

(A) data, findings, and any recommendations of such committee; and

(B) as applicable, information on the implementation during such year of any recommendations submitted by the committee in a previous year.

(6) State partnerships

States may partner with one or more neighboring States to carry out the activities under this subparagraph. With respect to the States in such a partnership, any requirement under this subparagraph relating to the reporting of information related to such activities shall be deemed to be fulfilled by each such State if a single such report is submitted for the partnership.

(7) Appropriate mechanisms for Indian tribes and tribal organizations

The Secretary, in consultation with Indian tribes, shall identify and establish appropriate mechanisms for Indian tribes and tribal organizations to demonstrate, report data, and conduct the activities as required for participation in the program described in this subsection. Such mechanisms may include technical assistance with respect to grant application and submission procedures, and award management activities.

(8) Research availability

The Secretary shall develop a process to ensure that data collected under paragraph (5) is made available, as appropriate and practicable, for research purposes, in a manner that protects individually identifiable or potentially identifiable information and that is consistent with State and Federal privacy law.

(e) Definitions

In this section—

(1) the terms “Indian tribe” and “tribal organization” have the meanings given such terms in section 5304 of title 25;

(2) the term “pregnancy-associated death” means a death of a woman, by any cause, that occurs during, or within 1 year following, her pregnancy, regardless of the outcome, duration, or site of the pregnancy; and

(3) the term “pregnancy-related death” means a death of a woman that occurs during, or within 1 year following, her pregnancy, regardless of the outcome, duration, or site of the pregnancy—

(A) from any cause related to, or aggravated by, the pregnancy or its management; and

(B) not from accidental or incidental causes.

(f) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated \$58,000,000 for each of fiscal years 2019 through 2023.

(July 1, 1944, ch. 373, title III, §317K, as added Pub. L. 106-310, div. A, title IX, §901, Oct. 17, 2000, 114 Stat. 1125; amended Pub. L. 115-344, §2, Dec. 21, 2018, 132 Stat. 5047.)

AMENDMENTS

2018—Subsec. (a)(1). Pub. L. 115-344, §2(1)(A), substituted “purposes of this subsection are to establish or

continue a Federal initiative to support State and tribal maternal mortality review committees, to improve data collection and reporting around maternal mortality, and to develop or support” for “purpose of this subsection is to develop” and “populations at risk of death and severe” for “population at risk of death and”.

Subsec. (a)(2)(A). Pub. L. 115-344, §2(1)(B)(i), amended subpar. (A) generally. Prior to amendment, subpar. (A) read as follows: “The Secretary may establish and implement a national surveillance program to identify and promote the investigation of deaths and severe complications that occur during pregnancy.”

Subsec. (a)(2)(D). Pub. L. 115-344, §2(1)(B)(ii), added subpar. (D).

Subsec. (b)(2)(A). Pub. L. 115-344, §2(2)(A), substituted “prepregnancy” for “encouraging preconception” and “women with diabetes and women with substance use disorder” for “diabetics”.

Subsec. (b)(2)(H). Pub. L. 115-344, §2(2)(B), inserted “the identification of the determinants of disparities in maternal care, health risks, and health outcomes, including” before “an examination” and “and other groups of women with disproportionately high rates of maternal mortality” before semicolon at end.

Subsec. (b)(2)(I). Pub. L. 115-344, §2(2)(E), added subpar. (I). Former subpar. (I) redesignated (J).

Pub. L. 115-344, §2(2)(C), substituted “interpersonal” for “domestic”.

Subsec. (b)(2)(J). Pub. L. 115-344, §2(2)(D), redesignated subpar. (I) as (J). Former subpar. (J) redesignated (K).

Subsec. (b)(2)(K). Pub. L. 115-344, §2(2)(D), (F), redesignated subpar. (J) as (K) and substituted “and substance abuse and misuse” for “, alcohol and illegal drug use”. Former subpar. (K) redesignated (L).

Subsec. (b)(2)(L), (M). Pub. L. 115-344, §2(2)(D), redesignated subpars. (K) and (L) as (L) and (M), respectively.

Subsec. (c). Pub. L. 115-344, §2(3)(A), (B), struck out par. (1) designation and heading “In general” before “The Secretary” and redesignated subpars. (A) to (C) of former par. (1) as pars. (1) to (3), respectively. Amendment was executed to reflect the probable intent of Congress notwithstanding minor error in quoted par. (1) heading in original text directed to be struck out.

Subsec. (c)(1). Pub. L. 115-344, §2(3)(C), struck out “and the building of partnerships with outside organizations concerned about safe motherhood” after “pregnancies”.

Subsec. (c)(4). Pub. L. 115-344, §2(3)(D)–(F), added par. (4).

Subsecs. (d), (e). Pub. L. 115-344, §2(5), added subsecs. (d) and (e). Former subsec. (d) redesignated (f).

Subsec. (f). Pub. L. 115-344, §2(4), (6), redesignated subsec. (d) as (f) and substituted “\$58,000,000 for each of fiscal years 2019 through 2023” for “such sums as may be necessary for each of the fiscal years 2001 through 2005”.

