

and ending on November 17, 2023, and \$21,834,247 for the period beginning on November 18, 2023, and ending on January 19, 2024” for “and \$16,635,616 for the period beginning on October 1, 2023, and ending on November 17, 2023”.

Pub. L. 118–15 struck out “and” before “\$126,500,000” and inserted “and \$16,635,616 for the period beginning on October 1, 2023, and ending on November 17, 2023,” before “to remain available”.

2020—Subsec. (g)(1). Pub. L. 116–260 inserted “and” after “2017,” and substituted “2023” for “fiscal year 2020, and \$27,379,452 for the period beginning on October 1, 2020, and ending on December 18, 2020”.

Pub. L. 116–215 substituted “\$27,379,452” for “\$24,953,425” and “December 18, 2020” for “December 11, 2020”.

Pub. L. 116–159 substituted “\$24,953,425” for “\$21,141,096” and “December 11, 2020” for “November 30, 2020”.

Pub. L. 116–136 substituted “through fiscal year 2020, and \$21,141,096 for the period beginning on October 1, 2020, and ending on November 30, 2020” for “and 2019, and \$81,445,205 for the period beginning on October 1, 2019, and ending on May 22, 2020”.

2019—Subsec. (g)(1). Pub. L. 116–94 substituted “\$81,445,205” for “\$28,072,603” and “May 22, 2020” for “December 20, 2019”.

Pub. L. 116–69 substituted “\$28,072,603” for “\$18,021,918” and “December 20, 2019” for “November 21, 2019”.

Pub. L. 116–59 struck out “and” before “\$126,500,000” and inserted “and \$18,021,918 for the period beginning on October 1, 2019, and ending on November 21, 2019,” before “to remain available”.

2018—Subsec. (a). Pub. L. 115–123, § 50901(d)(1), amended subsec. (a) generally. Prior to amendment, text read as follows: “Subject to subsection (h)(2), the Secretary shall make payments under this section for direct expenses and for indirect expenses to qualified teaching health centers that are listed as sponsoring institutions by the relevant accrediting body for expansion of existing or establishment of new approved graduate medical residency training programs.”

Subsec. (f). Pub. L. 115–123, § 50901(d)(6), substituted “teaching health center” for “hospital” wherever appearing.

Subsec. (g)(1). Pub. L. 115–123, § 50901(d)(2), substituted “and \$126,500,000 for each of fiscal years 2018 and 2019,” for “and \$30,000,000 for the period of the first and second quarters of fiscal year 2018.”

Subsec. (h)(1)(D) to (H). Pub. L. 115–123, § 50901(d)(3), added subpars. (D) to (G) and redesignated former subpar. (D) as (H).

Subsec. (j)(2) to (4). Pub. L. 115–123, § 50901(d)(5), added par. (2) and redesignated former pars. (2) and (3) as (3) and (4), respectively.

2017—Subsec. (g). Pub. L. 115–96 designated existing provisions as par. (1), inserted heading, substituted “and \$30,000,000 for the period of the first and second quarters of fiscal year 2018, to remain available until expended” for “and \$15,000,000 for the first quarter of fiscal year 2018”, and added par. (2).

Pub. L. 115–63 substituted “2015, \$60,000,000” for “2015 and \$60,000,000” and inserted “, and \$15,000,000 for the first quarter of fiscal year 2018” before period at end.

2015—Subsec. (g). Pub. L. 114–10 inserted “and \$60,000,000 for each of fiscal years 2016 and 2017” before period at end.

Statutory Notes and Related Subsidiaries

FUNDING FOR TEACHING HEALTH CENTERS THAT OPERATE GRADUATE MEDICAL EDUCATION

Pub. L. 117–2, title II, § 2604, Mar. 11, 2021, 135 Stat. 44, provided that:

“(a) IN GENERAL.—In addition to amounts otherwise available, and notwithstanding the capped amount referenced in sections 340H(b)(2) and 340H(d)(2) of the Public Health Service Act (42 U.S.C. 256h(b)(2) and (d)(2)),

there is appropriated to the Secretary [of Health and Human Services] for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, \$330,000,000, to remain available until September 30, 2023, for the program of payments to teaching health centers that operate graduate medical education under section 340H of the Public Health Service Act (42 U.S.C. 256h) and for teaching health center development grants authorized under section 749A of the Public Health Service Act (42 U.S.C. 2931–1).

