

**(d) Application****(1) In general**

To be eligible to receive a grant under subsection (a) of this section, a State, political subdivision of a State, Indian tribe, or tribal organization shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.

**(2) Contents**

An application submitted under paragraph (1) shall—

(A) describe the comprehensive public access defibrillation program to be funded with the grant and demonstrate how such program would make automated external defibrillation accessible and available to cardiac arrest victims in the community;

(B) contain procedures for implementing appropriate nationally recognized training courses in performing cardiopulmonary resuscitation and the use of automated external defibrillators;

(C) contain procedures for ensuring direct involvement of a licensed medical professional and coordination with the local emergency medical services system in the oversight of training and notification of incidents of the use of the automated external defibrillators;

(D) contain procedures for proper maintenance and testing of the automated external defibrillators, according to the labeling of the manufacturer;

(E) contain procedures for ensuring notification of local emergency medical services system personnel, including dispatchers, of the location and type of devices used in the public access defibrillation program; and

(F) provide for the collection of data regarding the effectiveness of the public access defibrillation program to be funded with the grant in affecting the out-of-hospital cardiac arrest survival rate.

**(e) Authorization of appropriations**

For the purpose of carrying out this section, there are authorized to be appropriated \$25,000,000 for for<sup>1</sup> each of fiscal years 2003 through 2014. Not more than 10 percent of amounts received under a grant awarded under this section may be used for administrative expenses.

(July 1, 1944, ch. 373, title III, § 312, as added Pub. L. 107-188, title I, § 159(c), June 12, 2002, 116 Stat. 634; amended Pub. L. 108-41, § 2, July 1, 2003, 117 Stat. 839; Pub. L. 111-148, title X, § 10412, Mar. 23, 2010, 124 Stat. 990.)

**PRIOR PROVISIONS**

A prior section 244, acts July 1, 1944, ch. 373, title III, § 312, 58 Stat. 693; July 3, 1946, ch. 538, § 8, 60 Stat. 424; Dec. 5, 1967, Pub. L. 90-174, § 12(b), 81 Stat. 541; Oct. 30, 1970, Pub. L. 91-515, title II, § 282, 84 Stat. 1308, provided for health conferences, prior to repeal by Pub. L. 93-353, title I, § 102(a), July 23, 1974, 88 Stat. 362. See section 242o(a) of this title.

A prior section 312 of act July 1, 1944, was classified to section 244-1 of this title prior to repeal by Pub. L. 94-484.

<sup>1</sup> So in original.

**AMENDMENTS**

2010—Subsec. (c)(6). Pub. L. 111-148, § 10412(1), inserted “, that shall be administered by an organization that has substantial expertise in pediatric education, pediatric medicine, and electrophysiology and sudden death,” after “clearinghouse”.

Subsec. (e). Pub. L. 111-148, § 10412(2), substituted “for each of fiscal years 2003 through 2014” for “fiscal year 2003, and such sums as may be necessary for each of the fiscal years 2004 through 2006”.

2003—Subsec. (c)(6), (7). Pub. L. 108-41 added par. (6) and redesignated former par. (6) as (7).

**FINDINGS**

Pub. L. 107-188, title I, § 159(b), June 12, 2002, 116 Stat. 634, provided that: “Congress makes the following findings:

“(1) Over 220,000 Americans die each year from cardiac arrest. Every 2 minutes, an individual goes into cardiac arrest in the United States.

“(2) The chance of successfully returning to a normal heart rhythm diminishes by 10 percent each minute following sudden cardiac arrest.

“(3) Eighty percent of cardiac arrests are caused by ventricular fibrillation, for which defibrillation is the only effective treatment.

“(4) Sixty percent of all cardiac arrests occur outside the hospital. The average national survival rate for out-of-hospital cardiac arrest is only 5 percent.

“(5) Communities that have established and implemented public access defibrillation programs have achieved average survival rates for out-of-hospital cardiac arrest as high as 50 percent.

“(6) According to the American Heart Association, wide use of defibrillators could save as many as 50,000 lives nationally each year.

“(7) Successful public access defibrillation programs ensure that cardiac arrest victims have access to early 911 notification, early cardiopulmonary resuscitation, early defibrillation, and early advanced care.”

**§ 244-1. Repealed. Pub. L. 94-484, title V, § 503(b), Oct. 12, 1976, 90 Stat. 2300**

Section, act July 1, 1944, ch. 373, title III, § 312, formerly § 306, as added Aug. 2, 1956, ch. 871, title I, § 101, 70 Stat. 923; amended July 23, 1959, Pub. L. 86-105, § 1, 73 Stat. 239; Sept. 8, 1960, Pub. L. 86-720, § 1(b), 74 Stat. 820; Aug. 27, 1964, Pub. L. 88-497, § 2, 78 Stat. 613; Aug. 16, 1968, Pub. L. 90-490, title III, § 302(b), 82 Stat. 789; Mar. 12, 1970, Pub. L. 91-208, § 3, 84 Stat. 52; Oct. 30, 1970, Pub. L. 91-515, title VI, § 601(b)(2), 84 Stat. 1311; June 18, 1973, Pub. L. 93-45, title I, § 104(a), 87 Stat. 91; renumbered § 312 and amended July 23, 1974, Pub. L. 93-353, title I, § 102(b), 88 Stat. 362; Oct. 12, 1976, Pub. L. 94-484, title I, § 101(a)(1), 90 Stat. 2244, related to graduate or specialized training for physicians, engineers, nurses, and other professional personnel.

**EFFECTIVE DATE OF REPEAL**

Pub. L. 94-484, title V, § 503(c), Oct. 12, 1976, 90 Stat. 2300, provided that: “The amendments made by this section [amending former section 295f-2 of this title and repealing this section and section 245a of this title] shall take effect October 1, 1977.”