§ 247b-13. Prenatal and postnatal health

(a) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out programs—

(1) to collect, analyze, and make available data on prenatal smoking and alcohol and other substance abuse and misuse, including—

(A) data on—

(i) the incidence, prevalence, and implications of such activities; and

(ii) the incidence and prevalence of implications and outcomes, including neonatal abstinence syndrome and other maternal and child health outcomes associated with such activities; and

(B) additional information or data, as appropriate, on family health history, medica-

tion exposures during pregnancy, demographic information, such as race, ethnicity, geographic location, and family history, and other relevant information, to inform such analysis;

(2) to conduct applied epidemiological research on the prevention and long-term outcomes associated with prenatal and postnatal smoking, alcohol and other substance abuse and misuse;

(3) to support, conduct, and evaluate the effectiveness of educational, treatment, and cessation programs;

(4) to provide information and education to the public on the prevention and implications of prenatal and postnatal smoking, alcohol and other substance abuse and misuse; and

(5) to issue public reports on the analysis of data described in paragraph (1), including analysis of—

(A) long-term outcomes of children affected by neonatal abstinence syndrome;

(B) health outcomes associated with prenatal smoking, alcohol, and substance abuse and misuse; and

(C) relevant studies, evaluations, or information the Secretary determines to be appropriate.

(b) Grants

In carrying out subsection (a), the Secretary may award grants to and enter into contracts with States, local governments, tribal entities, scientific and academic institutions, federally qualified health centers, and other public and nonprofit entities, and may provide technical and consultative assistance to such entities.

(c) Coordinating activities

To carry out this section, the Secretary may—

(1) provide technical and consultative assistance to entities receiving grants under subsection (b);

(2) ensure a pathway for data sharing between States, tribal entities, and the Centers for Disease Control and Prevention;

(3) ensure data collection under this section is consistent with applicable State, Federal, and Tribal privacy laws; and

(4) coordinate with the National Coordinator for Health Information Technology, as appropriate, to assist States and Tribes in implementing systems that use standards recognized by such National Coordinator, as such recognized standards are available, in order to facilitate interoperability between such systems and health information technology systems, including certified health information technology.

(d) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2019 through 2023.

(July 1, 1944, ch. 373, title III, §317L, as added Pub. L. 106-310, div. A, title IX, §911, Oct. 17, 2000, 114 Stat. 1127; amended Pub. L. 115-271, title VII, §7064, Oct. 24, 2018, 132 Stat. 4021.)

AMENDMENTS

2018—Subsec. (a)(1). Pub. L. 115-271, §7064(1)(A), amended par. (1) generally. Prior to amendment, par.

(1) read as follows: “to collect, analyze, and make available data on prenatal smoking, alcohol and illegal drug use, including data on the implications of such activities and on the incidence and prevalence of such activities and their implications;”.

Subsec. (a)(2). Pub. L. 115-271, §7064(1)(B), substituted “prevention and long-term outcomes associated with” for “prevention of” and “other substance abuse and misuse” for “illegal drug use”.

Subsec. (a)(3). Pub. L. 115-271, §7064(1)(C), substituted “, treatment, and cessation programs;” for “and cessation programs; and”.

Subsec. (a)(4). Pub. L. 115-271, §7064(1)(D), substituted “other substance abuse and misuse; and” for “illegal drug use.”.

Subsec. (a)(5). Pub. L. 115-271, §7064(1)(E), added par. (5).

Subsec. (b). Pub. L. 115-271, §7064(2), inserted “tribal entities,” after “local governments.”.

Subsec. (c). Pub. L. 115-271, §7064(4), added subsec. (c). Former subsec. (c) redesignated (d).

Subsec. (d). Pub. L. 115-271, §7064(3), (5), redesignated subsec. (c) as (d) and substituted “2019 through 2023” for “2001 through 2005”.

IMPROVING DATA AND THE PUBLIC HEALTH RESPONSE

Pub. L. 114-91, §4, Nov. 25, 2015, 129 Stat. 725, provided that: “The Secretary [of Health and Human Services] may continue activities, as appropriate, related to—

“(1) providing technical assistance to support States and Federally recognized Indian Tribes in collecting information on neonatal abstinence syndrome through the utilization of existing surveillance systems and collaborating with States and Federally recognized Indian Tribes to improve the quality, consistency, and collection of such data; and

“(2) providing technical assistance to support States in implementing effective public health measures, such as disseminating information to educate the public, health care providers, and other stakeholders on prenatal opioid use and neonatal abstinence syndrome.”

§ 247b-13a. Screening and treatment for maternal depression

(a) Grants

The Secretary shall make grants to States to establish, improve, or maintain programs for screening, assessment, and treatment services, including culturally and linguistically appropriate services, as appropriate, for women who are pregnant, or who have given birth within the preceding 12 months, for maternal depression.

(b) Application

To seek a grant under this section, a State shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require. At a minimum, any such application shall include explanations of—

(1) how a program, or programs, will increase the percentage of women screened and treated, as appropriate, for maternal depression in 1 or more communities; and

(2) how a program, or programs, if expanded, would increase access to screening and treatment services for maternal depression.

(c) Priority

In awarding grants under this section, the Secretary may give priority to States proposing to improve or enhance access to screening services for maternal depression in primary care settings.