

(3) In coordination with the lead State agency with responsibility for a workforce investment activity or local board described in subsection (b), provide—

(A) short-term prevocational training services; and

(B) training services that are directly linked to the employment opportunities in the local area or the planning region.

(h) Support for State strategy

An eligible entity shall include in its application under subsection (f) information describing how the services and activities proposed in such application are aligned with the State, outlying area, or Tribal strategy, as applicable, for addressing issues described in such application and how such entity will coordinate with existing systems to deliver services as described in such application.

(i) Data reporting and program oversight

Each eligible entity awarded a grant under this section shall submit to the Secretary a report at such time and in such manner as the Secretary may require. Such report shall include a description of—

(1) the programs and activities funded by the grant;

(2) outcomes of the population of individuals with a substance use disorder the grantee served through activities described in subsection (g); and

(3) any other information that the Secretary may require for the purpose of ensuring that the grantee is complying with all of the requirements of the grant.

(j) Reports to Congress

(1) Preliminary report

Not later than 2 years after the end of the first year of the grant period under this section, the Secretary shall submit to Congress a preliminary report that analyzes reports submitted under subsection (i).

(2) Final report

Not later than 2 years after submitting the preliminary report required under paragraph (1), the Secretary shall submit to Congress a final report that includes—

(A) a description of how the grant funding was used, including the number of individuals who received services under subsection (g)(3) and an evaluation of the effectiveness of the activities conducted by the grantee with respect to outcomes of the population of individuals with substance use disorder who receive services from the grantee; and

(B) recommendations related to best practices for health care professionals to support individuals in substance use disorder treatment or recovery to live independently and participate in the workforce.

(k) Authorization of appropriations

There is authorized to be appropriated \$5,000,000 for each of fiscal years 2019 through 2023 for purposes of carrying out this section.

(Pub. L. 115–271, title VII, § 7183, Oct. 24, 2018, 132 Stat. 4070.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, also known as the SUPPORT for Patients and Communities Act, and not as part of the Public Health Service Act which comprises this chapter.

§ 290ee–9. Services for families and patients in crisis

(a) In general

The Secretary of Health and Human Services may make grants to entities that focus on addiction and substance use disorders and specialize in family and patient services, advocacy for patients and families, and educational information.

(b) Allowable uses

A grant awarded under this section may be used for nonprofit national, State, or local organizations that engage in the following activities:

(1) Expansion of resource center services with professional, clinical staff that provide, for families and individuals impacted by a substance use disorder, support, access to treatment resources, brief assessments, medication and overdose prevention education, compassionate listening services, recovery support or peer specialists, bereavement and grief support, and case management.

(2) Continued development of health information technology systems that leverage new and upcoming technology and techniques for prevention, intervention, and filling resource gaps in communities that are underserved.

(3) Enhancement and operation of treatment and recovery resources, easy-to-read scientific and evidence-based education on addiction and substance use disorders, and other informational tools for families and individuals impacted by a substance use disorder and community stakeholders, such as law enforcement agencies.

(4) Provision of training and technical assistance to State and local governments, law enforcement agencies, health care systems, research institutions, and other stakeholders.

(5) Expanding upon and implementing educational information using evidence-based information on substance use disorders.

(6) Expansion of training of community stakeholders, law enforcement officers, and families across a broad-range of addiction, health, and related topics on substance use disorders, local issues and community-specific issues related to the drug epidemic.

(7) Program evaluation.

(Pub. L. 114–198, title VII, § 709, as added Pub. L. 115–271, title VIII, § 8212, Oct. 24, 2018, 132 Stat. 4115.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, also known as the SUPPORT for Patients and Commu-

nities Act, and the Substance Abuse Prevention Act of 2018, and not as part of the Public Health Service Act which comprises this chapter.

§ 290ee-10. Rural emergency medical service training and equipment assistance program

(a) Grants

The Secretary, acting through the Assistant Secretary, shall award grants to eligible entities to enable such entities to provide for improved emergency medical services in rural areas or to residents of rural areas.

