

(4) the replication and translation of best practices and the sharing of information across States, as well as the development of comprehensive, unique, and innovative programs, services, and demonstrations within existing State-based disability and health programs of the Centers for Disease Control and Prevention which are designed to support and advance quality of life programs for persons living with paralysis and other physical disabilities focusing on—

- (A) caregiver education;
- (B) promoting proper nutrition, increasing physical activity, and reducing tobacco use;
- (C) education and awareness programs for health care providers;
- (D) prevention of secondary complications;
- (E) home- and community-based interventions;
- (F) coordinating services and removing barriers that prevent full participation and integration into the community; and
- (G) recognizing the unique needs of underserved populations.

**(c) Grants**

The Secretary may award grants in accordance with the following:

(1) To State and local health and disability agencies for the purpose of—

- (A) establishing a population-based database that may be used for longitudinal and other research on paralysis and other disabling conditions;
- (B) developing comprehensive paralysis and other physical disability action plans and activities focused on the items listed in subsection (b)(4);
- (C) assisting State-based programs in establishing and implementing partnerships and collaborations that maximize the input and support of people with paralysis and other physical disabilities and their constituent organizations;
- (D) coordinating paralysis and physical disability activities with existing State-based disability and health programs;
- (E) providing education and training opportunities and programs for health professionals and allied caregivers; and
- (F) developing, testing, evaluating, and replicating effective intervention programs to maintain or improve health and quality of life.

(2) To private health and disability organizations for the purpose of—

- (A) disseminating information to the public;
- (B) improving access to services for persons living with paralysis and other physical disabilities and their caregivers;
- (C) testing model intervention programs to improve health and quality of life; and
- (D) coordinating existing services with State-based disability and health programs.

**(d) Coordination of activities**

The Secretary shall ensure that activities under this section are coordinated as appropriate by the agencies of the Department of Health and Human Services.

**(e) Authorization of appropriations**

For the purpose of carrying out this section, there is authorized to be appropriated \$25,000,000 for each of fiscal years 2008 through 2011.

(Pub. L. 111-11, title XIV, §14301, Mar. 30, 2009, 123 Stat. 1454.)

**CODIFICATION**

Section was enacted as part of the Christopher and Dana Reeve Paralysis Act, and also as part of the Omnibus Public Land Management Act of 2009, and not as part of the Public Health Service Act which comprises this chapter.

**§ 280g-10. Community Preventive Services Task Force**

**(a) Establishment and purpose**

The Director of the Centers for Disease Control and Prevention shall convene an independent Community Preventive Services Task Force (referred to in this subsection as the “Task Force”) to be composed of individuals with appropriate expertise. Such Task Force shall review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of community preventive interventions for the purpose of developing recommendations, to be published in the Guide to Community Preventive Services (referred to in this section as the “Guide”), for individuals and organizations delivering population-based services, including primary care professionals, health care systems, professional societies, employers, community organizations, non-profit organizations, schools, governmental public health agencies, Indian tribes, tribal organizations and urban Indian organizations, medical groups, Congress and other policy-makers. Community preventive services include any policies, programs, processes or activities designed to affect or otherwise affecting health at the population level.

**(b) Duties**

The duties of the Task Force shall include—

(1) the development of additional topic areas for new recommendations and interventions related to those topic areas, including those related to specific populations and age groups, as well as the social, economic and physical environments that can have broad effects on the health and disease of populations and health disparities among sub-populations and age groups;

(2) at least once during every 5-year period, review<sup>1</sup> interventions and update<sup>1</sup> recommendations related to existing topic areas, including new or improved techniques to assess the health effects of interventions, including health impact assessment and population health modeling;

(3) improved integration with Federal Government health objectives and related target setting for health improvement;

(4) the enhanced dissemination of recommendations;

(5) the provision of technical assistance to those health care professionals, agencies, and organizations that request help in implementing the Guide recommendations; and

<sup>1</sup> So in original. Probably should be followed by “of”.

