

(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”.

(c) Authorization of appropriations

There is authorized to be appropriated to carry out this section \$1,900,000 for each of fiscal years 2014 through 2018.

(July 1, 1944, ch. 373, title III, §399Q, as added Pub. L. 109-450, §4(2), Dec. 22, 2006, 120 Stat. 3342; amended Pub. L. 113-55, title I, §103(b), Nov. 27, 2013, 127 Stat. 642; Pub. L. 115-328, §3, Dec. 18, 2018, 132 Stat. 4472.)

Editorial Notes**AMENDMENTS**

2018—Subsec. (a). Pub. L. 115-328, §3(1), substituted “conduct activities, which may include demonstration projects” for “conduct demonstration projects” and “mothers of infants born preterm, and infants born preterm, as appropriate” for “for babies born preterm”.

Subsec. (b). Pub. L. 115-328, §3(2)(A), struck out “under the demonstration project” after “to be carried out” in introductory provisions.

Subsec. (b)(1). Pub. L. 115-328, §3(2)(B)(i), substituted “programs, including those to test and evaluate strategies, which, in collaboration with States, localities, tribes, and community organizations, support the provision of” for “programs to test and evaluate various strategies to provide” in introductory provisions.

Subsec. (b)(1)(B). Pub. L. 115-328, §3(2)(B)(iii), added subpar. (B). Former subpar. (B) redesignated (C).

Subsec. (b)(1)(C). Pub. L. 115-328, §3(2)(B)(ii), (iv), redesignated subpar. (B) as (C) and inserted “, and the risks of non-medically indicated deliveries before full term” before semicolon at end. Former subpar. (C) redesignated (D).

Subsec. (b)(1)(D). Pub. L. 115-328, §3(2)(B)(ii), redesignated subpar. (C) as (D). Former subpar. (D) redesignated (E).

Subsec. (b)(1)(D)(ii). Pub. L. 115-328, §3(2)(B)(v)(I), inserted “intake” after “folic acid”.

Subsec. (b)(1)(D)(iv) to (vii). Pub. L. 115-328, §3(2)(B)(v)(II)–(IV), added cls. (iv) to (vi) and redesignated former cl. (iv) as (vii).

Subsec. (b)(1)(E) to (G). Pub. L. 115-328, §3(2)(B)(ii), (vi)–(viii), redesignated subpars. (D) to (F) as (E) to (G), respectively, and struck out subpar. (G), as redesignated, which read as follows: “utilization of evidence-based strategies to prevent birth injuries;”.

Subsec. (b)(2). Pub. L. 115-328, §3(2)(C), inserted “, as well as prevention of a future preterm birth” before semicolon at end.

2013—Subsec. (b)(1). Pub. L. 113-55, §103(b)(1)(A), added subpars. (A) to (F) and struck out former subpars. (A) to (F) which read as follows:

“(A) the signs of preterm labor, updated as new research results become available;

“(B) the screening for and the treating of infections;

“(C) counseling on optimal weight and good nutrition, including folic acid;

“(D) smoking cessation education and counseling;

“(E) stress management; and

“(F) appropriate prenatal care;”.

Subsec. (b)(2). Pub. L. 113-55, §103(b)(1)(B), added par. (2) and struck out former par. (2) which read as follows: “programs to improve the treatment and outcomes for babies born premature, including the use of evidence-based standards of care by health care professionals for pregnant women at risk of preterm labor or other serious complications and for infants born preterm and at a low birthweight;”.

Subsec. (c). Pub. L. 113-55, §103(b)(2), substituted “\$1,900,000 for each of fiscal years 2014 through 2018.” for “\$5,000,000 for each of fiscal years 2007 through 2011.”

§ 280g-6. Chronic kidney disease initiatives**(a) In general**

The Secretary shall establish pilot projects to—

(1) increase public and medical community awareness (particularly of those who treat patients with diabetes and hypertension) regarding chronic kidney disease, focusing on prevention;

(2) increase screening for chronic kidney disease, focusing on Medicare beneficiaries at risk of chronic kidney disease; and

(3) enhance surveillance systems to better assess the prevalence and incidence of chronic kidney disease.

(b) Scope and duration**(1) Scope**

The Secretary shall select at least 3 States in which to conduct pilot projects under this section.

(2) Duration

The pilot projects under this section shall be conducted for a period that is not longer than 5 years and shall begin on January 1, 2009.

(c) Evaluation and report

The Comptroller General of the United States shall conduct an evaluation of the pilot projects conducted under this section. Not later than 12 months after the date on which the pilot projects are completed, the Comptroller General shall submit to Congress a report on the evaluation.

(d) Authorization of appropriations

There are authorized to be appropriated such sums as may be necessary for the purpose of carrying out this section.

(July 1, 1944, ch. 373, title III, §399R, as added Pub. L. 110-275, title I, §152(a), July 15, 2008, 122 Stat. 2551.)

Editorial Notes**CODIFICATION**

Another section 399R of act July 1, 1944, ch. 373, as added by Pub. L. 110-373, §2, Oct. 8, 2008, 122 Stat. 4047, was renumbered section 399S and is classified to section 280g-7 of this title.

Another section 399R of act July 1, 1944, ch. 373, as added by Pub. L. 110-374, §3, Oct. 8, 2008, 122 Stat. 4051, was renumbered section 399T and is classified to section 280g-8 of this title.

Executive Documents**EX. ORD. NO. 13879. ADVANCING AMERICAN KIDNEY HEALTH**

Ex. Ord. No. 13879, July 10, 2019, 84 F.R. 33817, provided:

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

SECTION 1. *Purpose.* My Administration is dedicated to advancing American kidney health. The state of care for patients with chronic kidney disease and end-stage renal disease (ESRD) is unacceptable: too many at-risk patients progress to late-stage kidney failure; the mortality rate is too high; current treatment options are expensive and do not produce an acceptable quality of life; and there are not enough kidneys donated to meet the current demand for transplants.

Kidney disease was the ninth-leading cause of death in the United States in 2017. Approximately 37 million Americans have chronic kidney disease and more than 726,000 have ESRD. More than 100,000 Americans begin dialysis each year to treat ESRD. Twenty percent die