

Par. (2). Pub. L. 113-5, §101(b)(3), (5), redesignated par. (1) as (2) and amended it generally. Prior to amendment, par. (2) read as follows: “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;”. Former par. (2) redesignated (3).

Par. (3). Pub. L. 113-5, §101(b)(3), redesignated par. (2) as (3). Former par. (3) redesignated (4).

Par. (4). Pub. L. 113-5, §101(b)(3), redesignated par. (3) as (4). Former par. (4) redesignated (5).

Pub. L. 113-5, §101(b)(2), substituted “300hh-1(b)(4)(B)” for “300hh-10(b)(3)(B)”.

Par. (5). Pub. L. 113-5, §101(b)(1), (3), redesignated par. (4) as (5) and struck out former par. (5) which read as follows: “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;”.

Pars. (7), (8). Pub. L. 113-5, §101(b)(1), (6), added pars. (7) and (8) and struck out former pars. (7) and (8) which read as follows:

“(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.”

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

The Secretary, acting through Administrator¹ 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).

(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;

¹ So in original. Probably should be preceded by “the”.