

at least one case coordinator, at least one child and adolescent psychiatrist, and at least one licensed clinical mental health professional, such as a psychologist, social worker, or mental health counselor, and which may include a developmental-behavioral pediatrician. Such a team may be regionally based.

**(c) Application**

A State, political subdivision of a State, Indian Tribe, or Tribal organization seeking an award under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including a plan for the comprehensive evaluation of activities that are carried out with funds received under such award.

**(d) Evaluation**

A State, political subdivision of a State, Indian Tribe, or Tribal organization that receives an award under this section shall prepare and submit an evaluation of activities that are carried out with funds received under such award to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including a process and outcome evaluation.

**(e) Access to broadband**

In administering awards under this section, the Secretary may coordinate with other agencies to ensure that funding opportunities are available to support access to reliable, high-speed Internet for providers.

**(f) Matching requirement**

The Secretary may not make an award under this section unless the State, political subdivision of a State, Indian Tribe, or Tribal organization involved agrees, with respect to the costs to be incurred by the State, political subdivision of a State, Indian Tribe, or Tribal organization in carrying out the purpose described in this section, to make available non-Federal contributions (in cash or in kind) toward such costs in an amount that is not less than 20 percent of Federal funds provided in the award.

**(g) Technical assistance**

The Secretary may—

(1) provide, or continue to provide, technical assistance to recipients of awards under subsection (a); and

(2) award a grant or contract to an eligible public or nonprofit private entity (as determined by the Secretary) for the purpose of providing such technical assistance pursuant to this subsection.

**(h) Authorization of appropriations**

To carry out this section, there are authorized to be appropriated, \$31,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title III, §330M, as added Pub. L. 114-255, div. B, title X, §10002, Dec. 13, 2016, 130 Stat. 1262; amended Pub. L. 117-159, div. A, title I, §11005, June 25, 2022, 136 Stat. 1321.)

**Editorial Notes**

REFERENCES IN TEXT

Section 7101 of title 20, referred to in subsec. (b)(2), was in the original “section 4001 of the Elementary and

Secondary Education Act” and was translated as if it had read “section 4001 of the Elementary and Secondary Education Act of 1965” to reflect the probable intent of Congress.

AMENDMENTS

2022—Pub. L. 117-159, §11005(1), made technical amendment to section designation in original Act as added by Pub. L. 114-255, §10002, resulting in no change in text.

Subsec. (a). Pub. L. 117-159, §11005(2), inserted “or cooperative agreements” after “award grants” and substituted “Indian Tribes and Tribal organizations” for “Indian tribes and tribal organizations” in introductory provisions.

Subsec. (b)(1). Pub. L. 117-159, §11005(3)(A)(i), substituted “an award” for “a grant” in introductory provisions.

Subsec. (b)(1)(G). Pub. L. 117-159, §11005(3)(A)(ii), inserted “developmental-behavioral pediatricians,” after “psychiatrists.”

Subsec. (b)(1)(H). Pub. L. 117-159, §11005(3)(A)(iii), inserted “provide information to pediatric health care providers about available mental health services for children in the community and” before “assist”.

Subsec. (b)(1)(I). Pub. L. 117-159, §11005(3)(A)(iv), substituted “conditions” for “problems”.

Subsec. (b)(2). Pub. L. 117-159, §11005(3)(C), added par. (2). Former par. (2) redesignated (3).

Subsec. (b)(3). Pub. L. 117-159, §11005(3)(B), (D), redesignated par. (2) as (3) and inserted “, and which may include a developmental-behavioral pediatrician” after “or mental health counselor”.

Subsecs. (c), (d). Pub. L. 117-159, §11005(4), (5), substituted “Indian Tribe, or Tribal organization” for “Indian tribe, or tribal organization”, “an award” for “a grant”, and “such award” for “such grant”.

Subsec. (e). Pub. L. 117-159, §11005(6), substituted “awards” for “grants”.

Subsec. (f). Pub. L. 117-159, §11005(4), (7), substituted “make an award” for “award a grant”, “Indian Tribe, or Tribal organization” for “Indian tribe, or tribal organization” in two places, and “the award” for “the grant”.

Subsec. (g). Pub. L. 117-159, §11005(9), added subsec. (g). Former subsec. (g) redesignated (h).