(6) providing yearly reports to Congress and related agencies identifying gaps in research and recommending priority areas that deserve further examination, including areas related to populations and age groups not adequately addressed by current recommendations.

**(c) Role of agency**

The Director shall provide ongoing administrative, research, and technical support for the operations of the Task Force, including coordinating and supporting the dissemination of the recommendations of the Task Force, ensuring adequate staff resources, and assistance to those organizations requesting it for implementation of Guide recommendations.

**(d) Coordination with Preventive Services Task Force**

The Task Force shall take appropriate steps to coordinate its work with the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices, including the examination of how each task force's recommendations interact at the nexus of clinic and community.

**(e) Operation**

In carrying out the duties under subsection (b), the Task Force shall not be subject to the provisions of Appendix 2 of title 5.

**(f) Authorization of appropriations**

There are authorized to be appropriated such sums as may be necessary for each fiscal year to carry out the activities of the Task Force.

(July 1, 1944, ch. 373, title III, §399U, as added Pub. L. 111-148, title IV, §4003(b)(1), Mar. 23, 2010, 124 Stat. 543.)

REFERENCES IN TEXT

Appendix 2 of title 5, referred to in subsec. (e), probably means the Federal Advisory Committee Act, Pub. L. 92-463, Oct. 6, 1972, 86 Stat. 770, which is set out in the Appendix to Title 5, Government Organization and Employees.

**§ 280g-11. Grants to promote positive health behaviors and outcomes**

**(a) Grants authorized**

The Director of the Centers for Disease Control and Prevention, in collaboration with the Secretary, shall award grants to eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.

**(b) Use of funds**

Grants awarded under subsection (a) shall be used to support community health workers—

- (1) to educate, guide, and provide outreach in a community setting regarding health problems prevalent in medically underserved communities, particularly racial and ethnic minority populations;
- (2) to educate and provide guidance regarding effective strategies to promote positive health behaviors and discourage risky health behaviors;
- (3) to educate and provide outreach regarding enrollment in health insurance including

the Children's Health Insurance Program under title XXI of the Social Security Act [42 U.S.C. 1397aa et seq.], Medicare under title XVIII of such Act [42 U.S.C. 1395 et seq.] and Medicaid under title XIX of such Act [42 U.S.C. 1396 et seq.];

(4) to identify and refer underserved populations to appropriate healthcare agencies and community-based programs and organizations in order to increase access to quality healthcare services and to eliminate duplicative care; or

(5) to educate, guide, and provide home visitation services regarding maternal health and prenatal care.

**(c) Application**

Each eligible entity that desires to receive a grant under subsection (a) shall submit an application to the Secretary, at such time, in such manner, and accompanied by such information as the Secretary may require.

**(d) Priority**

In awarding grants under subsection (a), the Secretary shall give priority to applicants that—

(1) propose to target geographic areas—

(A) with a high percentage of residents who are eligible for health insurance but are uninsured or underinsured;

(B) with a high percentage of residents who suffer from chronic diseases; or

(C) with a high infant mortality rate;

(2) have experience in providing health or health-related social services to individuals who are underserved with respect to such services; and

(3) have documented community activity and experience with community health workers.

**(e) Collaboration with academic institutions and the one-stop delivery system**

The Secretary shall encourage community health worker programs receiving funds under this section to collaborate with academic institutions and one-stop delivery systems under section 2864(c) of title 29. Nothing in this section shall be construed to require such collaboration.

**(f) Evidence-based interventions**

The Secretary shall encourage community health worker programs receiving funding under this section to implement a process or an outcome-based payment system that rewards community health workers for connecting underserved populations with the most appropriate services at the most appropriate time. Nothing in this section shall be construed to require such a payment.

**(g) Quality assurance and cost effectiveness**

The Secretary shall establish guidelines for assuring the quality of the training and supervision of community health workers under the programs funded under this section and for assuring the cost-effectiveness of such programs.

**(h) Monitoring**

The Secretary shall monitor community health worker programs identified in approved applications under this section and shall deter-