“(b) USE OF FUNDS.—Amounts made available pursuant to subsection (a) shall be used for the following activities:

“(1) For making payments to establish new approved graduate medical residency training programs pursuant to section 340H(a)(1)(C) of the Public Health Service Act (42 U.S.C. 256h(a)(1)(C)).

“(2) To provide an increase to the per resident amount described in section 340H(a)(2) of the Public Health Service Act (42 U.S.C. 256h(a)(2)) of \$10,000.

“(3) For making payments under section 340H(a)(1)(A) of the Public Health Service Act (42 U.S.C. 256h(a)(1)(A)) [sic] to qualified teaching health centers for maintenance of filled positions at existing approved graduate medical residency training programs.

“(4) For making payments under section 340H(a)(1)(B) of the Public Health Service Act (42 U.S.C. 256h(a)(1)(B)) for the expansion of existing approved graduate medical residency training programs.

“(5) For making awards under section 749A of the Public Health Service Act (42 U.S.C. 2931–1) to teaching health centers for the purpose of establishing new accredited or expanded primary care residency programs.

“(6) To cover administrative costs and activities necessary for qualified teaching health centers receiving payments under section 340H of the Public Health Service Act (42 U.S.C. 256h) to carry out activities under such section.”

PAYMENTS FOR PREVIOUS FISCAL YEARS

Pub. L. 115–123, div. E, title IX, § 50901(d)(7), Feb. 9, 2018, 132 Stat. 289, provided that: “The provisions of section 340H of the Public Health Service Act (42 U.S.C. 256h), as in effect on the day before the date of enactment of Public Law 115–96 [Dec. 22, 2017], shall continue to apply with respect to payments under such section for fiscal years before fiscal year 2018.”

SUBPART XII—COMMUNITY-BASED COLLABORATIVE CARE NETWORK PROGRAM

Editorial Notes

CODIFICATION

Pub. L. 115–63, title III, § 301(c)(1), Sept. 29, 2017, 131 Stat. 1172, redesignated this subpart, which was formerly subpart XI of part D of title III of act July 1, 1944, as subpart XII. Another subpart XI of part D of title III of the Act is classified to subpart XI (§ 256h) of this part.

§ 256i. Community-based collaborative care network program

(a) In general

The Secretary may award grants to eligible entities to support community-based collaborative care networks that meet the requirements of subsection (b).

(b) Community-based collaborative care networks

(1) Description

A community-based collaborative care network (referred to in this section as a “net-

work”) shall be a consortium of health care providers with a joint governance structure (including providers within a single entity) that provides comprehensive coordinated and integrated health care services (as defined by the Secretary) for low-income populations.

(2) Required inclusion

A network shall include the following providers (unless such provider does not exist within the community, declines or refuses to participate, or places unreasonable conditions on their participation):

- (A) A hospital that meets the criteria in section 1396r-4(b)(1) of this title; and
- (B) All Federally qualified health centers (as defined in section 1395x(aa) of this title¹ located in the community.

(3) Priority

In awarding grants, the Secretary shall give priority to networks that include—

- (A) the capability to provide the broadest range of services to low-income individuals;
- (B) the broadest range of providers that currently serve a high volume of low-income individuals; and
- (C) a county or municipal department of health.

(c) Application

(1) Application

A network described in subsection (b) shall submit an application to the Secretary.

(2) Renewal

In subsequent years, based on the performance of grantees, the Secretary may provide renewal grants to prior year grant recipients.

(d) Use of funds

(1) Use by grantees

Grant funds may be used for the following activities:

- (A) Assist low-income individuals to—
 - (i) access and appropriately use health services;
 - (ii) enroll in health coverage programs; and
 - (iii) obtain a regular primary care provider or a medical home.
- (B) Provide case management and care management.
- (C) Perform health outreach using neighborhood health workers or through other means.
- (D) Provide transportation.
- (E) Expand capacity, including through telehealth, after-hours services or urgent care.
- (F) Provide direct patient care services.