Subsec. (h). Pub. L. 117-159, §11005(8), (10), redesignated subsec. (g) as (h) and substituted “\$31,000,000 for each of fiscal years 2023 through 2027” for “\$9,000,000 for the period of fiscal years 2018 through 2022”.

**§ 254c-20. Expanding capacity for health outcomes**

**(a) Definitions**

In this section:

**(1) Eligible entity**

The term “eligible entity” means an entity that provides, or supports the provision of, health care services in rural areas, frontier areas, health professional shortage areas, or medically underserved areas, or to medically underserved populations or Native Americans, including Indian Tribes, Tribal organizations, and urban Indian organizations, and which may include entities leading, or capable of leading, a technology-enabled collaborative learning and capacity building model or engaging in technology-enabled collaborative training of participants in such model.

**(2) Health professional shortage area**

The term “health professional shortage area” means a health professional shortage area designated under section 254e of this title.

**(3) Indian Tribe**

The terms “Indian Tribe” and “Tribal organization” have the meanings given the terms “Indian tribe” and “tribal organization” in section 5304 of title 25.

**(4) Medically underserved population**

The term “medically underserved population” has the meaning given the term in section 254b(b)(3) of this title.

**(5) Native Americans**

The term “Native Americans” has the meaning given the term in section 293 of this title and includes Indian Tribes and Tribal organizations.

**(6) Technology-enabled collaborative learning and capacity building model**

The term “technology-enabled collaborative learning and capacity building model” means a distance health education model that connects health care professionals, and particularly specialists, with multiple other health care professionals through simultaneous interactive videoconferencing for the purpose of facilitating case-based learning, disseminating best practices, and evaluating outcomes.

**(7) Urban Indian organization**

The term “urban Indian organization” has the meaning given the term in section 1603 of title 25.

**(b) Program established**

The Secretary shall, as appropriate, award grants to evaluate, develop, and, as appropriate, expand the use of technology-enabled collaborative learning and capacity building models, to improve retention of health care providers and increase access to health care services, such as those to address chronic diseases and conditions, infectious diseases, mental health, substance use disorders, prenatal and maternal health, pediatric care, pain management, palliative care, and other specialty care in rural areas, frontier areas, health professional shortage areas, or medically underserved areas and for medically underserved populations or Native Americans.

**(c) Use of funds****(1) In general**

Grants awarded under subsection (b) shall be used for—

(A) the development and acquisition of instructional programming, and the training of health care providers and other professionals that provide or assist in the provision of services through models described in subsection (b), such as training on best practices for data collection and leading or participating in such technology-enabled activities consistent with technology-enabled collaborative learning and capacity-building models;

(B) information collection and evaluation activities to study the impact of such models on patient outcomes and health care providers, and to identify best practices for the expansion and use of such models; or

(C) other activities consistent with achieving the objectives of the grants awarded

under this section, as determined by the Secretary.

**(2) Other uses**

In addition to any of the uses under paragraph (1), grants awarded under subsection (b) may be used for—

(A) equipment to support the use and expansion of technology-enabled collaborative learning and capacity building models, including for hardware and software that enables distance learning, health care provider support, and the secure exchange of electronic health information; or

(B) support for health care providers and other professionals that provide or assist in the provision of services through such models.

**(d) Length of grants**

Grants awarded under subsection (b) shall be for a period of up to 5 years.

**(e) Grant requirements**

The Secretary may require entities awarded a grant under this section to collect information on the effect of the use of technology-enabled collaborative learning and capacity building models, such as on health outcomes, access to health care services, quality of care, and provider retention in areas and populations described in subsection (b). The Secretary may award a grant or contract to assist in the coordination of such models, including to assess outcomes associated with the use of such models in grants awarded under subsection (b), including for the purpose described in subsection (c)(1)(B).

**(f) Application**

An eligible entity that seeks to receive a grant under subsection (b) shall submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require. Such application shall include plans to assess the effect of technology-enabled collaborative learning and capacity building models on patient outcomes and health care providers.

**(g) Access to broadband**

In administering grants under this section, the Secretary may coordinate with other agencies to ensure that funding opportunities are available to support access to reliable, high-speed internet for grantees.

