(5) the provision of technical assistance to those health care professionals, agencies, and organizations that request help in implementing the Guide recommendations; and

(6) providing yearly reports to Congress and related agencies identifying gaps in research and recommending priority areas that deserve further examination, including areas related to populations and age groups not adequately addressed by current recommendations.

(c) Role of agency

The Director shall provide ongoing administrative, research, and technical support for the operations of the Task Force, including coordinating and supporting the dissemination of the recommendations of the Task Force, ensuring adequate staff resources, and assistance to those organizations requesting it for implementation of Guide recommendations.

(d) Coordination with Preventive Services Task Force

The Task Force shall take appropriate steps to coordinate its work with the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices, including the examination of how each task force's recommendations interact at the nexus of clinic and community.

(e) Operation

In carrying out the duties under subsection (b), the Task Force shall not be subject to the provisions of chapter 10 of title 5.

(f) Authorization of appropriations

There are authorized to be appropriated such sums as may be necessary for each fiscal year to carry out the activities of the Task Force.

(July 1, 1944, ch. 373, title III, § 399U, as added Pub. L. 111–148, title IV, § 4003(b)(1), Mar. 23, 2010, 124 Stat. 543; amended Pub. L. 117–286, § 4(a)(230), Dec. 27, 2022, 136 Stat. 4331.)

Editorial Notes

AMENDMENTS

2022—Subsec. (e). Pub. L. 117–286 substituted ''chapter 10 of title 5.'' for ''Appendix 2 of title 5.''

§ 280g–11. Awards to support community health workers and community health

(a) In general

The Secretary shall award grants, contracts, or cooperative agreements to eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities by leveraging community health workers, including by addressing ongoing and longer-term community health needs, and by building the capacity of the community health worker workforce. Such grants, contracts, and cooperative agreements shall be awarded in alignment and coordination with existing funding arrangements supporting community health workers.

(b) Use of funds

Subject to any requirements for the scope of licensure, registration, or certification of a community health worker under applicable State law, grants, contracts, and cooperative agreements awarded under subsection (a) shall be used to—

(1) recruit, hire, train, and retain community health workers that reflect the needs of the community;

(2) support community health workers in providing education and outreach, in a community setting, regarding—

(A) health conditions prevalent in—

(i) medically underserved communities (as defined in section 295p of this title), particularly racial and ethnic minority populations; and

(ii) other such at-risk populations or geographic areas that may require additional support during public health emergencies, which may include counties identified by the Secretary using applicable measures developed by the Centers for Disease Control and Prevention or other Federal agencies; and

(B) addressing health disparities, including by—

(i) promoting awareness of services and resources to increase access to health care, mental health and substance use disorder services, child services, technology, housing services, educational services, nutrition services, employment services, and other services; and

(ii) assisting in conducting individual and community needs assessments;

(3) educate community members, including regarding effective strategies to promote healthy behaviors;

(4) educate and provide outreach regarding enrollment in health insurance including the Children's Health Insurance Program under title XXI of the Social Security Act [42 U.S.C. 1397aa et seq.], Medicare under title XVIII of such Act [42 U.S.C. 1395 et seq.] and Medicaid under title XIX of such Act [42 U.S.C. 1396 et seq.];

(5) identify and refer underserved populations to appropriate health care agencies and community-based programs and organizations in order to increase access to quality health care services and to streamline care, including serving as a liaison between communities and health care agencies; and

(6) support community health workers in educating, guiding, or providing home visitation services regarding chronic diseases, maternal health, prenatal, and postpartum care in order to improve maternal and infant health outcomes.

(c) Application

To be eligible to receive an award under subsection (a), an entity shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(d) Priority

In making awards under subsection (a), the Secretary shall give priority to applicants that—

(1) propose to serve—

(A) areas with populations that have a high rate of chronic disease, infant mortality, or maternal morbidity and mortality;

(B) low-income populations, including medically underserved populations (as defined in section 254b(b)(3) of this title);

(C) populations residing in health professional shortage areas (as defined in section 254e(a) of this title);

(D) populations residing in maternity care health professional target areas identified under section 254e(k) of this title; or

(E) rural or traditionally underserved populations, including racial and ethnic minority populations or low-income populations;

(2) have experience in providing health or health-related social services to individuals who are underserved with respect to such services, including rural populations and racial and ethnic minority populations;

(3) have documented community activity and experience and established relationships with community health workers in the communities expected to be served by the program;

(4) develop a plan for providing services to the extent practicable, in the language and cultural context most appropriate to individuals expected to be served by the program; and

(5) propose to use evidence-informed or evidence-based practices, as applicable and appropriate.

(e) Collaboration with academic institutions and the one-stop delivery system

The Secretary shall encourage eligible entities receiving funds under this section to collaborate with academic institutions, health professions schools, minority-serving institutions (defined, for purposes of this subsection, as institutions and programs described in section 1063b(e)(1) of title 20 and institutions described in section 1067q(a) of title 20), area health education centers under section 294a of this title, and one-stop delivery systems under section 3151 of title 29. Nothing in this section shall be construed to require such collaboration.

