

EMERGENCY MEDICAL AND PUBLIC HEALTH
COMMUNICATIONS PILOT PROJECTS

Pub. L. 110-53, title XXII, §2201(d), Aug. 3, 2007, 121 Stat. 541, provided that:

“(1) IN GENERAL.—The Assistant Secretary of Commerce for Communications and Information may establish not more than 10 geographically dispersed project grants to emergency medical and public health care facilities to improve the capabilities of emergency communications systems in emergency medical care facilities.

“(2) MAXIMUM AMOUNT.—The Assistant Secretary may not provide more than \$2,000,000 in Federal assistance under the pilot program to any applicant.

“(3) COST SHARING.—The Assistant Secretary may not provide more than 20 percent of the cost, incurred during the period of the grant, of any project under the pilot program.

“(4) MAXIMUM PERIOD OF GRANTS.—The Assistant Secretary may not fund any applicant under the pilot program for more than 3 years.

“(5) DEPLOYMENT AND DISTRIBUTION.—The Assistant Secretary shall seek to the maximum extent practicable to ensure a broad geographic distribution of project sites.

“(6) TRANSFER OF INFORMATION AND KNOWLEDGE.—The Assistant Secretary shall establish mechanisms to ensure that the information and knowledge gained by participants in the pilot program are transferred among the pilot program participants and to other interested parties, including other applicants that submitted applications.”

§ 247d-3b. Partnerships for State and regional hospital preparedness to improve surge capacity

(a) In general

The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall award competitive grants or cooperative agreements to eligible entities to enable such entities to improve surge capacity and enhance community and hospital preparedness for, and response to, public health emergencies in accordance with subsection (c), including, as appropriate, capacity and preparedness to address the needs of children and other at-risk individuals.

(b) Eligibility

To be eligible for an award under subsection (a), an entity shall—

(1)(A) be a coalition that includes—

(i) one or more hospitals, at least one of which shall be a designated trauma center, consistent with section 300d-13(c) of this title;

(ii) one or more other local health care facilities, including clinics, health centers, community health centers, primary care facilities, mental health centers, mobile medical assets, or nursing homes;

(iii)(I) one or more political subdivisions;

(II) one or more States; or

(III) one or more States and one or more political subdivisions; and

(iv) one or more emergency medical service organizations or emergency management organizations; and

(B) prepare, in consultation with the Chief Executive Officer and the lead health officials of the State, District, or territory in which the hospital and health care facilities described in subparagraph (A) are located, and

submit to the Secretary, an application at such time, in such manner, and containing such information as the Secretary may require; or

(2)(A) be an entity described in section 247d-3a(b)(1) of this title; and

(B) submit an application at such time, in such manner, and containing such information as the Secretary may require, including the information or assurances required under section 247d-3a(b)(2) of this title and an assurance that the State will adhere to any applicable guidelines established by the Secretary.

(c) Use of funds

An award under subsection (a) shall be expended for activities to achieve the preparedness goals described under paragraphs (1), (3), (4), (5), and (6) of section 300hh-1(b) of this title with respect to all-hazards, including chemical, biological, radiological, or nuclear threats.

(d) Preferences

(1) Regional coordination

In making awards under subsection (a), the Secretary shall give preference to eligible entities that submit applications that, in the determination of the Secretary—

(A) will enhance coordination—

(i) among the entities described in subsection (b)(1)(A)(i);

(ii) among one or more facilities in a regional health care emergency system under section 247d-3c of this title; and

(iii) between such entities and the entities described in subsection (b)(1)(A)(ii); and

(B) include, in the coalition described in subsection (b)(1)(A), a significant percentage of the hospitals and health care facilities within the geographic area served by such coalition.

(2) Other preferences

In making awards under subsection (a), the Secretary shall give preference to eligible entities that, in the determination of the Secretary—

(A) include one or more hospitals that are participants in the National Disaster Medical System;

(B) are located in a geographic area that faces a high degree of risk, as determined by the Secretary in consultation with the Secretary of Homeland Security; or

(C) have a significant need for funds to achieve the preparedness and response goals described in section 300hh-1(b)(3) of this title.

(e) Consistency of planned activities

The Secretary may not award a cooperative agreement to an eligible entity described in subsection (b)(1) unless the application submitted by the entity is coordinated and consistent with an applicable State All-Hazards Public Health Emergency Preparedness and Response Plan and relevant local plans, as determined by the Secretary in consultation with relevant State health officials.

(f) Limitation on awards

A political subdivision shall not participate in more than one coalition described in subsection (b)(1).

(g) Coordination**(1) Local response capabilities**

An eligible entity shall, to the extent practicable, ensure that activities carried out under an award under subsection (a) are coordinated with activities of relevant local Metropolitan Medical Response Systems, local Medical Reserve Corps, the local Cities Readiness Initiative, and local emergency plans.

(2) National collaboration

Coalitions consisting of one or more eligible entities under this section may, to the extent practicable, collaborate with other coalitions consisting of one or more eligible entities under this section for purposes of national coordination and collaboration with respect to activities to achieve the preparedness and response goals described under paragraphs (1), (3), (4), (5), and (6) of section 300hh-1(b) of this title.