**(h) Technical assistance**

The Secretary shall provide (either directly through the Department of Health and Human Services or by contract) technical assistance to eligible entities, including recipients of grants under subsection (b), on the development, use, and evaluation of technology-enabled collaborative learning and capacity building models in order to expand access to health care services provided by such entities, including for medically underserved areas and to medically underserved populations or Native Americans.

**(i) Research and evaluation**

The Secretary, in consultation with stakeholders with appropriate expertise in such mod-

els, shall develop a strategic plan to research and evaluate the evidence for such models. The Secretary shall use such plan to inform the activities carried out under this section.

**(j) Report by Secretary**

Not later than 4 years after December 27, 2020, the Secretary shall prepare and 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, and post on the internet website of the Department of Health and Human Services, a report including, at minimum—

(1) a description of any new and continuing grants awarded to entities under subsection (b) and the specific purpose and amounts of such grants;

(2) an overview of—

(A) the evaluations conducted under subsections (b);

(B) technical assistance provided under subsection (h); and

(C) activities conducted by entities awarded grants under subsection (b); and

(3) a description of any significant findings or developments related to patient outcomes or health care providers and best practices for eligible entities expanding, using, or evaluating technology-enabled collaborative learning and capacity building models, including through the activities described in subsection (h).

**(k) Authorization of appropriations**

There are authorized to be appropriated to carry out this section \$10,000,000 for each of fiscal years 2022 through 2026.

(July 1, 1944, ch. 373, title III, § 330N, as added Pub. L. 116-260, div. BB, title III, § 313, Dec. 27, 2020, 134 Stat. 2927.)

**§ 254c-21. Innovation for maternal health**

**(a) In general**

The Secretary, in consultation with experts representing a variety of clinical specialties, State, Tribal, or local public health officials, researchers, epidemiologists, statisticians, and community organizations, shall establish or continue a program to award competitive grants to eligible entities for the purpose of—

(1) identifying, developing, or disseminating best practices to improve maternal health care quality and outcomes, improve maternal and infant health, and eliminate preventable maternal mortality and severe maternal morbidity, which may include—

(A) information on evidence-based practices to improve the quality and safety of maternal health care in hospitals and other health care settings of a State or health care system by addressing topics commonly associated with health complications or risks related to prenatal care, labor care, birthing, and postpartum care;

(B) best practices for improving maternal health care based on data findings and reviews conducted by a State maternal mortality review committee that address topics of relevance to common complications or

health risks related to prenatal care, labor care, birthing, and postpartum care; and

(C) information on addressing determinants of health that impact maternal health outcomes for women before, during, and after pregnancy;

(2) collaborating with State maternal mortality review committees to identify issues for the development and implementation of evidence-based practices to improve maternal health outcomes and reduce preventable maternal mortality and severe maternal morbidity, consistent with section 247b-12 of this title;

(3) providing technical assistance and supporting the implementation of best practices identified in paragraph (1) to entities providing health care services to pregnant and postpartum women; and

(4) identifying, developing, and evaluating new models of care that improve maternal and infant health outcomes, which may include the integration of community-based services and clinical care.

**(b) Eligible entities**

To be eligible for a grant under subsection (a), an entity shall—

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

(2) demonstrate in such application that the entity is capable of carrying out data-driven maternal safety and quality improvement initiatives in the areas of obstetrics and gynecology or maternal health.

**(c) Report**

Not later than September 30, 2025, and every 2 years thereafter, the Secretary shall submit a report to Congress on the practices described in paragraphs (1) and (2) of subsection (a). Such report shall include a description of the extent to which such practices reduced preventable maternal mortality and severe maternal morbidity, and whether such practices improved maternal and infant health. The Secretary shall disseminate information on such practices, as appropriate.

**(d) Authorization of appropriations**

To carry out this section, there are authorized to be appropriated \$9,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title III, § 330O, as added Pub. L. 117-103, div. P, title I, § 131, Mar. 15, 2022, 136 Stat. 794.)

**§ 254c-22. Integrated services for pregnant and postpartum women**

**(a) In general**

The Secretary may award grants for the purpose of establishing or operating evidence-based or innovative, evidence-informed programs to deliver integrated health care services to pregnant and postpartum women to optimize the health of women and their infants, including to reduce adverse maternal health outcomes, pregnancy-related deaths, and related health dispari-