

**(b) Community-based collaborative care networks****(1) Description**

A community-based collaborative care network (referred to in this section as a “network”) shall be a consortium of health care providers with a joint governance structure (including providers within a single entity) that provides comprehensive coordinated and integrated health care services (as defined by the Secretary) for low-income populations.

**(2) Required inclusion**

A network shall include the following providers (unless such provider does not exist within the community, declines or refuses to participate, or places unreasonable conditions on their participation):

(A) A hospital that meets the criteria in section 1396r-4(b)(1) of this title; and

(B) All Federally qualified health centers (as defined in section 1395x(aa) of this title<sup>1</sup> located in the community.

**(3) Priority**

In awarding grants, the Secretary shall give priority to networks that include—

(A) the capability to provide the broadest range of services to low-income individuals;

(B) the broadest range of providers that currently serve a high volume of low-income individuals; and

(C) a county or municipal department of health.

**(c) Application****(1) Application**

A network described in subsection (b) shall submit an application to the Secretary.

**(2) Renewal**

In subsequent years, based on the performance of grantees, the Secretary may provide renewal grants to prior year grant recipients.

**(d) Use of funds****(1) Use by grantees**

Grant funds may be used for the following activities:

(A) Assist low-income individuals to—

(i) access and appropriately use health services;

(ii) enroll in health coverage programs; and

(iii) obtain a regular primary care provider or a medical home.

(B) Provide case management and care management.

(C) Perform health outreach using neighborhood health workers or through other means.

(D) Provide transportation.

(E) Expand capacity, including through telehealth, after-hours services or urgent care.

(F) Provide direct patient care services.

**(2) Grant funds to HRSA grantees**

The Secretary may limit the percent of grant funding that may be spent on direct care

services provided by grantees of programs administered by the Health Resources and Services Administration or impose other requirements on such grantees deemed necessary.

**(e) Authorization of appropriations**

There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2011 through 2015.

(July 1, 1944, ch. 373, title III, §340I, formerly §340H, as added Pub. L. 111-148, title X, §10333, Mar. 23, 2010, 124 Stat. 970; renumbered §340I, Pub. L. 115-63, title III, §301(c)(2), Sept. 29, 2017, 131 Stat. 1172.)

PART E—NARCOTIC ADDICTS AND OTHER DRUG ABUSERS

**§ 257. Repealed. Pub. L. 106-310, div. B, title XXXIV, § 3405(a), Oct. 17, 2000, 114 Stat. 1221, as amended by Pub. L. 114-198, title I, § 110(b), July 22, 2016, 130 Stat. 710**

Section, acts July 1, 1944, ch. 373, title III, §341, 58 Stat. 698; May 8, 1954, ch. 195, §3, 68 Stat. 80; July 24, 1956, ch. 676, title III, §302(a), 70 Stat. 622; Pub. L. 89-793, title VI, §601, Nov. 8, 1966, 80 Stat. 1449; 1967 Reorg. Plan No. 3, §401, eff. Nov. 3, 1967 (in part), 32 F.R. 11669, 81 Stat. 951; Pub. L. 91-513, title I, §2(a)(1), Oct. 27, 1970, 84 Stat. 1240; Pub. L. 92-255, title IV, §402, Mar. 21, 1972, 86 Stat. 77; Pub. L. 93-198, title IV, §421, Dec. 24, 1973, 87 Stat. 789; Pub. L. 98-473, title II, §232(a), Oct. 12, 1984, 98 Stat. 2031; Pub. L. 99-646, §22(a), Nov. 10, 1986, 100 Stat. 3597; Pub. L. 102-54, §13(q)(1)(B)(i), June 13, 1991, 105 Stat. 278, related to care and treatment of narcotic addicts.

EFFECTIVE DATE OF 2016 AMENDMENT

Pub. L. 114-198, title I, §110(b), July 22, 2016, 130 Stat. 710, provided that the amendment made by section 110(b) (amending directory language of section 3405(a) of Pub. L. 106-310, which repealed this section) is effective as if included in the enactment of Pub. L. 106-310.

**§ 257a. Transferred**

CODIFICATION

Section, Pub. L. 91-513, title I, §4, Oct. 27, 1970, 84 Stat. 1241; Pub. L. 96-88, title V, §509(b), Oct. 17, 1979, 93 Stat. 695, which related to medical treatment of narcotics addiction, was transferred to section 290bb-2a of this title.

**§ 258. Repealed. Pub. L. 106-310, div. B, title XXXIV, § 3405(a), Oct. 17, 2000, 114 Stat. 1221, as amended by Pub. L. 114-198, title I, § 110(b), July 22, 2016, 130 Stat. 710**

Section, acts July 1, 1944, ch. 373, title III, §342, 58 Stat. 699; 1953 Reorg. Plan No. 1, §§5, 8, eff. Apr. 11, 1953, 18 F.R. 2053, 67 Stat. 631; Pub. L. 91-513, title I, §2(a)(2)(A), Oct. 27, 1970, 84 Stat. 1240; Pub. L. 96-88, title V, §509(b), Oct. 17, 1979, 93 Stat. 695, related to employment, establishment of industries, plants, etc., sale of commodities, and disposition of proceeds.

EFFECTIVE DATE OF 2016 AMENDMENT

Pub. L. 114-198, title I, §110(b), July 22, 2016, 130 Stat. 710, provided that the amendment made by section 110(b) (amending directory language of section 3405(a) of Pub. L. 106-310, which repealed this section) is effective as if included in the enactment of Pub. L. 106-310.

**§ 258a. Transferred**

CODIFICATION

Section, act July 8, 1947, ch. 210, title II, §201, 61 Stat. 269, which related to transfer of balances in working

<sup>1</sup> So in original. A closing parenthesis probably should appear.