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 L. 111–87, § 2(a)(1), (3)(A), repealed Pub.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 L. 109–415, § 703, which directed repeal of this section effective Oct. 1, 2009, was itself repealed by Pub.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.

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.)

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-