

106 Stat. 2049, authorized grants to educational entities offering programs in health administration, hospital administration, or health policy analysis and planning, prior to the general amendment of this part by Pub. L. 105-392.

Another prior section 294i, act July 1, 1944, ch. 373, title VII, § 736, as added Oct. 12, 1976, Pub. L. 94-484, title IV, § 401(b)(3), 90 Stat. 2265; amended Aug. 1, 1977, Pub. L. 95-83, title III, § 307(d), 91 Stat. 390, related to participation by Federal credit unions in Federal, State, and private student loan insurance programs, prior to the general amendment of this subchapter by Pub. L. 102-408. See section 292k of this title.

A prior section 759 of act July 1, 1944, was classified to section 294aa of this title prior to the general amendment of this subchapter by Pub. L. 102-408.

AMENDMENTS

2018—Subsec. (a). Pub. L. 115-271, § 7073(a)(1), substituted “hospices, tribal health programs (as defined in section 1603 of title 25), and other public and non-profit private entities” for “hospices, and other public and private entities”.

Subsec. (b). Pub. L. 115-271, § 7073(a)(2)(A), substituted “entity receiving an award under this section shall develop a comprehensive education and training plan that includes” for “award may be made under subsection (a) only if the applicant for the award agrees that the program carried out with the award will include” in introductory provisions.

Subsec. (b)(1). Pub. L. 115-271, § 7073(a)(2)(B), inserted “preventing,” after “diagnosing,” and “non-addictive medical products and non-pharmacologic treatments and” after “including”.

Subsec. (b)(2). Pub. L. 115-271, § 7073(a)(2)(C), inserted “Federal, State, and local” after “applicable” and substituted “opioids” for “the degree to which misconceptions and concerns regarding such laws, regulations, rules, and policies, or the enforcement thereof, may create barriers to patient access to appropriate and effective pain care”.

Subsec. (b)(3). Pub. L. 115-271, § 7073(a)(2)(D), inserted “, integrated, evidence-based pain management, and, as appropriate, non-pharmacotherapy” before semicolon.

Subsec. (b)(5), (6). Pub. L. 115-271, § 7073(a)(2)(E), (F), added pars. (5) and (6) and struck out former par. (5) which read as follows: “recent findings, developments, and improvements in the provision of pain care.”

Subsec. (d). Pub. L. 115-271, § 7073(a)(3), inserted “prevention,” after “diagnosis.”

Subsec. (e). Pub. L. 115-271, § 7073(a)(4), substituted “2019 through 2023” for “2010 through 2012”.

Statutory Notes and Related Subsidiaries

EMERGENCY DEPARTMENT ALTERNATIVES TO OPIOIDS DEMONSTRATION PROGRAM

Pub. L. 115-271, title VII, § 7091, Oct. 24, 2018, 132 Stat. 4035, which related to emergency department alternatives to opioids demonstration program, was editorially reclassified as section 294i-1 of this title.

§ 294i-1. Emergency department alternatives to opioids program

(a) Grant program

(1) In general

The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall carry out a program for purposes of awarding grants to hospitals and emergency departments, including free-standing emergency departments, to develop, implement, enhance, or study alternatives to opioids for pain management in such settings.

(2) Eligibility

To be eligible to receive a grant under paragraph (1), a hospital or emergency department

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

(3) Geographic distribution

In awarding grants under this section, the Secretary shall seek to ensure geographical distribution among grant recipients.

(4) Use of funds

Grants under paragraph (1) shall be used to—

(A) target treatment approaches for painful conditions frequently treated in such settings;

(B) train providers and other hospital personnel on protocols or best practices related to the use and prescription of opioids and alternatives to opioids for pain management in the emergency department; and

(C) develop or continue strategies to provide alternatives to opioids, as appropriate.

(b) Additional program

The Secretary may carry out a demonstration program¹ similar to the program under subsection (a) for other acute care settings.

(c) Consultation

The Secretary shall implement a process for recipients of grants under subsection (a) or (b) to share evidence-based and best practices and promote consultation with persons having robust knowledge, including emergency departments and physicians that have successfully implemented programs that use alternatives to opioids for pain management, as appropriate, such as approaches studied through the National Center for Complimentary and Integrative Health or other institutes and centers at the National Institutes of Health, as appropriate. The Secretary shall offer to each recipient of a grant under subsection (a) or (b) technical assistance as necessary.

