

of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

Committee on Labor and Human Resources of Senate changed to Committee on Health, Education, Labor, and Pensions of Senate by Senate Resolution No. 20, One Hundred Sixth Congress, Jan. 19, 1999.

TERMINATION OF ADVISORY COMMITTEES

Pub. L. 93-641, § 6, Jan. 4, 1975, 88 Stat. 2275, set out as a note under section 217a of this title, provided that an advisory committee established pursuant to the Public Health Service Act shall terminate at such time as may be specifically prescribed by an Act of Congress enacted after Jan. 4, 1975.

§ 294g. Repealed. Pub. L. 111-148, title V, § 5306(a)(1), Mar. 23, 2010, 124 Stat. 626

Section, act July 1, 1944, ch. 373, title VII, § 757, as added Pub. L. 105-392, title I, § 103, Nov. 13, 1998, 112 Stat. 3551, authorized appropriations to carry out this part.

Editorial Notes

CODIFICATION

Pub. L. 111-148, title V, § 5306(a)(1), Mar. 23, 2010, 124 Stat. 626, which directed the amendment of part D of title VII by striking section 757, without specifying the act to be amended, was executed by repealing this section, which was section 757 of act July 1, 1944, to reflect the probable intent of Congress.

PRIOR PROVISIONS

A prior section 294g, act July 1, 1944, ch. 373, title VII, § 734, as added Oct. 12, 1976, Pub. L. 94-484, title IV, § 401(b)(3), 90 Stat. 2263; amended Oct. 22, 1985, Pub. L. 99-129, title II, § 208(f), 99 Stat. 531, related to establishment of a student loan insurance fund, prior to the general amendment of this subchapter by Pub. L. 102-408. See section 292i of this title.

Another prior section 294g, act July 1, 1944, ch. 373, title VII, § 747, as added Nov. 18, 1971, Pub. L. 92-157, title I, § 105(f)(4), 85 Stat. 451; amended Oct. 12, 1976, Pub. L. 94-484, title I, § 101(f), 90 Stat. 2244, provided for student loans to citizens of United States who were full-time students in schools of medicine located outside United States, prior to repeal by Pub. L. 94-484, title IV, § 401(a), Oct. 12, 1976, 90 Stat. 2257, effective Oct. 1, 1976.

§ 294h. Repealed. Pub. L. 113-4, title V, § 501(b)(2), Mar. 7, 2013, 127 Stat. 101

Section, act July 1, 1944, ch. 373, title VII, § 758, as added Pub. L. 109-162, title V, § 503, Jan. 5, 2006, 119 Stat. 3024; amended Pub. L. 109-271, § 4(c), Aug. 12, 2006, 120 Stat. 758, provided for grants for interdisciplinary training and education on domestic violence and other types of violence and abuse.

A prior section 294h, act July 1, 1944, ch. 373, title VII, § 735, as added Oct. 12, 1976, Pub. L. 94-484, title IV, § 401(b)(3), 90 Stat. 2263; amended Aug. 1, 1977, Pub. L. 95-83, title III, § 307(c)(5), 91 Stat. 390; Aug. 13, 1981, Pub. L. 97-35, title XXVII, § 2709(e)(4)(B), 95 Stat. 911; Nov. 16, 1990, Pub. L. 101-597, title IV, § 401(b)[(a)], 104 Stat. 3035, related to functions, powers, and duties of the Secretary under the Federal student loan insurance program, prior to the general amendment of this subchapter by Pub. L. 102-408. See section 292j of this title.

§ 294i. Program for education and training in pain care

(a) In general

The Secretary may make awards of grants, cooperative agreements, and contracts to health professions schools, hospices, tribal health pro-

grams (as defined in section 1603 of title 25), and other public and nonprofit private entities for the development and implementation of programs to provide education and training to health care professionals in pain care.

(b) Certain topics

An entity receiving an award under this section shall develop a comprehensive education and training plan that includes information and education on—

(1) recognized means for assessing, diagnosing, preventing, treating, and managing pain and related signs and symptoms, including non-addictive medical products and non-pharmacologic treatments and the medically appropriate use of controlled substances;

(2) applicable Federal, State, and local laws, regulations, rules, and policies on controlled substances, including opioids;

(3) interdisciplinary approaches to the delivery of pain care, including delivery through specialized centers providing comprehensive pain care treatment expertise, integrated, evidence-based pain management, and, as appropriate, non-pharmacotherapy;

(4) cultural, linguistic, literacy, geographic, and other barriers to care in underserved populations;

(5) recent findings, developments, and advancements in pain care research and the provision of pain care, which may include non-addictive medical products and non-pharmacologic treatments intended to treat pain; and

(6) the dangers of opioid abuse and misuse, detection of early warning signs of opioid use disorders (which may include best practices related to screening for opioid use disorders, training on screening, brief intervention, and referral to treatment), and safe disposal options for prescription medications (including such options provided by law enforcement or other innovative deactivation mechanisms).

(c) Evaluation of programs

The Secretary shall (directly or through grants or contracts) provide for the evaluation of programs implemented under subsection (a) in order to determine the effect of such programs on knowledge and practice of pain care.

(d) Pain care defined

For purposes of this section the term “pain care” means the assessment, diagnosis, prevention, treatment, or management of acute or chronic pain regardless of causation or body location.

(e) Authorization of appropriations

There is authorized to be appropriated to carry out this section, such sums as may be necessary for each of the fiscal years 2019 through 2023. Amounts appropriated under this subsection shall remain available until expended.

(July 1, 1944, ch. 373, title VII, § 759, as added Pub. L. 111-148, title IV, § 4305(c), Mar. 23, 2010, 124 Stat. 586; amended Pub. L. 115-271, title VII, § 7073(a), Oct. 24, 2018, 132 Stat. 4031.)

Editorial Notes

PRIOR PROVISIONS

A prior section 294i, act July 1, 1944, ch. 373, title VII, § 771, as added Pub. L. 102-408, title I, § 102, Oct. 13, 1992,

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”.