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

Quality, shall establish a Primary Care Extension Program.

(2) Purpose

The Primary Care Extension Program shall provide support and assistance to primary care providers to educate providers about preventive medicine, health promotion, chronic disease management, mental and behavioral health services (including substance abuse prevention and treatment services), and evidence-based and evidence-informed therapies and techniques, in order to enable providers to incorporate such matters into their practice and to improve community health by working with community-based health connectors (referred to in this section as ''Health Extension Agents'').

(3) Definitions

In this section:

(A) Health Extension Agent

The term ''Health Extension Agent'' means any local, community-based health worker who facilitates and provides assistance to primary care practices by implementing quality improvement or system redesign, incorporating the principles of the patient-centered medical home to provide high-quality, effective, efficient, and safe primary care and to provide guidance to patients in culturally and linguistically appropriate ways, and linking practices to diverse health system resources.

(B) Primary care provider

The term ''primary care provider'' means a clinician who provides integrated, accessible health care services and who is accountable for addressing a large majority of personal health care needs, including providing preventive and health promotion services for men, women, and children of all ages, developing a sustained partnership with patients, and practicing in the context of family and community, as recognized by a State licensing or regulatory authority, unless otherwise specified in this section.

(b) Grants to establish State Hubs and local Primary Care Extension Agencies

(1) Grants

The Secretary shall award competitive grants to States for the establishment of State- or multistate-level primary care Primary Care Extension Program State Hubs (referred to in this section as ''Hubs'').

(2) Composition of Hubs

A Hub established by a State pursuant to paragraph (1)—

(A) shall consist of, at a minimum, the State health department, the entity responsible for administering the State Medicaid program (if other than the State health department), the State-level entity administering the Medicare program, and the departments that train providers in primary care in 1 or more health professions schools in the State; and

(B) may include entities such as hospital associations, primary care practice-based research networks, health professional societies, State primary care associations, State licensing boards, organizations with a contract with the Secretary under section 1320c–2 of this title, consumer groups, and other appropriate entities.

(c) State and local activities

(1) Hub activities

Hubs established under a grant under subsection (b) shall—

(A) submit to the Secretary a plan to coordinate functions with quality improvement organizations and area health education centers if such entities are members of the Hub not described in subsection (b)(2)(A);

(B) contract with a county- or local-level entity that shall serve as the Primary Care Extension Agency to administer the services described in paragraph (2);

(C) organize and administer grant funds to county- or local-level Primary Care Extension Agencies that serve a catchment area, as determined by the State; and

(D) organize State-wide or multistate networks of local-level Primary Care Extension Agencies to share and disseminate information and practices.

(2) Local Primary Care Extension Agency activities

(A) Required activities

Primary Care Extension Agencies established by a Hub under paragraph (1) shall—

(i) assist primary care providers to implement a patient-centered medical home to improve the accessibility, quality, and efficiency of primary care services, including health homes;

(ii) develop and support primary care learning communities to enhance the dissemination of research findings for evidence-based practice, assess implementation of practice improvement, share best practices, and involve community clinicians in the generation of new knowledge and identification of important questions for research;

(iii) participate in a national network of Primary Care Extension Hubs and propose how the Primary Care Extension Agency will share and disseminate lessons learned and best practices; and

(iv) develop a plan for financial sustainability involving State, local, and private contributions, to provide for the reduction in Federal funds that is expected after an initial 6-year period of program establishment, infrastructure development, and planning.

(B) Discretionary activities

Primary Care Extension Agencies established by a Hub under paragraph (1) may—

(i) provide technical assistance, training, and organizational support for community health teams established under section 256a–1[1] of this title;

[1] See References in Text note below.

(ii) collect data and provision of primary care provider feedback from standardized measurements of processes and outcomes to aid in continuous performance improvement;

(iii) collaborate with local health departments, community health centers, tribes and tribal entities, and other community agencies to identify community health priorities and local health workforce needs, and participate in community-based efforts to address the social and primary determinants of health, strengthen the local primary care workforce, and eliminate health disparities;

(iv) develop measures to monitor the impact of the proposed program on the health of practice enrollees and of the wider community served; and

(v) participate in other activities, as determined appropriate by the Secretary.

(d) Federal program administration

(1) Grants; types

Grants awarded under subsection (b) shall be—

(A) program grants, that are awarded to State or multistate entities that submit fully-developed plans for the implementation of a Hub, for a period of 6 years; or

(B) planning grants, that are awarded to State or multistate entities with the goal of developing a plan for a Hub, for a period of 2 years.

(2) Applications

To be eligible for a grant under subsection (b), a State or multistate entity shall submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require.

(3) Evaluation

A State that receives a grant under subsection (b) shall be evaluated at the end of the grant period by an evaluation panel appointed by the Secretary.

(4) Continuing support

After the sixth year in which assistance is provided to a State under a grant awarded under subsection (b), the State may receive additional support under this section if the State program has received satisfactory evaluations with respect to program performance and the merits of the State sustainability plan, as determined by the Secretary.

(5) Limitation

A State shall not use in excess of 10 percent of the amount received under a grant to carry out administrative activities under this section. Funds awarded pursuant to this section shall not be used for funding direct patient care.

(e) Requirements on the Secretary

In carrying out this section, the Secretary shall consult with the heads of other Federal agencies with demonstrated experience and expertise in health care and preventive medicine, such as the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Administration, the Health Resources and Services Administration, the National Institutes of Health, the Office of the National Coordinator for Health Information Technology, the Indian Health Service, the Agricultural Cooperative Extension Service of the Department of Agriculture, and other entities, as the Secretary determines appropriate.

(f) Authorization of appropriations

To awards grants as provided in subsection (d), there are authorized to be appropriated $120,000,000 for each of fiscal years 2011 and 2012, and such sums as may be necessary to carry out this section for each of fiscal years 2013 through 2014.

(July 1, 1944, ch. 373, title III, § 399V–1, formerly § 399W, as added, amended, and renumbered § 399V–1, Pub. L. 111–148, title V, § 5405, title X, § 10501(f)(1), (2), Mar. 23, 2010, 124 Stat. 649, 996.)

Editorial Notes

REFERENCES IN TEXT

Section 256a–1 of this title, referred to in subsec. (c)(2)(B)(i), was in the original ''section 3602 of the Patient Protection and Affordable Care Act'', and was translated as meaning section 3502 of the Patient Protection and Affordable Care Act, Pub. L. 111–148, to reflect the probable intent of Congress.

AMENDMENTS

2010—Subsec. (b)(2)(A). Pub. L. 111–148, § 10501(f)(2), substituted ''and the departments that train providers in primary care in 1 or more health professions schools in the State'' for ''and the departments of 1 or more health professions schools in the State that train providers in primary care''.

§ 280g–13. National congenital heart disease research, surveillance, and awareness

(a) In general

The Secretary shall, as appropriate—

(1) enhance and expand research and data collection efforts related to congenital heart disease, including to study and track the epidemiology of congenital heart disease to understand health outcomes for individuals with congenital heart disease across all ages;

(2) conduct activities to improve public awareness of, and education related to, congenital heart disease, including care of individuals with such disease; and

(3) award grants to entities to undertake the activities described in this section.

(b) Activities

(1) In general

The Secretary shall carry out activities, including, as appropriate, through a national cohort study and a nationally-representative, population-based surveillance system, to improve the understanding of the epidemiology of congenital heart disease in all age groups, with particular attention to—

(A) the incidence and prevalence of congenital heart disease in the United States;

(B) causation and risk factors associated with, and natural history of, congenital heart disease;

(C) health care utilization by individuals with congenital heart disease;