

(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”.

entity or consortium agrees to make available non-Federal contributions toward the costs of the program to be funded under the grant in an amount that is not less than \$1 for each \$5 of Federal funds provided under the grant.

(2) Determination of amount contributed

Non-Federal contributions under paragraph (1) may be in cash or in-kind, fairly evaluated, including equipment or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such contributions.

(d) Evaluation

The Secretary shall take such action as may be necessary to evaluate the projects funded under this section and publish, make publicly available, and disseminate the results of such evaluations on as wide a basis as is practicable.

(e) Reports

Not later than 2 years after March 23, 2010, and annually thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Finance of the Senate and the Committee on Energy and Commerce and the Committee on Ways and Means of the House of Representatives a report that—

- (1) describes the specific projects supported under this section; and
- (2) contains recommendations for Congress based on the evaluation conducted under subsection (d).

(Pub. L. 111–148, title III, § 3508, Mar. 23, 2010, 124 Stat. 530.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Public Health Service Act which comprises this chapter.

PRIOR PROVISIONS

A prior section 294j, act July 1, 1944, ch. 373, title VII, § 737, 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(c)(6), 91 Stat. 390; Dec. 19, 1977, Pub. L. 95–215, § 4(f), 91 Stat. 1506; Aug. 13, 1981, Pub. L. 97–35, title XXVII, § 2731, 95 Stat. 919; Jan. 4, 1983, Pub. L. 97–414, § 8(i), 96 Stat. 2061; Oct. 22, 1985, Pub. L. 99–129, title II, §§ 201(c), 204(c), 208(g)(2), 99 Stat. 525, 527, 531; Nov. 4, 1988, Pub. L. 100–607, title VI, §§ 602(l), 628(6), 629(b)(2), 102 Stat. 3124, 3145, 3146, defined “eligible institution”, “eligible lender”, “line of credit”, and “school of allied health”, prior to the general amendment of this subchapter by Pub. L. 102–408, title I, § 102, Oct. 13, 1992, 106 Stat. 1994. See section 292o of this title.

Section 294j–1, act July 1, 1944, ch. 373, title VII, § 737A, as added Aug. 13, 1981, Pub. L. 97–35, title XXVII, § 2732, 95 Stat. 919, which related to determination of eligible students, was omitted in the general amendment of this subchapter by Pub. L. 102–408, title I, § 102, Oct. 13, 1992, 106 Stat. 1994.

§ 294k. Training demonstration program

(a) In general

The Secretary shall establish a training demonstration program to award grants to eligible entities to support—

(1) training for medical residents and fellows to practice psychiatry and addiction medicine in underserved, community-based settings that integrate primary care with mental health and substance use disorder prevention and treatment services;

(2) training (including for individuals completing clinical training requirements for licensure) for nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and social workers to provide mental health and substance use disorder services in underserved community-based settings that integrate primary care and mental health and substance use disorder services, including such settings that serve pediatric populations; and

(3) establishing, maintaining, or improving academic units or programs that—

(A) provide training for students or faculty, including through clinical experiences and research, to improve the ability to be able to recognize, diagnose, and treat mental health and substance use disorders, with a special focus on addiction or pediatric populations; or

(B) develop evidence-based practices or recommendations for the design of the units or programs described in subparagraph (A), including curriculum content standards.

(b) Activities

(1) Training for residents and fellows

A recipient of a grant under subsection (a)(1)—

(A) shall use the grant funds—

(i)(I) to plan, develop, and operate a training program for medical psychiatry residents and fellows in addiction medicine practicing in eligible entities described in subsection (c)(1); or

(II) to train new psychiatric residents and fellows in addiction medicine to provide and expand access to integrated mental health and substance use disorder services; and

(ii) to provide at least 1 training track that is—

(I) a virtual training track that includes an in-person rotation at a teaching health center or in a community-based setting, followed by a virtual rotation in which the resident or fellow continues to support the care of patients at the teaching health center or in the community-based setting through the use of health information technology and, as appropriate, telehealth services;

(II) an in-person training track that includes a rotation, during which the resident or fellow practices at a teaching health center or in a community-based setting; or

(III) an in-person training track that includes a rotation during which the resident practices in a community-based setting that specializes in the treatment of infants, children, adolescents, or pregnant or postpartum women; and

(B) may use the grant funds to provide additional support for the administration of