

“(e) NATURE OF TRAINING.—The continuing education program established under this section shall incorporate and reflect current best practices and standards on medical forensic examination services consistent with the purpose of this section.

“(f) AVAILABILITY.—After termination of the pilot program established under subsection (b)(1), the training and continuing education program established under such program shall be available to all sexual assault forensic examiners and other providers employed by, or any individual providing services through, facilities that receive Federal funding.

“(g) EFFECTIVE DATE.—The pilot program established under this section shall terminate on the date that is 2 years after the date of such establishment.

“(h) AUTHORIZATION.—There are authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2023 through 2025.”

[For definition of terms used in section 505 of div. W of Pub. L. 117-103, set out above, see section 12291 of Title 34, Crime Control and Law Enforcement, as made applicable by section 2(b) of div. W of Pub. L. 117-103, which is set out as a note under section 12291 of Title 34].

DEFINITIONS

For definitions of terms used in this section, see section 12291 of Title 34, Crime Control and Law Enforcement, as made applicable by section 2(b) of div. W of Pub. L. 117-103, which is set out as a note under section 12291 of Title 34.

§ 280g-4c. Expanding access to forensics for victims of interpersonal violence

(a) Definitions

In this section:

(1) Community health aide; community health practitioner

The terms “community health aide” and “community health practitioner” have the meanings given such terms for purposes of section 1616f of title 25.

(2) Health care provider

The term “health care provider” has the meaning given such term by the Secretary, and includes registered nurses, nurse practitioners, nurse midwives, clinical nurse specialists, physician assistants, and physicians.

(3) Indian tribe; Tribal organization

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

(4) Institution of higher education

The term “institution of higher education” has the meaning given such term in section 1001 of title 20.

(5) Interpersonal violence

The term “interpersonal violence” means any form of violence that is emotional and trauma-inducing for victims, families of victims, perpetrators, and communities.

(6) Native Hawaiian organization

The term “Native Hawaiian organization” has the meaning given such term in section 11711 of this title.

(7) Secretary

The term “Secretary” means the Secretary of Health and Human Services.

(8) Trauma-informed care

The term “trauma-informed care” means care received by trauma survivors that is cul-

turally competent in accordance with professional standards of practice and accounting for patients’ experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the patient.

(9) Urban Indian organization

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

(b) Demonstration grants for comprehensive forensic training

(1) Establishment of program

The Secretary shall establish a demonstration program to award grants to eligible entities for the clinical training of health care providers to provide generalist forensic services and trauma-informed care to survivors of interpersonal violence of all ages.

(2) Purpose

The purpose of the demonstration program under this subsection is to develop training and curriculum to provide health care providers with the skills to support the provision of forensic assessment and trauma-informed care to individuals, families, and communities that have experienced violence or trauma and to be available to collaborate with members of an inter-professional forensic team.

(3) Term

Grants under this subsection shall be for a term of 5 years.

(4) Eligible entities

To be eligible to receive a grant under this subsection, an entity shall—

(A) be an institute of higher education, including a minority serving institution as described in section 1067q of title 20; and

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

(5) Grant amount

Each grant awarded under this subsection shall be in an amount that does not exceed \$400,000 per year. A grant recipient may carry over funds from one fiscal year to the next without obtaining approval from the Secretary.

(6) Authorization of appropriations

(A) In general

There is authorized to be appropriated to carry out this subsection \$5,000,000 for each of fiscal years 2023 through 2027.

(B) Set-aside

Of the amount appropriated under this paragraph for a fiscal year, the Secretary shall reserve 10 percent for purposes of making grants to support training and curricula that addresses the unique needs of Indian Tribes, Tribal organizations, Urban Indian organizations, and Native Hawaiian organizations. Amounts so reserved may be used to support training, referrals, and the delivery of emergency first aid, culturally competent support, and forensic evidence collection training.

