

fants, children, and youth, the Secretary shall, of the amount appropriated under subsection (a), reserve the following, as applicable:

- (i) For fiscal year 2010, \$20,448,000.
- (ii) For fiscal year 2011, \$21,470,000.
- (iii) For fiscal year 2012, \$22,543,000.
- (iv) For fiscal year 2013, \$23,671,000.

(E) For increasing the training capacity of centers to expand the number of health care professionals with treatment expertise and knowledge about the most appropriate standards of HIV/AIDS-related treatments and medical care for racial and ethnic minority adults, adolescents, and children with HIV/AIDS, the Secretary shall, of the amount appropriated under subsection (a), reserve the following, as applicable:

- (i) For fiscal year 2010, \$8,763,000.
- (ii) For fiscal year 2011, \$9,201,000.
- (iii) For fiscal year 2012, \$9,662,000.
- (iv) For fiscal year 2013, \$10,144,000.

(c) Consistency with prior program

With respect to the purpose described in subsection (a), the Secretary shall carry out this section consistent with the activities carried out under this subchapter by the Secretary pursuant to the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2002 (Public Law 107-116).

(d) Synchronization of minority AIDS initiative

For fiscal year 2010 and each subsequent fiscal year, the Secretary shall incorporate and synchronize the schedule of application submissions and funding availability under this section with the schedule of application submissions and funding availability under the corresponding provisions of this subchapter as follows:

- (1) The schedule for carrying out subsection (b)(1)(A) shall be the same as the schedule applicable to emergency assistance under part A.
- (2) The schedule for carrying out subsection (b)(1)(B) shall be the same as the schedule applicable to care grants under part B.
- (3) The schedule for carrying out subsection (b)(1)(C) shall be the same as the schedule applicable to grants for early intervention services under part C.
- (4) The schedule for carrying out subsection (b)(1)(D) shall be the same as the schedule applicable to grants for services through projects for HIV-related care under part D.
- (5) The schedule for carrying out subsection (b)(1)(E) shall be the same as the schedule applicable to grants and contracts for activities through education and training centers under section 300ff-111 of this title.

(July 1, 1944, ch. 373, title XXVI, § 2693, as added and amended Pub. L. 109-415, title VI, § 603, title VII, §§ 702(3), 703, Dec. 19, 2006, 120 Stat. 2818, 2820; Pub. L. 111-87, § 2(a)(1), (3)(A), (f)(2), Oct. 30, 2009, 123 Stat. 2885, 2886.)

REFERENCES IN TEXT

The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2002, referred to in subsec. (c), is Pub. L. 107-116, Jan. 10, 2002, 115 Stat. 2177. For complete classification of this Act to the Code, see Tables.

AMENDMENTS

2009—Pub. L. 111-87, § 2(a)(1), (3)(A), repealed Pub. L. 109-415, § 703, and revived the provisions of this section as in effect on Sept. 30, 2009. See 2006 Amendment note and Effective Date of 2009 Amendment; Revival of Section note below.

Subsec. (a). Pub. L. 111-87, § 2(f)(2)(A), substituted “\$139,100,000 for fiscal year 2009, \$146,055,000 for fiscal year 2010, \$153,358,000 for fiscal year 2011, \$161,026,000 for fiscal year 2012, and \$169,077,000 for fiscal year 2013. The Secretary shall develop a formula for the awarding of grants under subsections (b)(1)(A) and (b)(1)(B) that ensures that funding is provided based on the distribution of populations disproportionately impacted by HIV/AIDS.” for “and \$139,100,000 for fiscal year 2009.”

Subsec. (b)(2)(A). Pub. L. 111-87, § 2(f)(2)(B)(i), struck out “competitive,” before “supplemental” in introductory provisions and added cls. (iv) to (vii).

Subsec. (b)(2)(B). Pub. L. 111-87, § 2(f)(2)(B)(ii), struck out “competitive” before “grants” in introductory provisions and added cls. (iv) to (vii).

Subsec. (b)(2)(C)(iv) to (vii). Pub. L. 111-87, § 2(f)(2)(B)(iii), added cls. (iv) to (vii).

Subsec. (b)(2)(D). Pub. L. 111-87, § 2(f)(2)(B)(iv), substituted “the following, as applicable:” for “\$18,500,000 for each of the fiscal years 2007 through 2009.” and added cls. (i) to (iv).

Subsec. (b)(2)(E). Pub. L. 111-87, § 2(f)(2)(B)(v), substituted “the following, as applicable:” for “\$8,500,000 for each of the fiscal years 2007 through 2009.” and added cls. (i) to (iv).

Subsec. (d). Pub. L. 111-87, § 2(f)(2)(C), added subsec. (d).

2006—Pub. L. 109-415, § 703, which directed repeal of this section effective Oct. 1, 2009, was itself repealed by Pub. L. 111-87, § 2(a)(1), effective Sept. 30, 2009.

Subsec. (b)(2)(D), (E). Pub. L. 109-415, § 702(3), substituted “HIV/AIDS” for “HIV disease” wherever appearing.

