

“for fiscal year 2028 and each fiscal year thereafter, \$2,000,000,000.”

Subsec. (b)(10). Pub. L. 117-328, §7701(c)(3), added par. (10).

2018—Subsec. (b)(4) to (9). Pub. L. 115-123 added pars. (4) to (9) and struck out former pars. (4) to (9) which read as follows:

“(4) for fiscal year 2019, \$800,000,000;

“(5) for each of fiscal years 2020 and 2021, \$800,000,000; and

“(6) for fiscal year 2022, \$1,250,000,000;

“(7) for fiscal year 2023, \$1,000,000,000;

“(8) for fiscal year 2024, \$1,700,000,000; and

“(9) for fiscal year 2025 and each fiscal year thereafter, \$2,000,000,000.”

2017—Subsec. (b)(3). Pub. L. 115-96, §3103(1), substituted “fiscal year 2018” for “each of fiscal years 2018 and 2019”.

Subsec. (b)(4). Pub. L. 115-96, §3103(3), added par. (4). Former par. (4) redesignated (5).

Subsec. (b)(5). Pub. L. 115-96, §3103(2), (4), redesignated par. (4) as (5) and substituted “\$800,000,000” for “\$1,000,000,000”. Former par. (5) redesignated (6).

Subsec. (b)(6). Pub. L. 115-96, §3103(2), (5), redesignated par. (5) as (6) and substituted “\$1,250,000,000” for “\$1,500,000,000”. Former par. (6) redesignated (7).

Subsec. (b)(7) to (9). Pub. L. 115-96, §3103(2), redesignated pars. (6) to (8) as (7) to (9), respectively.

2016—Subsec. (b)(3). Pub. L. 114-255, §5009(1), substituted “\$900,000,000” for “\$1,250,000,000”.

Subsec. (b)(4). Pub. L. 114-255, §5009(2), substituted “\$1,000,000,000” for “\$1,500,000,000”.

Subsec. (b)(5) to (8). Pub. L. 114-255, §5009(3), added pars. (5) to (8) and struck out former par. (5) which read as follows: “for fiscal year 2022, and each fiscal year thereafter, \$2,000,000,000.”

2012—Subsec. (b)(2) to (6). Pub. L. 112-96 added pars. (2) to (5) and struck out former pars. (2) to (6) which appropriated amounts for fiscal years 2011 through 2015 and each fiscal year thereafter.

2010—Subsec. (c). Pub. L. 111-148, §10401(b), substituted “research, health screenings, and initiatives” for “research and health screenings” and “Regarding Preventive” for “for Preventive”.

### Statutory Notes and Related Subsidiaries

#### WEBSITE

Pub. L. 115-31, div. H, title II, §219, May 5, 2017, 131 Stat. 541, provided that:

“(a) The Secretary shall establish a publicly accessible Web site to provide information regarding the uses of funds made available under section 4002 of the Patient Protection and Affordable Care Act of 2010 (‘ACA’) [42 U.S.C. 300u-11].

“(b) With respect to funds provided under section 4002 of the ACA, the Secretary shall include on the Web site established under subsection (a) at a minimum the following information:

“(1) In the case of each transfer of funds under section 4002(c), a statement indicating the program or activity receiving funds, the operating division or office that will administer the funds, and the planned uses of the funds, to be posted not later than the day after the transfer is made.

“(2) Identification (along with a link to the full text) of each funding opportunity announcement, request for proposals, or other announcement or solicitation of proposals for grants, cooperative agreements, or contracts intended to be awarded using such funds, to be posted not later than the day after the announcement or solicitation is issued.

“(3) Identification of each grant, cooperative agreement, or contract with a value of \$25,000 or more awarded using such funds, including the purpose of the award and the identity of the recipient, to be posted not later than 5 days after the award is made.

“(4) A report detailing the uses of all funds transferred under section 4002(c) during the fiscal year, to

be posted not later than 90 days after the end of the fiscal year.

“(c) With respect to awards made in fiscal years 2013 through 2017, the Secretary shall also include on the Web site established under subsection (a), semi-annual reports from each entity awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more, summarizing the activities undertaken and identifying any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the recipient), to be posted not later than 30 days after the end of each 6-month period.