(b) Eligibility; application

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

(1) be—

(A) an emergency medical services agency operated by a local or tribal government (including fire-based and non-fire based); or

(B) an emergency medical services agency that is described in section 501(c) of title 26 and exempt from tax under section 501(a) of title 26; and

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

(c) Use of funds

An entity—

(1) shall use amounts received through a grant under subsection (a) to—

(A) train emergency medical services personnel as appropriate to obtain and maintain licenses and certifications relevant to service in an emergency medical services agency described in subsection (b)(1);

(B) conduct courses that qualify graduates to serve in an emergency medical services agency described in subsection (b)(1) in accordance with State and local requirements;

(C) fund specific training to meet Federal or State licensing or certification requirements;

(D) acquire emergency medical services equipment; and

(E) ensure emergency medical services personnel are trained on mental health and substance use disorders and care for individuals with such disorders in emergency situations; and

(2) may use amounts received through a grant under subsection (a) to—

(A) recruit and retain emergency medical services personnel, which may include volunteer personnel;

(B) develop new ways to educate emergency health care providers through the use of technology-enhanced educational methods;

(C) acquire personal protective equipment for emergency medical services personnel as required by the Occupational Safety and Health Administration; or

(D) acquire drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 301 et seq.] for emergency treatment of known or suspected overdose.

(d) Grant amounts

Each grant awarded under this section shall be in an amount not to exceed \$200,000.

(e) Definitions

In this section:

(1) The term “emergency medical services”—

(A) means resources used by a public or private nonprofit licensed entity to deliver medical care outside of a medical facility under emergency conditions that occur as a result of the condition of the patient; and

(B) includes services delivered (either on a compensated or volunteer basis) by an emergency medical services provider or other provider that is licensed or certified by the State involved as an emergency medical technician, a paramedic, or an equivalent professional (as determined by the State).

(2) The term “rural area” means—

(A) a nonmetropolitan statistical area;

(B) an area designated as a rural area by any law or regulation of a State; or

(C) a rural census tract of a metropolitan statistical area (as determined under the most recent rural urban commuting area code as set forth by the Office of Management and Budget).

(f) Authorization of appropriations

(1) In general

There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2024 through 2028.

(2) Administrative costs

The Secretary may use not more than 10 percent of the amount appropriated under paragraph (1) for a fiscal year for the administrative expenses of carrying out this section.

(July 1, 1944, ch. 373, title V, § 553, formerly title III, § 330J, as added Pub. L. 107-251, title II, § 221, Oct. 26, 2002, 116 Stat. 1638; amended Pub. L. 115-334, title XII, § 12608, Dec. 20, 2018, 132 Stat. 5008; renumbered title V, § 553 and amended Pub. L. 118-84, § 2, Sept. 26, 2024, 138 Stat. 1544.)

Editorial Notes

REFERENCES IN TEXT

The Federal Food, Drug, and Cosmetic Act, referred to in subsec. (c)(2)(D), is act June 25, 1938, ch. 675, 52 Stat. 1040, which is classified generally to chapter 9 (§ 301 et seq.) of Title 21, Food and Drugs. For complete classification of this Act to the Code, see section 301 of Title 21 and Tables.

CODIFICATION

Section was formerly classified to section 254c-15 of this title prior to renumbering by Pub. L. 118-84.

PRIOR PROVISIONS

A prior section 290ee-10, act July 1, 1944, ch. 373, title V, § 550, as added Pub. L. 115-271, title VIII, § 8214, Oct. 24, 2018, 132 Stat. 4116, which related to sobriety treatment and recovery teams, was renumbered section 550A of act July 1, 1944, by Pub. L. 117-328, div. FF, title I, § 1237, Dec. 29, 2022, 136 Stat. 5677, and transferred to section 290ee-5a of this title.

AMENDMENTS

2024—Subsec. (a). Pub. L. 118-84, § 2(1), substituted “the Assistant Secretary,” for “the Administrator of