**§ 244a. Repealed. Pub. L. 93-353, title I, § 102(a), July 23, 1974, 88 Stat. 362**

Section, act July 1, 1944, ch. 373, title III, § 312a, as added Aug. 31, 1954, ch. 1158, § 2, 68 Stat. 1025, related to birth and death statistics, annual collection, and compensation for transcription. See section 242k(h) of this title.

**§ 245. Public access defibrillation demonstration projects****(a) In general**

The Secretary shall award grants to political subdivisions of States, Indian tribes, and tribal

organizations to develop and implement innovative, comprehensive, community-based public access defibrillation demonstration projects that—

- (1) provide cardiopulmonary resuscitation and automated external defibrillation to cardiac arrest victims in unique settings;
- (2) provide training to community members in cardiopulmonary resuscitation and automated external defibrillation; and
- (3) maximize community access to automated external defibrillators.

**(b) Use of funds**

A recipient of a grant under subsection (a) of this section shall use the funds provided through the grant to—

- (1) purchase automated external defibrillators that have been approved, or cleared for marketing, by the Food and Drug Administration;
- (2) provide basic life training in automated external defibrillator usage through nationally recognized courses;
- (3) provide information to community members about the public access defibrillation demonstration project to be funded with the grant;
- (4) provide information to the local emergency medical services system regarding the placement of automated external defibrillators in the unique settings; and
- (5) further develop strategies to improve access to automated external defibrillators in public places.

**(c) Application**

**(1) In general**

To be eligible to receive a grant under subsection (a) of this section, a political subdivision of a State, Indian tribe, or tribal organization shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.

**(2) Contents**

An application submitted under paragraph (1) may—

- (A) describe the innovative, comprehensive, community-based public access defibrillation demonstration project to be funded with the grant;
- (B) explain how such public access defibrillation demonstration project represents innovation in providing public access to automated external defibrillation; and
- (C) provide for the collection of data regarding the effectiveness of the demonstration project to be funded with the grant in—
  - (i) providing emergency cardiopulmonary resuscitation and automated external defibrillation to cardiac arrest victims in the setting served by the demonstration project; and
  - (ii) affecting the cardiac arrest survival rate in the setting served by the demonstration project.

**(d) Authorization of appropriations**

There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal

years 2002 through 2006. Not more than 10 percent of amounts received under a grant awarded under this section may be used for administrative expenses.

(July 1, 1944, ch. 373, title III, §313, as added Pub. L. 107-188, title I, §159(c), June 12, 2002, 116 Stat. 636.)

PRIOR PROVISIONS

A prior section 245, acts July 1, 1944, ch. 373, title III, §313, 58 Stat. 693; Oct. 30, 1970, Pub. L. 91-515, title II, §282, 84 Stat. 1308, provided for collection of vital statistics, prior to repeal by Pub. L. 93-353, title I, §102(a), July 23, 1974, 88 Stat. 362. See section 242k(g) of this title.

A prior section 313 of act July 1, 1944, was classified to section 245a of this title prior to repeal by Pub. L. 94-484.

**§ 245a. Repealed. Pub. L. 94-484, title V, § 503(b), Oct. 12, 1976, 90 Stat. 2300**

Section, act July 1, 1944, ch. 373, title III, §313, formerly §309, as added Sept. 8, 1960, Pub. L. 86-720, §1(a), 74 Stat. 819; amended Aug. 27, 1964, Pub. L. 88-497, §3, 78 Stat. 613; Nov. 3, 1966, Pub. L. 89-749, §4, 80 Stat. 1190; Dec. 5, 1967, Pub. L. 90-174, §§2(g), 8(c), 81 Stat. 534, 540; Aug. 16, 1968, Pub. L. 90-490, title III, §302(a), 82 Stat. 788; Mar. 12, 1970, Pub. L. 91-208, §§1, 2, 84 Stat. 52; June 30, 1970, Pub. L. 91-296, title IV, §401(b)(1)(B), 84 Stat. 352; June 18, 1973, Pub. L. 93-45, title I, §104(b), (c), 87 Stat. 91; renumbered §313 and amended July 23, 1974, Pub. L. 93-353, title I, §102(c), 88 Stat. 362; Oct. 12, 1976, Pub. L. 94-484, title I, §101(a)(2), (3), 90 Stat. 2244, related to graduate public health training grants.

EFFECTIVE DATE OF REPEAL

Repeal effective Oct. 1, 1977, see section 503(c) of Pub. L. 94-484, set out as a note under section 244-1 of this title.

**§ 246. Grants and services to States**

**(a) Comprehensive health planning and services**

(1) In order to assist the States in comprehensive and continuing planning for their current and future health needs, the Secretary is authorized during the period beginning July 1, 1966, and ending June 30, 1973, to make grants to States which have submitted, and had approved by the Secretary, State plans for comprehensive State health planning. For the purposes of carrying out this subsection, there are hereby authorized to be appropriated \$2,500,000 for the fiscal year ending June 30, 1967, \$7,000,000 for the fiscal year ending June 30, 1968, \$10,000,000 for the fiscal year ending June 30, 1969, \$15,000,000 for the fiscal year ending June 30, 1970, \$15,000,000 for the fiscal year ending June 30, 1971, \$17,000,000 for the fiscal year ending June 30, 1972, \$20,000,000 for the fiscal year ending June 30, 1973, and \$10,000,000 for the fiscal year ending June 30, 1974.

(2) In order to be approved for purposes of this subsection, a State plan for comprehensive State health planning must—

- (A) designate, or provide for the establishment of, a single State agency, which may be an interdepartmental agency, as the sole agency for administering or supervising the administration of the State's health planning functions under the plan;
- (B) provide for the establishment of a State health planning council, which shall include