

following public health emergencies in as timely a manner as is practicable, including from the time a public health threat is identified;

(8) ensure that public health and medical information distributed by the Department of Health and Human Services during a public health emergency is delivered in a manner that takes into account the range of communication needs of the intended recipients, including at-risk individuals; and

(9) facilitate coordination to ensure that, in implementing the situational awareness and biosurveillance network under section 247d-4 of this title, the Secretary considers incorporating data and information from Federal, State, local, Tribal, and territorial public health officials and entities relevant to detecting emerging public health threats that may affect at-risk individuals, such as pregnant and postpartum women and infants, including adverse health outcomes of such populations related to such emerging public health threats.

(July 1, 1944, ch. 373, title XXVIII, §2814, as added Pub. L. 109-417, title I, §102(d), Dec. 19, 2006, 120 Stat. 2834; amended Pub. L. 113-5, title I, §101(b), Mar. 13, 2013, 127 Stat. 163; Pub. L. 116-22, title III, §303(c), June 24, 2019, 133 Stat. 935.)

Editorial Notes

AMENDMENTS

2019—Par. (9). Pub. L. 116-22 added par. (9).

2013—Par. (1). Pub. L. 113-5, §101(b)(4), added par. (1). Former par. (1) redesignated (2).

Par. (2). Pub. L. 113-5, §101(b)(3), (5), redesignated par. (1) as (2) and amended it generally. Prior to amendment, par. (2) read as follows: “oversee the implementation of the National Preparedness goal of taking into account the public health and medical needs of at-risk individuals in the event of a public health emergency, as described in section 300hh-1(b)(4) of this title;”. Former par. (2) redesignated (3).

Par. (3). Pub. L. 113-5, §101(b)(3), redesignated par. (2) as (3). Former par. (3) redesignated (4).

Par. (4). Pub. L. 113-5, §101(b)(3), redesignated par. (3) as (4). Former par. (4) redesignated (5).

Pub. L. 113-5, §101(b)(2), substituted “300hh-1(b)(4)(B)” for “300hh-10(b)(3)(B)”.

Par. (5). Pub. L. 113-5, §101(b)(1), (3), redesignated par. (4) as (5) and struck out former par. (5) which read as follows: “oversee the progress of the Advisory Committee on At-Risk Individuals and Public Health Emergencies established under section 247d-6(b)(2) of this title and make recommendations with a focus on opportunities for action based on the work of the Committee;”.

Pars. (7), (8). Pub. L. 113-5, §101(b)(1), (6), added pars. (7) and (8) and struck out former pars. (7) and (8) which read as follows:

“(7) disseminate novel and best practices of outreach to and care of at-risk individuals before, during, and following public health emergencies; and

“(8) not later than one year after December 19, 2006, prepare and submit to Congress a report describing the progress made on implementing the duties described in this section.”

§ 300hh-17. Emergency response coordination of primary care providers

The Secretary, acting through Administrator¹ of the Health Resources and Services Adminis-

tration, and in coordination with the Assistant Secretary for Preparedness and Response, shall

(1) provide guidance and technical assistance to health centers funded under section 254b of this title and to State and local health departments and emergency managers to integrate health centers into State and local emergency response plans and to better meet the primary care needs of populations served by health centers during public health emergencies; and

(2) encourage employees at health centers funded under section 254b of this title to participate in emergency medical response programs including the National Disaster Medical System authorized in section 300hh-11 of this title, the Volunteer Medical Reserve Corps authorized in section 300hh-15 of this title, and the Emergency System for Advance Registration of Health Professions Volunteers authorized in section 247d-7b of this title.

(July 1, 1944, ch. 373, title XXVIII, §2815, as added Pub. L. 110-355, §6(a), Oct. 8, 2008, 122 Stat. 3994.)

PART C—STRENGTHENING PUBLIC HEALTH SURVEILLANCE SYSTEMS

§ 300hh-31. Epidemiology-laboratory capacity grants

(a) In general

Subject to the availability of appropriations, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish an Epidemiology and Laboratory Capacity Grant Program to award grants to State health departments as well as local health departments and tribal jurisdictions that meet such criteria as the Director determines appropriate. Academic centers that assist State and eligible local and tribal health departments may also be eligible for funding under this section as the Director determines appropriate. Grants shall be awarded under this section to assist public health agencies in improving surveillance for, and response to, infectious diseases and other conditions of public health importance by—

(1) strengthening epidemiologic capacity to identify and monitor the occurrence of infectious diseases, including mosquito and other vector-borne diseases, and other conditions of public health importance;

(2) enhancing laboratory practice as well as systems to report test orders and results electronically;

(3) improving information systems including developing and maintaining an information exchange using national guidelines and complying with capacities and functions determined by an advisory council established and appointed by the Director; and

(4) developing and implementing prevention and control strategies.