(f) Technical assistance

The Secretary may provide to eligible entities that receive awards under subsection (a) technical assistance with respect to planning, development, and operation of community health worker programs authorized or supported under this section.

(g) Dissemination of best practices

Not later than 4 years after December 29, 2022, the Secretary shall, based on activities carried out under this section and in consultation with relevant stakeholders, identify and disseminate evidence-based or evidence-informed practices regarding recruitment and retention of community health workers and paraprofessionals to address ongoing public health and community health needs, and to prepare for, and respond to, future public health emergencies.

(h) Report to Congress

Not later than 4 years after December 29, 2022, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives a report concerning the effectiveness of the program under this section in addressing ongoing public health and community health needs. Such report shall include recommendations regarding any improvements to such program, including recommendations for how to improve recruitment, training, and retention of the community health workforce.

(i) Authorization of appropriations

For purposes of carrying out this section, there are authorized to be appropriated $50,000,000 for each of fiscal years 2023 through 2027.

(j) Definitions

In this section:

(1) Eligible entity

The term ''eligible entity'' means a public or nonprofit private entity, including a State or political subdivision of a State, an Indian Tribe or Tribal organization, an urban Indian organization, a community-based organization, a public health department, a free health clinic, a hospital, or a Federally-qualified health center ((as[1] defined in section 1861(aa)(4) of the Social Security Act [42 U.S.C. 1395x(aa)(4)]), or a consortium of any such entities.

(2) Indian Tribe; Tribal organization

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

(3) Urban Indian organization

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

(July 1, 1944, ch. 373, title III, § 399V, as added and amended Pub. L. 111–148, title V, § 5313(a), title X, § 10501(c), Mar. 23, 2010, 124 Stat. 633, 994; Pub. L. 113–128, title V, § 512(z)(1), July 22, 2014, 128 Stat. 1716; Pub. L. 117–328, div. FF, title II, § 2222(a), Dec. 29, 2022, 136 Stat. 5744.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (b)(4), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles XVIII, XIX, and XXI of the Act are classified generally to subchapters XVIII (§ 1395 et seq.), XIX (§ 1396 et seq.), and XXI (§ 1397aa et seq.), respectively, of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

AMENDMENTS

2022—Pub. L. 117–328, § 2222(a)(1), amended section catchline generally. Prior to amendment, section catchline read as follows: ''Grants to promote positive health behaviors and outcomes''.

Subsec. (a). Pub. L. 117–328, § 2222(a)(2), amended subsec. (a) generally. Prior to amendment, text read as follows: ''The Director of the Centers for Disease Control and Prevention, in collaboration with the Secretary, shall award grants to eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.''

[1] So in original.

Subsec. (b). Pub. L. 117–328, § 2222(a)(3)(A), substituted ''Subject to any requirements for the scope of licensure, registration, or certification of a community health worker under applicable State law, grants, contracts, and cooperative agreements awarded'' for ''Grants awarded'' and struck out ''support community health workers'' after ''used to'' in introductory provisions.

Subsec. (b)(1) to (3). Pub. L. 117–328, § 2222(a)(3)(C), added pars. (1) to (3) and struck out former pars. (1) and (2). Former par. (3) redesignated (4). Prior to amendment, pars. (1) and (2) read as follows:

''(1) to educate, guide, and provide outreach in a community setting regarding health problems prevalent in medically underserved communities, particularly racial and ethnic minority populations;

''(2) to educate and provide guidance regarding effective strategies to promote positive health behaviors and discourage risky health behaviors;''.

Subsec. (b)(4). Pub. L. 117–328, § 2222(a)(3)(D), substituted ''educate'' for ''to educate''.

Pub. L. 117–328, § 2222(a)(3)(B), redesignated par. (3) as (4). Former par. (4) redesignated (5).

Subsec. (b)(5). Pub. L. 117–328, § 2222(a)(3)(E), substituted ''identify'' for ''to identify'', ''health care agencies'' for ''healthcare agencies'', and ''health care services and to streamline care, including serving as a liaison between communities and health care agencies; and'' for ''healthcare services and to eliminate duplicative care; or''.

Pub. L. 117–328, § 2222(a)(3)(B), redesignated par. (4) as (5). Former par. (5) redesignated (6).

Subsec. (b)(6). Pub. L. 117–328, § 2222(a)(3)(F), substituted ''support community health workers in educating, guiding, or providing'' for ''to educate, guide, and provide'' and ''chronic diseases, maternal health, prenatal, and postpartum care in order to improve maternal and infant health outcomes'' for ''maternal health and prenatal care''.

Pub. L. 117–328, § 2222(a)(3)(B), redesignated par. (5) as (6).

Subsec. (c). Pub. L. 117–328, § 2222(a)(4), substituted ''To be eligible to receive an award under subsection (a), an entity shall prepare and submit to the Secretary an application at such time, in such manner, and containing'' for ''Each eligible entity that desires to receive a grant under subsection (a) shall submit an application to the Secretary, at such time, in such manner, and accompanied by''.

