

as measured by the percentage increase in the Consumer Price Index For All Urban Consumers (U.S. city average) during the period ending on April 1 of the fiscal year preceding the fiscal year for which the allotment is to be made.”

Subsec. (d). Pub. L. 103-73, §112(c)(4), added subsec. (d) and struck out heading and text of former subsec. (d). Text read as follows: “Amounts necessary to provide allotments to systems within States in accordance with subsection (c)(3)(B) of this section as increased under subsection (c)(5) of this section, or to provide allotments in accordance with subsection (c)(4)(B) of this section as increased in accordance with subsection (c)(5) of this section, shall be derived by proportionately reducing the allotments of the remaining systems within States under subsection (c)(3) of this section, but with such adjustments as may be necessary to prevent the allotment of any such remaining systems within States from being thereby reduced to less than the greater of \$100,000 or one-third of one percent of the sums made available for purposes of this section for the fiscal year for which the allotment is made, as increased in accordance with subsection (c)(5) of this section.”

Subsec. (i). Pub. L. 103-73, §112(c)(6), which directed the amendment of this section “in subsection (i), to read as follows:”, was executed by adding subsec. (i). Former subsec. (i) redesignated (n).

Subsec. (j). Pub. L. 103-73, §112(c)(7), added subsec. (j) and struck out heading and text of former subsec. (j). Text read as follows: “An eligible system may not use more than 5 percent of any allotment under subsection (c) of this section for the cost of administration of the system required by this section.”

Subsec. (n). Pub. L. 103-73, §112(c)(5), redesignated subsec. (i) as (n).

CHANGE OF NAME

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.

EFFECTIVE DATE OF 1997 AMENDMENT

Amendment by Pub. L. 105-12 effective Apr. 30, 1997, applicable to Federal payments made pursuant to obligations incurred after Apr. 30, 1997, for items and services provided on or after such date, and also applicable with respect to contracts entered into, renewed, or extended after Apr. 30, 1997, as well as contracts entered into before Apr. 30, 1997, to the extent permitted under such contracts, see section 11 of Pub. L. 105-12, set out as an Effective Date note under section 14401 of Title 42, The Public Health and Welfare.

§ 794f. Establishment of standards for accessible medical diagnostic equipment

(a) Standards

Not later than 24 months after March 23, 2010,¹ the Architectural and Transportation Barriers Compliance Board shall, in consultation with the Commissioner of the Food and Drug Administration, promulgate regulatory standards in accordance with the Administrative Procedure Act (2 U.S.C. 551 et seq.)¹ setting forth the minimum technical criteria for medical diagnostic equipment used in (or in conjunction with) physician’s offices, clinics, emergency rooms, hospitals, and other medical settings. The standards shall ensure that such equipment is accessible to, and usable by, individuals with accessibility needs, and shall allow independent entry

¹ See References in Text note below.

to, use of, and exit from the equipment by such individuals to the maximum extent possible.

(b) Medical diagnostic equipment covered

The standards issued under subsection (a) for medical diagnostic equipment shall apply to equipment that includes examination tables, examination chairs (including chairs used for eye examinations or procedures, and dental examinations or procedures), weight scales, mammography equipment, x-ray machines, and other radiological equipment commonly used for diagnostic purposes by health professionals.

(c) Review and amendment

The Architectural and Transportation Barriers Compliance Board, in consultation with the Commissioner of the Food and Drug Administration, shall periodically review and, as appropriate, amend the standards in accordance with the Administrative Procedure Act (2 U.S.C. 551 et seq.).¹

(Pub. L. 93-112, title V, §510, as added Pub. L. 111-148, title IV, §4203, Mar. 23, 2010, 124 Stat. 570.)

REFERENCES IN TEXT

March 23, 2010, referred to in subsec. (a), was in the original “the date of enactment of the Affordable Health Choices Act”, which was translated as meaning the date of enactment of the Patient Protection and Affordable Care Act, Pub. L. 111-148, which enacted this section, to reflect the probable intent of Congress.

The Administrative Procedure Act, referred to in subsecs. (a) and (c), is act June 11, 1946, ch. 324, 60 Stat. 237, which was repealed and reenacted as subchapter II of chapter 5, and chapter 7, of Title 5, Government Organization and Employees, by Pub. L. 89-554, Sept. 6, 1966, 80 Stat. 378.

SUBCHAPTER VI—EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES

CODIFICATION

Title VI of the Rehabilitation Act of 1973, comprising this subchapter, was originally added to Pub. L. 93-112 by Pub. L. 95-602, title II, §201, Nov. 6, 1978, 92 Stat. 2989, and amended by Pub. L. 98-221, Feb. 22, 1984, 98 Stat. 17; Pub. L. 99-506, Oct. 21, 1986, 100 Stat. 1807; Pub. L. 100-630, Nov. 7, 1988, 102 Stat. 3289; Pub. L. 102-52, June 6, 1991, 105 Stat. 260; Pub. L. 102-119, Oct. 7, 1991, 105 Stat. 587; Pub. L. 102-569, Oct. 29, 1992, 106 Stat. 4344; Pub. L. 103-73, Aug. 11, 1993, 107 Stat. 718. Title VI is shown herein, however, as having been added by Pub. L. 105-220, title IV, §409, Aug. 7, 1998, 112 Stat. 1210, without reference to those intervening amendments because of the extensive revision of title VI by Pub. L. 105-220.

PART A—PROJECTS WITH INDUSTRY

§ 795. Projects With Industry

(a) Purpose; award of grants; eligibility; agreements; evaluation; technical assistance

(1) The purpose of this part is to create and expand job and career opportunities for individuals with disabilities in the competitive labor market by engaging the talent and leadership of private industry as partners in the rehabilitation process, to identify competitive job and career opportunities and the skills needed to perform such jobs, to create practical job and career readiness and training programs, and to provide job placements and career advancement.