

**(3) Funding contingency**

Paragraph (2) shall not apply to a fiscal year unless the amount made available to carry out this section for such fiscal year exceeds the amount appropriated to carry out this section (as in effect before December 29, 2022) for fiscal year 2022.

(July 1, 1944, ch.373, title V, §520K, as added Pub. L. 111-148, title V, §5604, Mar. 23, 2010, 124 Stat. 679; amended Pub. L. 114-255, div. B, title IX, §9003, Dec. 13, 2016, 130 Stat. 1235; Pub. L. 117-328, div. FF, title I, §1301, Dec. 29, 2022, 136 Stat. 5692.)

**Editorial Notes**

## REFERENCES IN TEXT

Section 223 of the Protecting Access to Medicare Act of 2014, referred to in subsec. (g)(2), is section 223 of Pub. L. 113-93, which is set out as a note under section 1396a of this title.

## AMENDMENTS

2022—Pub. L. 117-328 amended section generally. Prior to amendment, section authorized Secretary to award grants and cooperative agreements to eligible entities to support improvement of integrated care for primary care and behavioral health care.

2016—Pub. L. 114-255 amended section generally. Prior to amendment, section related to awards for co-locating primary and specialty care in community-based mental health settings.

**§ 290bb-43. Adult suicide prevention****(a) Grants****(1) In general**

The Assistant Secretary shall award grants to eligible entities described in paragraph (2) to implement suicide prevention and intervention programs, for adult individuals, that are designed to raise awareness of suicide prevention, establish referral processes, and improve care and outcomes for such individuals who are at risk of suicide.

**(2) Eligible entities**

To be eligible to receive a grant under this section, an entity shall be a community-based primary care or behavioral health care setting, an emergency department, a State mental health agency (or State health agency with mental or behavioral health functions), public health agency, a territory of the United States, or an Indian Tribe or Tribal organization (as the terms “Indian Tribe” and “Tribal organization” are defined in section 5304 of title 25).

**(3) Use of funds**

The grants awarded under paragraph (1) shall be used to implement programs, in accordance with such paragraph, that include one or more of the following components:

(A) Screening for suicide risk, suicide intervention services, and services for referral for treatment for individuals at risk for suicide.

(B) Implementing evidence-based practices to provide treatment for individuals at risk for suicide, including appropriate followup services.

(C) Raising awareness of suicide prevention resources and promoting help seeking among those at risk for suicide.

**(b) Evaluations and technical assistance**

The Assistant Secretary shall—

(1) evaluate the activities supported by grants awarded under subsection (a), and disseminate, as appropriate, the findings from the evaluation;

(2) provide appropriate information, training, and technical assistance, as appropriate, to eligible entities that receive a grant under this section, in order to help such entities to meet the requirements of this section, including assistance with selection and implementation of evidence-based interventions and frameworks to prevent suicide; and

(3) identify best practices, as applicable, to improve the identification, assessment, treatment, and timely transition, as appropriate, to additional or follow-up care for individuals in emergency departments who are at risk for suicide and enhance the coordination of care for such individuals during and after discharge, in support of activities under subsection (a).

**(c) Duration**

A grant under this section shall be for a period of not more than 5 years.

**(d) Authorization of appropriations**

There are authorized to be appropriated to carry out this section \$30,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, §520L, as added Pub. L. 114-255, div. B, title IX, §9009, Dec. 13, 2016, 130 Stat. 1243; amended Pub. L. 117-328, div. FF, title I, §1122(c), Dec. 29, 2022, 136 Stat. 5652.)

**Editorial Notes**

## AMENDMENTS

2022—Subsec. (a)(1). Pub. L. 117-328, §1122(c)(1)(A), substituted “adult individuals” for “individuals who are 25 years of age or older” and inserted “prevention” after “raise awareness of suicide”.

Subsec. (a)(2). Pub. L. 117-328, §1122(c)(1)(B), in two places, substituted “Indian Tribe” for “Indian tribe” and “Tribal organization” for “tribal organization”.

Subsec. (a)(3)(C). Pub. L. 117-328, §1122(c)(1)(C), amended subpar. (C) generally. Prior to amendment, subpar. (C) read as follows: “Raising awareness and reducing stigma of suicide.”

Subsec. (b)(3). Pub. L. 117-328, §1122(c)(2), added par. (3).

Subsec. (d). Pub. L. 117-328, §1122(c)(3), substituted “\$30,000,000 for each of fiscal years 2023 through 2027” for “\$30,000,000 for the period of fiscal years 2018 through 2022”.