(h) Maintenance of funding**(1) In general**

An entity that receives an award under this section shall maintain expenditures for health care preparedness at a level that is not less than the average level of such expenditures maintained by the entity for the preceding 2 year period.

(2) Rule of construction

Nothing in this section shall be construed to prohibit the use of awards under this section to pay salary and related expenses of public health and other professionals employed by State, local, or tribal agencies who are carrying out activities supported by such awards (regardless of whether the primary assignment of such personnel is to carry out such activities).

(i) Performance and accountability**(1) In general**

The requirements of section 247d-3a(g), (i), (j), and (k) of this title shall apply to entities receiving awards under this section (regardless of whether such entities are described under subsection (b)(1)(A) or (b)(2)(A)) in the same manner as such requirements apply to entities under section 247d-3a of this title. In submitting reports under this paragraph, a coalition shall include information on the progress that the coalition has made toward the implementation of section 247d-3c of this title (or barriers to progress, if any). A coalition described in subsection (b)(1)(A) shall make such reports available to the lead health official of the State in which such coalition is located.

(2) Meeting goals of National Health Security Strategy

The Secretary shall implement objective, evidence-based metrics to ensure that entities receiving awards under this section are meeting, to the extent practicable, the applicable goals of the National Health Security Strategy under section 300hh-1 of this title.

(j) Authorization of appropriations**(1) In general****(A) Authorization of appropriations**

For purposes of carrying out this section and section 247d-3c of this title, in accordance with subparagraph (B), there is authorized to be appropriated \$385,000,000 for each of fiscal years 2019 through 2023.

(B) Reservation of amounts for regional systems**(i) In general**

Subject to clause (ii), of the amount appropriated under subparagraph (A) for a fiscal year, the Secretary may reserve up to 5 percent for the purpose of carrying out section 247d-3c of this title.

(ii) Reservation contingent on continued appropriations for this section

If for fiscal year 2019 or a subsequent fiscal year, the amount appropriated under subparagraph (A) is such that, after application of clause (i), the amount remaining for the purpose of carrying out this section would be less than the amount available for such purpose for the previous fiscal year, the amount that may be reserved under clause (i) shall be reduced such that the amount remaining for the purpose of carrying out this section is not less than the amount available for such purpose for the previous fiscal year.

(iii) Sunset

The authority to reserve amounts under clause (i) shall expire on September 30, 2023.

(2) Reservation of amounts for partnerships

Prior to making awards described in paragraph (3), the Secretary may reserve from the amount appropriated under paragraph (1)(A) for a fiscal year and not reserved for the purpose described in paragraph (1)(B)(i), an amount determined appropriate by the Secretary for making awards to entities described in subsection (b)(1)(A).

(3) Awards to States and political subdivisions**(A) In general**

From amounts appropriated for a fiscal year under paragraph (1)(A) and not reserved under paragraph (1)(B)(i) or (2), the Secretary shall make awards to entities described in subsection (b)(2)(A) that have completed an application as described in subsection (b)(2)(B).

(B) Amount

The Secretary shall determine the amount of an award to each entity described in subparagraph (A) in the same manner as such amounts are determined under section 247d-3a(h) of this title.

(4) Availability of cooperative agreement funds**(A) In general**

Amounts provided to an eligible entity under a cooperative agreement under subsection (a) for a fiscal year and remaining

unobligated at the end of such year shall remain available to such entity for the next fiscal year for the purposes for which such funds were provided.

(B) Funds contingent on achieving benchmarks

The continued availability of funds under subparagraph (A) with respect to an entity shall be contingent upon such entity achieving the benchmarks and submitting the pandemic influenza plan as required under subsection (i).

(July 1, 1944, ch. 373, title III, §319C-2, as added Pub. L. 107-188, title I, §131(a), June 12, 2002, 116 Stat. 624; amended Pub. L. 109-417, title III, §305, Dec. 19, 2006, 120 Stat. 2861; Pub. L. 110-85, title XI, §1104(1), Sept. 27, 2007, 121 Stat. 975; Pub. L. 113-5, title II, §§202(c)(2), 203(c), Mar. 13, 2013, 127 Stat. 175, 176; Pub. L. 116-22, title II, §§201(b), 202(c), (e), 203(c), (e)(2), June 24, 2019, 133 Stat. 908-910, 914.)

AMENDMENTS

2019—Subsec. (a). Pub. L. 116-22, §202(c)(1), inserted “, acting through the Assistant Secretary for Preparedness and Response,” after “The Secretary” and substituted “preparedness for, and response to, public health emergencies in accordance with subsection (c)” for “preparedness for public health emergencies”.

Subsec. (b)(1)(A). Pub. L. 116-22, §202(c)(2)(A), substituted “coalition that includes” for “partnership consisting of” in introductory provisions.

Subsec. (b)(1)(A)(iv). Pub. L. 116-22, §202(c)(2)(B), (C), added cl. (iv).

Subsec. (d)(1)(A)(ii), (iii). Pub. L. 116-22, §203(e)(2), added cl. (ii) and redesignated former cl. (ii) as (iii).