(c) Technical assistance grants and learning collectives**(1) In general**

The Secretary shall establish a State and Tribal forensic provider technical resource center to provide technical assistance and support collaboration and best practices for health care providers, community health aides, and community health practitioners to improve the quality of, and increase access to, forensic services for all survivors of interpersonal violence. The Secretary may enter into contracts with national experts for purposes of carrying out this subsection.

(2) Authorization of appropriations

There is authorized to be appropriated to carry out this subsection, \$2,000,000 for each of fiscal years 2023 through 2027.

(d) National report

Not later than 1 year after March 15, 2022, and annually thereafter, the Office for Victims of Crime of the Department of Justice, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Indian Health Service, the Office on Women's Health of the Department of Health and Human Services, and the Office on Violence Against Women of the Department of Justice shall jointly submit to the Secretary a report on the need for, throughout the States, Indian Tribes, and territories—

(1) access to generalist medical forensic services, evidence collection, and documentation that aids in meeting the needs of health care patients and improves future law enforcement investigation and prosecution; and

(2) data for research to support the response to and prevention of interpersonal violence, improved ability of health care providers to adequately respond to patients who exhibit signs of victimization, and address the unique needs of Tribal communities.

(Pub. L. 117-103, div. W, title V, § 507, Mar. 15, 2022, 136 Stat. 879.)

Editorial Notes**CODIFICATION**

Section was enacted as part of the Violence Against Women Act Reauthorization Act of 2022, and also as part of the Consolidated Appropriations Act, 2022, and not as part of the Public Health Service Act which comprises this chapter.

Statutory Notes and Related Subsidiaries**EFFECTIVE DATE**

Section not effective until Oct. 1 of the first fiscal year beginning after Mar. 15, 2022, see section 4(a) of div. W of Pub. L. 117-103, set out as a note under section 6851 of Title 15, Commerce and Trade.

DEFINITIONS

For definition of “law enforcement” and “State” as used in this section, see section 12291 of Title 34, Crime Control and Law Enforcement, as made applicable by section 2(b) of div. W of Pub. L. 117-103, which is set out as a note under section 12291 of Title 34.

§ 280g-5. Public and health care provider education and support services**(a) In general**

The Secretary, directly or through the awarding of grants to public or private nonprofit entities, may conduct activities, which may include demonstration projects for the purpose of improving the provision of information on prematurity to health professionals and other health care providers and the public and improving the treatment and outcomes mothers¹ of infants born preterm, and infants born preterm, as appropriate.

(b) Activities

Activities to be carried out under subsection (a) may include the establishment of—

(1) programs, including those to test and evaluate strategies, which, in collaboration with States, localities, tribes, and community organizations, support the provision of information and education to health professionals, other health care providers, and the public concerning—

(A) the core risk factors for preterm labor and delivery;

(B) evidence-based strategies to prevent preterm birth and associated outcomes;

(C) medically indicated deliveries before full term, and the risks of non-medically indicated deliveries before full term;

(D) the importance of preconception and prenatal care, including—

(i) smoking cessation;

(ii) weight maintenance and good nutrition, including folic acid intake;

(iii) the screening for and the treatment of infections;

(iv) screening for and treatment of substance use disorders;

(v) screening for and treatment of maternal depression;

(vi) maternal immunization; and

(vii) stress management;

(E) treatments and outcomes for premature infants, including late preterm infants; and

(F) the informational needs of families during the stay of an infant in a neonatal intensive care unit.

(2) programs to increase the availability, awareness, and use of pregnancy and post-term information services that provide evidence-based, clinical information through counselors, community outreach efforts, electronic or telephonic communication, or other appropriate means regarding causes associated with prematurity, birth defects, or health risks to a post-term infant, as well as prevention of a future preterm birth;

(3) programs to respond to the informational needs of families during the stay of an infant in a neonatal intensive care unit, during the transition of the infant to the home, and in the event of a newborn death; and

(4) such other programs as the Secretary determines appropriate to achieve the purpose specified in subsection (a).

¹ So in original. Probably should be preceded by “for”.