**§ 290bb-44. Assertive community treatment grant program****(a) In general**

The Assistant Secretary shall award grants to eligible entities—

(1) to establish assertive community treatment programs for adults with a serious mental illness; or

(2) to maintain or expand such programs.

**(b) Eligible entities**

To be eligible to receive a grant under this section, an entity shall be a State, political sub-

division of a State, Indian Tribe or Tribal organization (as such terms are defined in section 5304 of title 25), mental health system, health care facility, or any other entity the Assistant Secretary deems appropriate.

**(c) Special consideration**

In selecting among applicants for a grant under this section, the Assistant Secretary may give special consideration to the potential of the applicant's program to reduce hospitalization, homelessness, and involvement with the criminal justice system while improving the health and social outcomes of the patient.

**(d) Additional activities**

The Assistant Secretary shall—

(1) not later than the end of fiscal year 2026, submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives on the grant program under this section, including an evaluation of—

(A) any cost savings and public health outcomes such as mortality, suicide, substance use disorders, hospitalization, and use of services;

(B) rates of involvement with the criminal justice system of patients;

(C) rates of homelessness among patients; and

(D) patient and family satisfaction with program participation; and

(2) provide appropriate information, training, and technical assistance to grant recipients under this section to help such recipients to establish, maintain, or expand their assertive community treatment programs.

**(e) Authorization of appropriations**

**(1) In general**

To carry out this section, there is authorized to be appropriated \$9,000,000 for each of fiscal years 2023 through 2027.

**(2) Use of certain funds**

Of the funds appropriated to carry out this section in any fiscal year, not more than 5 percent shall be available to the Assistant Secretary for carrying out subsection (d).

(July 1, 1944, ch. 373, title V, §520M, as added Pub. L. 114-255, div. B, title IX, §9015, Dec. 13, 2016, 130 Stat. 1245; amended Pub. L. 117-328, div. FF, title I, §1123(a), Dec. 29, 2022, 136 Stat. 5653.)

**Editorial Notes**

AMENDMENTS

2022—Subsec. (b). Pub. L. 117-328, §1123(a)(1), substituted “Indian Tribe or Tribal organization” for “Indian tribe or tribal organization”.

Subsec. (d)(1). Pub. L. 117-328, §1123(a)(2), in introductory provisions, substituted “not later than the end of fiscal year 2026” for “not later than the end of fiscal year 2021” and “Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives” for “appropriate congressional committees”.

Subsec. (e)(1). Pub. L. 117-328, §1123(a)(3), substituted “\$9,000,000 for each of fiscal years 2023 through 2027” for “\$5,000,000 for the period of fiscal years 2018 through 2022”.

**§ 290bb-45. Center of Excellence for Eating Disorders for education and training on eating disorders**

**(a) In general**

The Secretary, acting through the Assistant Secretary, shall maintain, by competitive grant or contract, a Center of Excellence for Eating Disorders (referred to in this section as the “Center”) to improve the identification of, interventions for, and treatment of eating disorders in a manner that is developmentally, culturally, and linguistically appropriate.

**(b) Subgrants and subcontracts**

The Center shall coordinate and implement the activities under subsection (c), in whole or in part, which may include by awarding competitive subgrants or subcontracts—

(1) across geographical regions; and

(2) in a manner that is not duplicative.

**(c) Activities**

The Center—

(1) shall—

(A) provide training and technical assistance, including for—

(i) primary care and mental health providers to carry out screening, brief intervention, and referral to treatment for individuals experiencing, or at risk for, eating disorders; and

(ii) other paraprofessionals and relevant individuals providing nonclinical community services to identify and support individuals with, or at disproportionate risk for, eating disorders;

(B) facilitate the development of, and provide training materials to, health care providers (including primary care and mental health professionals) regarding the effective treatment and ongoing support of individuals with eating disorders, including children and marginalized populations at disproportionate risk for eating disorders;

(C) collaborate and coordinate, as appropriate, with other centers of excellence, technical assistance centers, and psychiatric consultation lines of the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration regarding eating disorders;

(D) coordinate with the Director of the Centers for Disease Control and Prevention and the Administrator of the Health Resources and Services Administration, and other Federal agencies, as appropriate, to disseminate training to primary care and mental health care providers; and

(E) support other activities, as determined appropriate by the Secretary; and

(2) may—

(A) support the integration of protocols pertaining to screening, brief intervention, and referral to treatment for individuals experiencing, or at risk for, eating disorders, with health information technology systems;

(B) develop and provide training materials to health care providers, including primary care and mental health providers, to provide