Subsec. (d). Pub. L. 117–328, § 2222(a)(5)(A), substituted ''making awards'' for ''awarding grants'' in introductory provisions.

Subsec. (d)(1). Pub. L. 117–328, § 2222(a)(5)(B), amended par. (1) generally. Prior to amendment, par. (1) read as follows: ''propose to target geographic areas—

''(A) with a high percentage of residents who are eligible for health insurance but are uninsured or underinsured;

''(B) with a high percentage of residents who suffer from chronic diseases; or

''(C) with a high infant mortality rate;''.

Subsec. (d)(2). Pub. L. 117–328, § 2222(a)(5)(C), substituted '', including rural populations and racial and ethnic minority populations;'' for ''; and''.

Subsec. (d)(3). Pub. L. 117–328, § 2222(a)(5)(D), substituted ''and established relationships with community health workers in the communities expected to be served by the program;'' for ''with community health workers.''

Subsec. (d)(4), (5). Pub. L. 117–328, § 2222(a)(5)(E), added pars. (4) and (5).

Subsec. (e). Pub. L. 117–328, § 2222(a)(6), substituted ''eligible entities'' for ''community health worker programs'' and '', health professions schools, minority-serving institutions (defined, for purposes of this subsection, as institutions and programs described in section 1063b(e)(1) of title 20 and institutions described in section 1067q(a) of such title), area health education centers under section 294a of this title, and one-stop delivery systems under section 3151'' for ''and one-stop delivery systems under section 3151(e)''.

Subsecs. (f) to (i). Pub. L. 117–328, § 2222(a)(7), added subsecs. (f) to (i) and struck out former subsecs. (f) to (i) which read as follows:

''(f) EVIDENCE-BASED INTERVENTIONS.—The Secretary shall encourage community health worker programs receiving funding under this section to implement a process or an outcome-based payment system that rewards community health workers for connecting underserved populations with the most appropriate services at the most appropriate time. Nothing in this section shall be construed to require such a payment.

''(g) QUALITY ASSURANCE AND COST EFFECTIVENESS.—The Secretary shall establish guidelines for assuring the quality of the training and supervision of community health workers under the programs funded under this section and for assuring the cost-effectiveness of such programs.

''(h) MONITORING.—The Secretary shall monitor community health worker programs identified in approved applications under this section and shall determine whether such programs are in compliance with the guidelines established under subsection (g).

''(i) TECHNICAL ASSISTANCE.—The Secretary may provide technical assistance to community health worker programs identified in approved applications under this section with respect to planning, developing, and operating programs under the grant.''

Subsec. (j). Pub. L. 117–328, § 2222(a)(7), (8), redesignated subsec. (k) as (j) and struck out former subsec. (j). Prior to amendment, text of subsec. (j) read as follows: ''There are authorized to be appropriated, such sums as may be necessary to carry out this section for each of fiscal years 2010 through 2014.''

Subsec. (j)(1). Pub. L. 117–328, § 2222(a)(9)(C), substituted ''entity, including a State or political subdivision of a State, an Indian Tribe or Tribal organization, an urban Indian organization, a community-based organization'' for ''entity (including a State or public subdivision of a State'' and ''(as defined in section 1861(aa)(4) of the Social Security Act)'' for ''as defined in section 1861(aa) of the Social Security Act))''.

Pub. L. 117–328, § 2222(a)(9)(A), (B), redesignated par. (3) as (1) and struck out former par. (1) which defined ''community health worker''.

Subsec. (j)(2) to (4). Pub. L. 117–328, § 2222(a)(9)(A), (D), added pars. (2) and (3) and struck out former pars. (2) and (4) which defined ''community setting'' and ''medically underserved community'', respectively. Former par. (3) redesignated (1).

Subsec. (k). Pub. L. 117–328, § 2222(a)(8), redesignated subsec. (k) as (j).

2014—Subsec. (e). Pub. L. 113–128 substituted ''one-stop delivery systems under section 3151(e) of title 29'' for ''one-stop delivery systems under section 2864(c) of title 29''.

2010—Subsec. (b)(4). Pub. L. 111–148, § 10501(c)(1), substituted ''identify and refer'' for ''identify, educate, refer, and enroll''.

Subsec. (k)(1). Pub. L. 111–148, § 10501(c)(2), struck out '', as defined by the Department of Labor as Standard Occupational Classification [21–1094]'' before ''means'' in introductory provisions.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2014 AMENDMENT

Amendment by Pub. L. 113–128 effective on the first day of the first full program year after July 22, 2014 (July 1, 2015), see section 506 of Pub. L. 113–128, set out as an Effective Date note under section 3101 of Title 29, Labor.

§ 280g–12. Primary Care Extension Program

(a) Establishment, purpose and definition

(1) In general

The Secretary, acting through the Director of the Agency for Healthcare Research and