

(July 1, 1944, ch. 373, title XXVIII, §2813, as added Pub. L. 109-417, title III, §303(a), Dec. 19, 2006, 120 Stat. 2856.)

#### § 300hh-16. At-risk individuals

The Secretary, acting through such employee of the Department of Health and Human Services as determined by the Secretary and designated publicly (which may, at the discretion of the Secretary, involve the appointment or designation of an individual as the Director of At-Risk Individuals), shall—

(1) 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;

(2) assist other Federal agencies responsible for planning for, responding to, and recovering from public health emergencies in addressing the needs of at-risk individuals;

(3) provide guidance to and ensure that recipients of State and local public health grants include preparedness and response strategies and capabilities that take into account the medical and public health needs of at-risk individuals in the event of a public health emergency, as described in section 247d-3a(b)(2)(A)(iii) of this title;

(4) ensure that the contents of the strategic national stockpile take into account at-risk populations as described in section 300hh-10(b)(3)(B)<sup>1</sup> of this title;

(5) 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;

(6) oversee curriculum development for the public health and medical response training program on medical management of casualties, as it concerns at-risk individuals as described in subparagraphs (A) through (C) of section 247d-6(a)(2) of this title;

(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.

(July 1, 1944, ch. 373, title XXVIII, §2814, as added Pub. L. 109-417, title I, §102(d), Dec. 19, 2006, 120 Stat. 2834.)

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

The Secretary, acting through Administrator<sup>1</sup> of the Health Resources and Services Administration, 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 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 2010 through 2013, 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);

(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).

<sup>1</sup> So in original. Section 300hh-10(b)(3) of this title does not contain subpars.

<sup>1</sup> So in original. Probably should be preceded by “the”.

(July 1, 1944, ch. 373, title XXVIII, §2821, as added Pub. L. 111-148, title IV, §4304, Mar. 23, 2010, 124 Stat. 584.)

SUBCHAPTER XXVII—LIFESPAN RESPITE CARE

§ 300ii. Definitions

In this subchapter:

**(1) Adult with a special need**

The term “adult with a special need” means a person 18 years of age or older who requires care or supervision to—

- (A) meet the person’s basic needs;
- (B) prevent physical self-injury or injury to others; or
- (C) avoid placement in an institutional facility.

**(2) Aging and disability resource center**

The term “aging and disability resource center” means an entity administering a program established by the State, as part of the State’s system of long-term care, to provide a coordinated system for providing—

- (A) comprehensive information on available public and private long-term care programs, options, and resources;
- (B) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and
- (C) consumer access to the range of publicly supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs.

**(3) Child with a special need**

The term “child with a special need” means an individual less than 18 years of age who requires care or supervision beyond that required of children generally to—

- (A) meet the child’s basic needs; or
- (B) prevent physical injury, self-injury, or injury to others.

**(4) Eligible State agency**

The term “eligible State agency” means a State agency that—

- (A) administers the State’s program under the Older Americans Act of 1965 [42 U.S.C. 3001 et seq.], administers the State’s program under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.], or is designated by the Governor of such State to administer the State’s programs under this subchapter;
- (B) is an aging and disability resource center;
- (C) works in collaboration with a public or private nonprofit statewide respite care coalition or organization; and
- (D) demonstrates—
  - (i) an ability to work with other State and community-based agencies;
  - (ii) an understanding of respite care and family caregiver issues across all age groups, disabilities, and chronic conditions; and

(iii) the capacity to ensure meaningful involvement of family members, family caregivers, and care recipients.

**(5) Family caregiver**

The term “family caregiver” means an unpaid family member, a foster parent, or another unpaid adult, who provides in-home monitoring, management, supervision, or treatment of a child or adult with a special need.

**(6) Lifespan respite care**

The term “lifespan respite care” means a coordinated system of accessible, community-based respite care services for family caregivers of children or adults with special needs.

**(7) Respite care**

The term “respite care” means planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the family caregiver of that child or adult.

**(8) State**

The term “State” means any of the several States, the District of Columbia, the Virgin Islands of the United States, the Commonwealth of Puerto Rico, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(July 1, 1944, ch. 373, title XXIX, §2901, as added Pub. L. 109-442, §2, Dec. 21, 2006, 120 Stat. 3291.)

REFERENCES IN TEXT

The Older Americans Act of 1965, referred to in par. (4)(A), is Pub. L. 89-73, July 14, 1965, 79 Stat. 218, which is classified generally to chapter 35 (§3001 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 3001 of this title and Tables.

The Social Security Act, referred to in par. (4)(A), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XIX of the Act is classified generally to subchapter XIX (§1396 et seq.) of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

**§ 300ii-1. Lifespan respite care grants and cooperative agreements**

**(a) Purposes**

The purposes of this section are—

- (1) to expand and enhance respite care services to family caregivers;
- (2) to improve the statewide dissemination and coordination of respite care; and
- (3) to provide, supplement, or improve access and quality of respite care services to family caregivers, thereby reducing family caregiver strain.

**(b) Authorization**

Subject to subsection (e), the Secretary is authorized to award grants or cooperative agreements for the purposes described in subsection (a) to eligible State agencies for which an application is submitted pursuant to subsection (d).

**(c) Federal lifespan approach**

In carrying out this section, the Secretary shall work in cooperation with the National Family Caregiver Support Program of the Ad-