EFFECTIVE DATE OF 2009 AMENDMENT; REVIVAL OF SECTION

For provisions that repeal by section 2(a)(1) of Pub. L. 111-87 of section 703 of Pub. L. 109-415 be effective Sept. 30, 2009, that the provisions of this section as in effect on Sept. 30, 2009, be revived, and that amendment by section 2(f)(2) of Pub. L. 111-87 be applicable to this section as so revived and effective as if enacted on Sept. 30, 2009, see section 2(a)(2), (3) of Pub. L. 111-87, set out as a note under section 300ff-11 of this title.

PART G—NOTIFICATION OF POSSIBLE EXPOSURE TO INFECTIOUS DISEASES

§ 300ff-131. Infectious diseases and circumstances relevant to notification requirements

(a) In general

Not later than 180 days after October 30, 2009, the Secretary shall complete the development of—

(1) a list of potentially life-threatening infectious diseases, including emerging infectious diseases, to which emergency response employees may be exposed in responding to emergencies;

(2) guidelines describing the circumstances in which such employees may be exposed to such diseases, taking into account the conditions under which emergency response is provided; and

(3) guidelines describing the manner in which medical facilities should make determinations for purposes of section 300ff-133(d) of this title.

(b) Specification of airborne infectious diseases

The list developed by the Secretary under subsection (a)(1) shall include a specification of

those infectious diseases on the list that are routinely transmitted through airborne or aerosolized means.

(c) Dissemination

The Secretary shall—

(1) transmit to State public health officers copies of the list and guidelines developed by the Secretary under subsection (a) with the request that the officers disseminate such copies as appropriate throughout the States; and

(2) make such copies available to the public.

(July 1, 1944, ch. 373, title XXVI, § 2695, as added Pub. L. 111-87, § 13, Oct. 30, 2009, 123 Stat. 2897.)

EFFECTIVE DATE

Part effective as if enacted on Sept. 30, 2009, see section 2(a)(3)(B) of Pub. L. 111-87, set out as an Effective Date of 2009 Amendment; Revival of Section note under section 300ff-11 of this title.

§ 300ff-132. Routine notifications with respect to airborne infectious diseases in victims assisted

(a) Routine notification of designated officer

(1) Determination by treating facility

If a victim of an emergency is transported by emergency response employees to a medical facility and the medical facility makes a determination that the victim has an airborne infectious disease, the medical facility shall notify the designated officer of the emergency response employees who transported the victim to the medical facility of the determination.

(2) Determination by facility ascertaining cause of death

If a victim of an emergency is transported by emergency response employees to a medical facility and the victim dies at or before reaching the medical facility, the medical facility ascertaining the cause of death shall notify the designated officer of the emergency response employees who transported the victim to the initial medical facility of any determination by the medical facility that the victim had an airborne infectious disease.

(b) Requirement of prompt notification

With respect to a determination described in paragraph (1) or (2) of subsection (a), the notification required in each of such paragraphs shall be made as soon as is practicable, but not later than 48 hours after the determination is made.

(July 1, 1944, ch. 373, title XXVI, § 2695A, as added Pub. L. 111-87, § 13, Oct. 30, 2009, 123 Stat. 2898.)

§ 300ff-133. Request for notification with respect to victims assisted

(a) Initiation of process by employee

If an emergency response employee believes that the employee may have been exposed to an infectious disease by a victim of an emergency who was transported to a medical facility as a result of the emergency, and if the employee attended, treated, assisted, or transported the victim pursuant to the emergency, then the designated officer of the employee shall, upon the request of the employee, carry out the duties de-

scribed in subsection (b) regarding a determination of whether the employee may have been exposed to an infectious disease by the victim.

(b) Initial determination by designated officer

The duties referred to in subsection (a) are that—

(1) the designated officer involved collect the facts relating to the circumstances under which, for purposes of subsection (a), the employee involved may have been exposed to an infectious disease; and

(2) the designated officer evaluate such facts and make a determination of whether, if the victim involved had any infectious disease included on the list issued under paragraph (1) of section 300ff-131(a) of this title, the employee would have been exposed to the disease under such facts, as indicated by the guidelines issued under paragraph (2) of such section.

(c) Submission of request to medical facility

(1) In general

If a designated officer makes a determination under subsection (b)(2) that an emergency response employee may have been exposed to an infectious disease, the designated officer shall submit to the medical facility to which the victim involved was transported a request for a response under subsection (d) regarding the victim of the emergency involved.

(2) Form of request

A request under paragraph (1) shall be in writing and be signed by the designated officer involved, and shall contain a statement of the facts collected pursuant to subsection (b)(1).

(d) Evaluation and response regarding request to medical facility

(1) In general

If a medical facility receives a request under subsection (c), the medical facility shall evaluate the facts submitted in the request and make a determination of whether, on the basis of the medical information possessed by the facility regarding the victim involved, the emergency response employee was exposed to an infectious disease included on the list issued under paragraph (1) of section 300ff-131(a) of this title, as indicated by the guidelines issued under paragraph (2) of such section.

(2) Notification of exposure

If a medical facility makes a determination under paragraph (1) that the emergency response employee involved has been exposed to an infectious disease, the medical facility shall, in writing, notify the designated officer who submitted the request under subsection (c) of the determination.

(3) Finding of no exposure

If a medical facility makes a determination under paragraph (1) that the emergency response employee involved has not been exposed to an infectious disease, the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the determination.

(4) Insufficient information

(A) If a medical facility finds in evaluating facts for purposes of paragraph (1) that the