

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

To be eligible to receive a grant under subsection (a), 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 awareness campaign on the importance of vaccinations****(a) In general**

The Secretary, acting through the Director of the Centers for Disease Control and Prevention

and in coordination with other offices and agencies, as appropriate, shall award competitive grants or contracts to one or more public or private entities to carry out a national, evidence-based campaign to increase awareness and knowledge of the safety and effectiveness of vaccines for the prevention and control of diseases, combat misinformation about vaccines, and disseminate scientific and evidence-based vaccine-related information, with the goal of increasing rates of vaccination across all ages, as applicable, particularly in communities with low rates of vaccination, to reduce and eliminate vaccine-preventable diseases.

**(b) Consultation**

In carrying out the campaign under this section, the Secretary shall consult with appropriate public health and medical experts, including the National Academy of Medicine and medical and public health associations and nonprofit organizations, in the development, implementation, and evaluation of the evidence-based public awareness campaign.

**(c) Requirements**

The campaign under this section shall—

- (1) be a nationwide, evidence-based media and public engagement initiative;
- (2) include the development of resources for communities with low rates of vaccination, including culturally and linguistically appropriate resources, as applicable;
- (3) include the dissemination of vaccine information and communication resources to public health departments, health care providers, and health care facilities, including such providers and facilities that provide prenatal and pediatric care;
- (4) be complementary to, and coordinated with, any other Federal, State, local, or Tribal efforts, as appropriate; and
- (5) assess the effectiveness of communication strategies to increase rates of vaccination.

**(d) Additional activities**

The campaign under this section may—

- (1) include the use of television, radio, the internet, and other media and telecommunications technologies;
- (2) include the use of in-person activities;
- (3) be focused to address specific needs of communities and populations with low rates of vaccination; and
- (4) include the dissemination of scientific and evidence-based vaccine-related information, such as—
  - (A) advancements in evidence-based research related to diseases that may be prevented by vaccines and vaccine development;
  - (B) information on vaccinations for individuals and communities, including individuals for whom vaccines are not recommended by the Advisory Committee for Immunization Practices, and the effects of low vaccination rates within a community on such individuals;
  - (C) information on diseases that may be prevented by vaccines; and
  - (D) information on vaccine safety and the systems in place to monitor vaccine safety.

**(e) Evaluation**

The Secretary shall—

- (1) establish benchmarks and metrics to quantitatively measure and evaluate the awareness campaign under this section;
- (2) conduct qualitative assessments regarding the awareness campaign under this section; and
- (3) prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and Committee on Energy and Commerce of the House of Representatives an evaluation of the awareness campaign under this section.

**(f) Supplement not supplant**

Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities described in this section.

**(g) Authorization of appropriations**

There are authorized to be appropriated to carry out this section and subsections (k) and (n) of section 247b of this title, \$15,000,000 for each of fiscal years 2021 through 2025.

(July 1, 1944, ch. 373, title III, §313, as added Pub. L. 116-260, div. BB, title III, §311(a), Dec. 27, 2020, 134 Stat. 2923.)

PRIOR PROVISIONS

A prior section 245, act July 1, 1944, ch. 373, title III, §313, as added Pub. L. 107-188, title I, §159(c), June 12, 2002, 116 Stat. 636, provided for public access defibrillation demonstration projects, prior to repeal by Pub. L. 116-260, div. BB, title III, §311(a), Dec. 27, 2020, 134 Stat. 2923.

Another 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 au-