of the Centers for Disease Control and Pre-

vention, shall award grants, contracts, or cooperative agreements to institutions of higher education for the establishment or continued support of regional centers of excellence in vector-borne diseases to address vector-borne diseases, including tick-borne diseases, by—

- (1) facilitating collaboration between academia and public health organizations for public health surveillance, prevention, and response activities related to vector-borne diseases, including tick-borne diseases;
- (2) providing training for public health entomologists and other health care professionals, as appropriate, to address vector-borne diseases, including tick-borne diseases;
- (3) conducting research to develop and validate prevention and control tools and methods, including evidence-based and innovative, evidence-informed tools and methods to anticipate and respond to disease outbreaks; or
- (4) preparing for and responding to outbreaks of vector-borne diseases, including tick-borne diseases.

(d) Eligibility

To be eligible to receive a grant, contract, or cooperative agreement under subsection (c), an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a description of how the entity will conduct the activities described in such subsection.

(e) Reports

(1) Program summary

An entity receiving an award under subsection (c) shall, not later than one year after receiving such award, and annually thereafter, submit to the Secretary a summary of programs and activities funded under the award.

(2) Progress report

Not later than 4 years after December 20, 2019, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report on the progress made in addressing vector-borne diseases, including tick-borne diseases, through activities carried out under this section.

(f) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated \$10,000,000 for each of fiscal years 2021 through 2025.

(July 1, 1944, ch. 373, title III, § 317U, as added Pub. L. 116-94, div. N, title I, § 404(b), Dec. 20, 2019, 133 Stat. 3116.)

§ 247b-24. Addressing factors related to improving health outcomes

(a) In general

The Secretary may, as appropriate, award grants, contracts, or cooperative agreements to eligible entities for the conduct of evidence-based or evidence-informed projects, which may include the development of networks to improve health outcomes by improving the capacity of

such entities to address factors that contribute to negative health outcomes in communities.

(b) Eligible entities

To be eligible to receive an award under this section, an entity shall—

- (1)(A) be a State, local, or Tribal health department, community-based organization, Indian Tribe or Tribal organization (as such terms are defined in section 5304 of title 25), urban Indian organization (as defined in section 1603 of title 25), or other public or private entity, as the Secretary determines appropriate; or

- (B) be a consortia of entities described in subparagraph (A) or a public-private partnership, including a community partnership;

- (2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary shall require;

- (3) in the case of an entity other than a community-based organization, demonstrate a history of successfully working with an established community-based organization to address health outcomes; and

- (4) submit a plan to conduct activities described in subsection (a) based on a community needs assessment that takes into account community input.

(c) Use of funds

An entity described in subsection (b) shall use funds received under subsection (a), in consultation with State, local, and Tribal health departments, community-based organizations, entities serving medically underserved communities, and other entities, as applicable, for one or more of the following purposes:

- (1) Supporting the implementation, evaluation, and dissemination of strategies, through evidence-informed or evidence-based programs and through the support and use of public health and health care professionals to address factors related to health outcomes.

- (2) Establishing, maintaining, or improving, in consultation with State, local, or Tribal health departments, technology platforms or networks to support, in a manner that is consistent with applicable Federal and State privacy law—

- (A) coordination among appropriate entities, and, as applicable and appropriate, activities to improve such coordination;

- (B) information sharing on health and related social services; and

- (C) technical assistance and related support for entities participating in the platforms or networks.

- (3) Implementing best practices for improving health outcomes and reducing disease among underserved populations.

- (4) Supporting consideration of factors related to health outcomes in preparing for, and responding to, public health emergencies, through outreach, education, research, and other relevant activities.

(d) Best practices and technical assistance

The Secretary, in consultation with the Director of the Office of Minority Health, the National Coordinator for Health Information Tech-