(b) Authorization of appropriations

There are authorized to be appropriated to carry out this section \$190,000,000 for each of fiscal years 2019 through 2023, of which—

(1) not less than \$95,000,000 shall be made available each such fiscal year for activities under paragraphs (1) and (4) of subsection (a);

¹ So in original. Probably should be preceded by “the”.

(2) not less than \$60,000,000 shall be made available each such fiscal year for activities under subsection (a)(3); and

(3) not less than \$32,000,000 shall be made available each such fiscal year for activities under subsection (a)(2).

(July 1, 1944, ch. 373, title XXVIII, §2821, as added Pub. L. 111-148, title IV, §4304, Mar. 23, 2010, 124 Stat. 584; amended Pub. L. 116-22, title VI, §607(b), June 24, 2019, 133 Stat. 960.)

Editorial Notes

AMENDMENTS

2019—Subsec. (a)(1). Pub. L. 116-22, §607(b)(1), inserted “, including mosquito and other vector-borne diseases,” after “infectious diseases”.

Subsec. (b). Pub. L. 116-22, §607(b)(2), substituted “2019 through 2023” for “2010 through 2013” in introductory provisions.

§ 300hh-32. Enhanced support to assist health departments in addressing vector-borne diseases

(a) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may enter into cooperative agreements with health departments of States, political subdivisions of States, and Indian Tribes and Tribal organizations in areas at high risk of vector-borne diseases in order to increase capacity to identify, report, prevent, and respond to such diseases and related outbreaks.

(b) Eligibility

To be eligible to enter into a cooperative agreement under this section, an entity described in subsection (a) shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a plan that describes—

(1) how the applicant proposes to develop or expand programs to address vector-borne disease risks, including through—

(A) related training and workforce development;

(B) programmatic efforts to improve capacity to identify, report, prevent, and respond to such disease and related outbreaks; and

(C) other relevant activities identified by the Director of the Centers for Disease Control and Prevention, as appropriate;

(2) the manner in which the applicant will coordinate with other Federal, Tribal, and State agencies and programs, as applicable, related to vector-borne diseases, as well as other relevant public and private organizations or agencies; and

(3) the manner in which the applicant will evaluate the effectiveness of any program carried out under the cooperative agreement.

(c) Authorization of appropriations

For the purposes of carrying out this section, there are authorized to be appropriated \$20,000,000 for each of fiscal years 2021 through 2025.

(July 1, 1944, ch. 373, title XXVIII, §2822, as added Pub. L. 116-94, div. N, title I, §404(c), Dec. 20, 2019, 133 Stat. 3118.)

§ 300hh-33. Public health data system modernization

(a) Expanding CDC and public health department capabilities

(1) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

(A) conduct activities to expand, modernize, improve, and sustain applicable public health data systems used by the Centers for Disease Control and Prevention, including with respect to the interoperability and improvement of such systems (including as it relates to preparedness for, prevention and detection of, and response to public health emergencies); and

(B) award grants or cooperative agreements to State, local, Tribal, or territorial public health departments for the expansion and modernization of public health data systems, to assist public health departments and public health laboratories in—

(i) assessing current data infrastructure capabilities and gaps to—

(I) improve and increase consistency in data collection, storage, and analysis; and

(II) as appropriate, improve dissemination of public health-related information;

(ii) improving secure public health data collection, transmission, exchange, maintenance, and analysis, including with respect to demographic data, as appropriate;

(iii) improving the secure exchange of data between the Centers for Disease Control and Prevention, State, local, Tribal, and territorial public health departments, public health laboratories, public health organizations, and health care providers, including by public health officials in multiple jurisdictions within such State, as appropriate, and by simplifying and supporting reporting by health care providers, as applicable, pursuant to State law, including through the use of health information technology;

(iv) enhancing the interoperability of public health data systems (including systems created or accessed by public health departments) with health information technology, including with health information technology certified under section 300jj-11(c)(5) of this title;

(v) supporting and training data systems, data science, and informatics personnel;

(vi) supporting earlier disease and health condition detection, such as through near real-time data monitoring, to support rapid public health responses;

(vii) supporting activities within the applicable jurisdiction related to the expansion and modernization of electronic case reporting; and

(viii) developing and disseminating information related to the use and importance of public health data.