“(d) In carrying out this section, the Secretary shall—

“(1) present the information required in subsection (b)(1) on a single webpage or on a single database;

“(2) ensure that all information required in this section is directly accessible from the single webpage or database; and

“(3) ensure that all information required in this section is able to be organized by program or State.” Similar provisions were contained in the following prior appropriation acts:

Pub. L. 114-113, div. H, title II, §220, Dec. 18, 2015, 129 Stat. 2622.

Pub. L. 113-235, div. G, title II, §218, Dec. 16, 2014, 128 Stat. 2488.

Pub. L. 113-76, div. H, title II, §218, Jan. 17, 2014, 128 Stat. 385.

Pub. L. 112-74, div. F, title II, §220(a), Dec. 23, 2011, 125 Stat. 1085.

### § 300u-12. Education and outreach campaign regarding preventive benefits

#### (a) In general

The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall provide for the planning and implementation of a national public-private partnership for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the life span. Such campaign shall include the dissemination of information that—

(1) describes the importance of utilizing preventive services to promote wellness, reduce health disparities, and mitigate chronic disease;

(2) promotes the use of preventive services recommended by the United States Preventive Services Task Force and the Community Preventive Services Task Force;

(3) encourages healthy behaviors linked to the prevention of chronic diseases;

(4) explains the preventive services covered under health plans offered through an Exchange;

(5) describes additional preventive care supported by the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Advisory Committee on Immunization Practices, and other appropriate agencies; and

(6) includes general health promotion information.

#### (b) Consultation

In coordinating the campaign under subsection (a), the Secretary shall consult with the Institute of Medicine to provide ongoing advice on evidence-based scientific information for policy, program development, and evaluation.

**(c) Media campaign****(1) In general**

Not later than 1 year after March 23, 2010, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish and implement a national science-based media campaign on health promotion and disease prevention.

**(2) Requirement of campaign**

The campaign implemented under paragraph (1)—

(A) shall be designed to address proper nutrition, regular exercise, smoking cessation, obesity reduction, the 5 leading disease killers in the United States, and secondary prevention through disease screening promotion;

(B) shall be carried out through competitively bid contracts awarded to entities providing for the professional production and design of such campaign;

(C) may include the use of television, radio, Internet, and other commercial marketing venues and may be targeted to specific age groups based on peer-reviewed social research;

(D) shall not be duplicative of any other Federal efforts relating to health promotion and disease prevention; and

(E) may include the use of humor and nationally recognized positive role models.

**(3) Evaluation**

The Secretary shall ensure that the campaign implemented under paragraph (1) is subject to an independent evaluation every 2 years and shall report every 2 years to Congress on the effectiveness of such campaigns towards meeting science-based metrics.

**(d) Website**

The Secretary, in consultation with private-sector experts, shall maintain or enter into a contract to maintain an Internet website to provide science-based information on guidelines for nutrition, regular exercise, obesity reduction, smoking cessation, and specific chronic disease prevention. Such website shall be designed to provide information to health care providers and consumers.

**(e) Dissemination of information through providers**

The Secretary, acting through the Centers for Disease Control and Prevention, shall develop and implement a plan for the dissemination of health promotion and disease prevention information consistent with national priorities, to health care providers who participate in Federal programs, including programs administered by the Indian Health Service, the Department of Veterans Affairs, the Department of Defense, and the Health Resources and Services Administration, and Medicare and Medicaid.

**(f) Personalized prevention plans****(1) Contract**

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall enter into a contract with a qualified entity for the development and operation

of a Federal Internet website personalized prevention plan tool.

**(2) Use**

The website developed under paragraph (1) shall be designed to be used as a source of the most up-to-date scientific evidence relating to disease prevention for use by individuals. Such website shall contain a component that enables an individual to determine their disease risk (based on personal health and family history, BMI, and other relevant information) relating to the 5 leading diseases in the United States, and obtain personalized suggestions for preventing such diseases.

**(g) Internet portal**

The Secretary shall establish an Internet portal for accessing risk-assessment tools developed and maintained by private and academic entities.

**(h) Priority funding**

Funding for the activities authorized under this section shall take priority over funding provided through the Centers for Disease Control and Prevention for grants to States and other entities for similar purposes and goals as provided for in this section. Not to exceed \$500,000,000 shall be expended on the campaigns and activities required under this section.