(d) Technical assistance

The Secretary shall identify or facilitate the development of best practices on alternatives to opioids for pain management and provide technical assistance to hospitals and other acute care settings on alternatives to opioids for pain management. The technical assistance provided shall be for the purpose of—

(1) utilizing information from recipients of a grant under subsection (a) or (b) that have successfully implemented alternatives to opioids programs;

(2) identifying or facilitating the development of best practices on the use of alternatives to opioids, which may include pain-management strategies that involve non-addictive medical products, non-pharmacologic treatments, and technologies or techniques to identify patients at risk for opioid use disorder;

(3) identifying or facilitating the development of best practices on the use of alternatives to opioids that target common painful conditions and include certain patient populations, such as geriatric patients, pregnant women, and children; and

¹ So in original. Probably should be “a program”.

(4) disseminating information on the use of alternatives to opioids to providers in acute care settings, which may include emergency departments, outpatient clinics, critical access hospitals, Federally qualified health centers, Indian Health Service health facilities, and Tribal hospitals.

(e) Report to the Secretary

Each recipient of a grant under this section shall submit to the Secretary (during the period of such grant) annual reports on the progress of the program funded through the grant. These reports shall include, in accordance with all applicable State and Federal privacy laws—

(1) a description of and specific information about the opioid alternative pain management programs, including the demographic characteristics of patients who were treated with an alternative pain management protocol, implemented in hospitals, emergency departments, and other acute care settings;

(2) data on the opioid alternative pain management strategies used, including the number of opioid prescriptions written—

(A) during a baseline period before the program began; or

(B) at various stages of the program; and

(3) data on patients who were eventually prescribed opioids after alternative pain management protocols and treatments were utilized; and

(4) any other information the Secretary determines appropriate.

(f) Reports to Congress

Not later than the end of each of fiscal years 2024 and 2027, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the results of the program and include in the report—

(1) the number of applications received and the number funded;

(2) a summary of the reports described in subsection (e), including data that allows for comparison of programs; and

(3) recommendations for broader implementation of pain management strategies that encourage the use of alternatives to opioids in hospitals, emergency departments, or other acute care settings.

(g) Authorization of appropriations

To carry out this section, there is authorized to be appropriated \$10,000,000 for each of fiscal years 2023 through 2027.

(Pub. L. 115-271, title VII, §7091, Oct. 24, 2018, 132 Stat. 4035; Pub. L. 117-328, div. FF, title I, §1221, Dec. 29, 2022, 136 Stat. 5673.)

Editorial Notes

CODIFICATION

Section was formerly classified as a note under section 294i of this title prior to editorial reclassification and renumbering as this section.

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

and not as part of the Public Health Service Act which comprises this chapter.

AMENDMENTS

2022—Pub. L. 117-328, §1221(1), struck out “demonstration” before “program” in section catchline.

Subsec. (a). Pub. L. 117-328, §1221(2)(A), amended heading generally. Prior to amendment, heading read as follows: “Demonstration program grants”.

Subsec. (a)(1). Pub. L. 117-328, §1221(2)(B), struck out “demonstration” before “program”.

Subsec. (b). Pub. L. 117-328, §1221(3), struck out “demonstration” before “program” in heading.

Subsec. (d)(4). Pub. L. 117-328, §1221(4), substituted “Tribal” for “tribal”.

Subsec. (f). Pub. L. 117-328, §1221(5), substituted “Reports” for “Report” in heading and “Not later than the end of each of fiscal years 2024 and 2027, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the results of the program” for “Not later than 1 year after completion of the demonstration program under this section, the Secretary shall submit a report to the Congress on the results of the demonstration program” in introductory provisions.

Subsec. (g). Pub. L. 117-328, §1221(6), substituted “2023 through 2027” for “2019 through 2021”.

§ 294j. Demonstration program to integrate quality improvement and patient safety training into clinical education of health professionals

(a) In general

The Secretary may award grants to eligible entities or consortia under this section to carry out demonstration projects to develop and implement academic curricula that integrates¹ quality improvement and patient safety in the clinical education of health professionals. Such awards shall be made on a competitive basis and pursuant to peer review.

(b) Eligibility

To be eligible to receive a grant under subsection (a), an entity or consortium shall—

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

(2) be or include—

(A) a health professions school;

(B) a school of public health;

(C) a school of social work;

(D) a school of nursing;

(E) a school of pharmacy;

(F) an institution with a graduate medical education program; or

(G) a school of health care administration;

(3) collaborate in the development of curricula described in subsection (a) with an organization that accredits such school or institution;

(4) provide for the collection of data regarding the effectiveness of the demonstration project; and

(5) provide matching funds in accordance with subsection (c).

(c) Matching funds

(1) In general

The Secretary may award a grant to an entity or consortium under this section only if the

¹ So in original. Probably should be “integrate”.