

(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-

mine whether such programs are in compliance with the guidelines established under subsection (g).

**(i) Technical assistance**

The Secretary may provide technical assistance to community health worker programs identified in approved applications under this section with respect to planning, developing, and operating programs under the grant.

**(j) Authorization of appropriations**

There are authorized to be appropriated, such sums as may be necessary to carry out this section for each of fiscal years 2010 through 2014.

**(k) Definitions**

In this section:

**(1) Community health worker**

The term “community health worker” means an individual who promotes health or nutrition within the community in which the individual resides—

(A) by serving as a liaison between communities and healthcare agencies;

(B) by providing guidance and social assistance to community residents;

(C) by enhancing community residents’ ability to effectively communicate with healthcare providers;

(D) by providing culturally and linguistically appropriate health or nutrition education;

(E) by advocating for individual and community health;

(F) by providing referral and follow-up services or otherwise coordinating care; and

(G) by proactively identifying and enrolling eligible individuals in Federal, State, local, private or nonprofit health and human services programs.

**(2) Community setting**

The term “community setting” means a home or a community organization located in the neighborhood in which a participant in the program under this section resides.

**(3) Eligible entity**

The term “eligible entity” means a public or nonprofit private entity (including a State or public subdivision of a State, a public health department, a free health clinic, a hospital, or a Federally-qualified health center (as defined in section 1861(aa) of the Social Security Act [42 U.S.C. 1395x(aa)]), or a consortium of any such entities.

**(4) Medically underserved community**

The term “medically underserved community” means a community identified by a State—

(A) that has a substantial number of individuals who are members of a medically underserved population, as defined by section 254b(b)(3) of this title; and

(B) a significant portion of which is a health professional shortage area as designated under section 254e of this title.

(July 1, 1944, ch. 373, title III, §399V, as added and amended Pub. L. 111-148, title V, §5313(a), title X, §10501(c), Mar. 23, 2010, 124 Stat. 633, 994;

Pub. L. 113-128, title V, §512(z)(1), July 22, 2014, 128 Stat. 1716.)

AMENDMENT OF SUBSECTION (e)

*Pub. L. 113-128, title V, §§506, 512(z)(1), July 22, 2014, 128 Stat. 1703, 1716, provided that, effective on the first day of the first full program year after July 22, 2014 [probably July 1, 2015], subsection (e) of this section is amended by striking “one-stop delivery systems under section 2864(c) of title 29” and inserting “one-stop delivery systems under section 3151(e) of title 29”. See 2014 Amendment note below.*

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (b)(3), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles XVIII, XIX, and XXI of the Act are classified generally to subchapters XVIII (§1395 et seq.), XIX (§1396 et seq.), and XXI (§1397aa et seq.), respectively, of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

AMENDMENTS

2014—Subsec. (e). Pub. L. 113-128 substituted “one-stop delivery systems under section 3151(e) of title 29” for “one-stop delivery systems under section 2864(c) of title 29”.

2010—Subsec. (b)(4). Pub. L. 111-148, §10501(c)(1), substituted “identify and refer” for “identify, educate, refer, and enroll”.

Subsec. (k)(1). Pub. L. 111-148, §10501(c)(2), struck out “, as defined by the Department of Labor as Standard Occupational Classification [21-1094]” before “means” in introductory provisions.

EFFECTIVE DATE OF 2014 AMENDMENT

Amendment by Pub. L. 113-128 effective on the first day of the first full program year after July 22, 2014 [probably July 1, 2015], see section 506 of Pub. L. 113-128, set out as an Effective Date note under section 3101 of Title 29, Labor.

**§ 280g-12. Primary Care Extension Program**

**(a) Establishment, purpose and definition**

**(1) In general**

The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, shall establish a Primary Care Extension Program.

**(2) Purpose**

The Primary Care Extension Program shall provide support and assistance to primary care providers to educate providers about preventive medicine, health promotion, chronic disease management, mental and behavioral health services (including substance abuse prevention and treatment services), and evidence-based and evidence-informed therapies and techniques, in order to enable providers to incorporate such matters into their practice and to improve community health by working with community-based health connectors (referred to in this section as “Health Extension Agents”).

**(3) Definitions**

In this section:

**(A) Health Extension Agent**

The term “Health Extension Agent” means any local, community-based health worker who facilitates and provides assist-