**(i) Public awareness of preventive and obesity-related services****(1) Information to States**

The Secretary of Health and Human Services shall provide guidance and relevant information to States and health care providers regarding preventive and obesity-related services that are available to Medicaid enrollees, including obesity screening and counseling for children and adults.

**(2) Information to enrollees**

Each State shall design a public awareness campaign to educate Medicaid enrollees regarding availability and coverage of such services, with the goal of reducing incidences of obesity.

**(3) Report**

Not later than January 1, 2011, and every 3 years thereafter through January 1, 2017, the Secretary of Health and Human Services shall report to Congress on the status and effectiveness of efforts under paragraphs (1) and (2), including summaries of the States' efforts to increase awareness of coverage of obesity-related services.

**(j) Authorization of appropriations**

There are authorized to be appropriated such sums as may be necessary to carry out this section.

(Pub. L. 111-148, title IV, § 4004, title X, § 10401(c), Mar. 23, 2010, 124 Stat. 544, 975.)

**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.

## AMENDMENTS

2010—Subsec. (a)(4). Pub. L. 111-148, §10401(c), substituted “an Exchange” for “a Gateway”.

**§ 300u-13. Community transformation grants****(a) In general**

The Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Director of the Centers for Disease Control and Prevention (referred to in this section as the “Director”), shall award competitive grants to State and local governmental agencies and community-based organizations for the implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming, with not less than 20 percent of such grants being awarded to rural and frontier areas.

**(b) Eligibility**

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

(1) be—

- (A) a State governmental agency;
- (B) a local governmental agency;
- (C) a national network of community-based organizations;
- (D) a State or local non-profit organization; or
- (E) an Indian tribe; and

(2) submit to the Director an application at such time, in such a manner, and containing such information as the Director may require, including a description of the program to be carried out under the grant; and

(3) demonstrate a history or capacity, if funded, to develop relationships necessary to engage key stakeholders from multiple sectors within and beyond health care and across a community, such as healthy futures corps and health care providers.

**(c) Use of funds****(1) In general**

An eligible entity shall use amounts received under a grant under this section to carry out programs described in this subsection.

**(2) Community transformation plan****(A) In general**

An eligible entity that receives a grant under this section shall submit to the Director (for approval) a detailed plan that includes the policy, environmental, programmatic, and<sup>1</sup> as appropriate<sup>1</sup> infrastructure changes needed to promote healthy living and reduce disparities.

**(B) Activities**

Activities within the plan may focus on (but not be limited to)—

- (i) creating healthier school environments, including increasing healthy food

options, physical activity opportunities, promotion of healthy lifestyle, emotional wellness, and prevention curricula, and activities to prevent chronic diseases;

(ii) creating the infrastructure to support active living and access to nutritious foods in a safe environment;

(iii) developing and promoting programs targeting a variety of age levels to increase access to nutrition, physical activity and smoking cessation, improve social and emotional wellness, enhance safety in a community, or address any other chronic disease priority area identified by the grantee;

(iv) assessing and implementing worksite wellness programming and incentives;

(v) working to highlight healthy options at restaurants and other food venues;

(vi) prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health; and

(vii) addressing special populations needs, including all age groups and individuals with disabilities, and individuals in urban, rural, and frontier areas.

**(3) Community-based prevention health activities****(A) In general**

An eligible entity shall use amounts received under a grant under this section to implement a variety of programs, policies, and infrastructure improvements to promote healthier lifestyles.

**(B) Activities**

An eligible entity shall implement activities detailed in the community transformation plan under paragraph (2).

**(C) In-kind support**

An eligible entity may provide in-kind resources such as staff, equipment, or office space in carrying out activities under this section.

**(4) Evaluation****(A) In general**

An eligible entity shall use amounts provided under a grant under this section to conduct activities to measure changes in the prevalence of chronic disease risk factors among community members participating in preventive health activities<sup>2</sup>

**(B) Types of measures**

In carrying out subparagraph (A), the eligible entity shall, with respect to residents in the community, measure—

- (i) changes in weight;
- (ii) changes in proper nutrition;
- (iii) changes in physical activity;
- (iv) changes in tobacco use prevalence;
- (v) changes in emotional well-being and overall mental health;

(vi) other factors using community-specific data from the Behavioral Risk Factor Surveillance Survey; and

<sup>1</sup> So in original. Probably should be followed by a comma.

<sup>2</sup> So in original. Probably should be followed by a period.