(2) Grant funds to HRSA grantees

The Secretary may limit the percent of grant funding that may be spent on direct care services provided by grantees of programs administered by the Health Resources and Services Administration or impose other requirements on such grantees deemed necessary.

¹ So in original. A closing parenthesis probably should appear.

(e) Authorization of appropriations

There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2011 through 2015.

(July 1, 1944, ch. 373, title III, §340I, formerly §340H, as added Pub. L. 111-148, title X, §10333, Mar. 23, 2010, 124 Stat. 970; renumbered §340I, Pub. L. 115-63, title III, §301(c)(2), Sept. 29, 2017, 131 Stat. 1172.)

PART E—NARCOTIC ADDICTS AND OTHER DRUG ABUSERS

§257. Repealed. Pub. L. 106-310, div. B, title XXXIV, §3405(a), Oct. 17, 2000, 114 Stat. 1221, as amended by Pub. L. 114-198, title I, §110(b), July 22, 2016, 130 Stat. 710

Section, acts July 1, 1944, ch. 373, title III, §341, 58 Stat. 698; May 8, 1954, ch. 195, §3, 68 Stat. 80; July 24, 1956, ch. 676, title III, §302(a), 70 Stat. 622; Pub. L. 89-793, title VI, §601, Nov. 8, 1966, 80 Stat. 1449; 1967 Reorg. Plan No. 3, §401, eff. Nov. 3, 1967 (in part), 32 F.R. 11669, 81 Stat. 951; Pub. L. 91-513, title I, §2(a)(1), Oct. 27, 1970, 84 Stat. 1240; Pub. L. 92-255, title IV, §402, Mar. 21, 1972, 86 Stat. 77; Pub. L. 93-198, title IV, §421, Dec. 24, 1973, 87 Stat. 789; Pub. L. 98-473, title II, §232(a), Oct. 12, 1984, 98 Stat. 2031; Pub. L. 99-646, §22(a), Nov. 10, 1986, 100 Stat. 3597; Pub. L. 102-54, §13(q)(1)(B)(i), June 13, 1991, 105 Stat. 278, related to care and treatment of narcotic addicts.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2016 AMENDMENT

Pub. L. 114-198, title I, §110(b), July 22, 2016, 130 Stat. 710, provided that the amendment made by section 110(b) (amending directory language of section 3405(a) of Pub. L. 106-310, which repealed this section) is effective as if included in the enactment of Pub. L. 106-310.

§257a. Transferred

Editorial Notes

CODIFICATION

Section, Pub. L. 91-513, title I, §4, Oct. 27, 1970, 84 Stat. 1241; Pub. L. 96-88, title V, §509(b), Oct. 17, 1979, 93 Stat. 695, which related to medical treatment of narcotics addiction, was transferred to section 290bb-2a of this title.

§258. Repealed. Pub. L. 106-310, div. B, title XXXIV, §3405(a), Oct. 17, 2000, 114 Stat. 1221, as amended by Pub. L. 114-198, title I, §110(b), July 22, 2016, 130 Stat. 710

Section, acts July 1, 1944, ch. 373, title III, §342, 58 Stat. 699; 1953 Reorg. Plan No. 1, §§5, 8, eff. Apr. 11, 1953, 18 F.R. 2053, 67 Stat. 631; Pub. L. 91-513, title I, §2(a)(2)(A), Oct. 27, 1970, 84 Stat. 1240; Pub. L. 96-88, title V, §509(b), Oct. 17, 1979, 93 Stat. 695, related to employment, establishment of industries, plants, etc., sale of commodities, and disposition of proceeds.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2016 AMENDMENT

Pub. L. 114-198, title I, §110(b), July 22, 2016, 130 Stat. 710, provided that the amendment made by section 110(b) (amending directory language of section 3405(a) of Pub. L. 106-310, which repealed this section) is effective as if included in the enactment of Pub. L. 106-310.