Subsec. (d)(1)(B). Pub. L. 116-22, §202(c)(3)(A), substituted “coalition” for “partnership” in two places.

Subsec. (d)(2)(C). Pub. L. 116-22, §202(c)(3)(B), substituted “preparedness and response” for “medical preparedness”.

Subsec. (f). Pub. L. 116-22, §202(c)(4), substituted “coalition” for “partnership”.

Subsec. (g)(2). Pub. L. 116-22, §202(c)(5), substituted “Coalitions” for “Partnerships” and “coalitions” for “partnerships” and inserted “and response” after “preparedness”.

Subsec. (i)(1). Pub. L. 116-22, §203(c), inserted “In submitting reports under this paragraph, a coalition shall include information on the progress that the coalition has made toward the implementation of section 247d-3c of this title (or barriers to progress, if any).” after “under section 247d-3a of this title.”

Pub. L. 116-22, §202(c)(6), substituted “A coalition” for “An entity” and “such coalition” for “such partnership”.

Pub. L. 116-22, §201(b), substituted “section 247d-3a(g), (i), (j), and (k)” for “section 247d-3a(g), (i), and (j)”.

Subsec. (j)(1). Pub. L. 116-22, §202(e)(1), amended par. (1) generally. Prior to amendment, text read as follows: “For purposes of carrying out this section, there is authorized to be appropriated \$374,700,000 for each of fiscal years 2014 through 2018.”

Subsec. (j)(2). Pub. L. 116-22, §202(e)(2), substituted “paragraph (1)(A) for a fiscal year and not reserved for the purpose described in paragraph (1)(B)(i)” for “paragraph (1) for a fiscal year”.

Subsec. (j)(3)(A). Pub. L. 116-22, §202(e)(3), substituted “paragraph (1)(A) and not reserved under paragraph (1)(B)(i) or (2)” for “paragraph (1) and not reserved under paragraph (2)”.

2013—Subsec. (a). Pub. L. 113-5, §203(c)(1), inserted “, including, as appropriate, capacity and preparedness to address the needs of children and other at-risk individuals” before period at end.

Subsec. (b)(1)(A)(ii). Pub. L. 113-5, §203(c)(2), substituted “centers, community health centers, primary” for “centers, primary”.

Subsec. (c). Pub. L. 113-5, §203(c)(3), added subsec. (c) and struck out former subsec. (c). Prior to amendment, text read as follows: “An award under subsection (a) shall be expended for activities to achieve the preparedness goals described under paragraphs (1), (3), (4), (5), and (6) of section 300hh-1(b) of this title.”

Subsec. (g). Pub. L. 113-5, §203(c)(4), added subsec. (g) and struck out former subsec. (g). Prior to amendment, text read as follows: “An eligible entity shall, to the extent practicable, ensure that activities carried out under an award under subsection (a) are coordinated with activities of relevant local Metropolitan Medical Response Systems, local Medical Reserve Corps, the Cities Readiness Initiative, and local emergency plans.”

Subsec. (i). Pub. L. 113-5, §203(c)(5), designated existing provisions as par. (1), inserted heading, and added par. (2).

Pub. L. 113-5, §202(c)(2)(A), substituted “(i), and (j)” for “(j), and (k)”.

Subsec. (j)(1). Pub. L. 113-5, §203(c)(6)(A), amended par. (1) generally. Prior to amendment, text read as follows: “For the purpose of carrying out this section, there is authorized to be appropriated \$474,000,000 for fiscal year 2007, and such sums as may be necessary for each of fiscal years 2008 through 2011.”

Subsec. (j)(3)(B). Pub. L. 113-5, §202(c)(2)(B), substituted “247d-3a(h)” for “247d-3a(i)”.

Subsec. (j)(4). Pub. L. 113-5, §203(c)(6)(B), added par. (4).

2007—Subsec. (j)(3)(B). Pub. L. 110-85 substituted “section 247d-3a(i)” for “section 247d-3a(h)”.

2006—Pub. L. 109-417 amended section catchline and text generally. Prior to amendment, section consisted of subsecs. (a) to (i) relating to partnerships for community and hospital preparedness.

§ 247d-3c. Guidelines for regional health care emergency preparedness and response systems

(a) Purpose

It is the purpose of this section to identify and provide guidelines for regional systems of hospitals, health care facilities, and other public and private sector entities, with varying levels of capability to treat patients and increase medical surge capacity during, in advance of, and immediately following a public health emergency, including threats posed by one or more chemical, biological, radiological, or nuclear agents, including emerging infectious diseases.

(b) Guidelines

The Assistant Secretary for Preparedness and Response, in consultation with the Director of the Centers for Disease Control and Prevention, the Administrator of the Centers for Medicare & Medicaid Services, the Administrator of the Health Resources and Services Administration, the Commissioner of Food and Drugs, the Assistant Secretary for Mental Health and Substance Use, the Assistant Secretary of Labor for Occupational Safety and Health, the Secretary of Veterans Affairs, the heads of such other Federal agencies as the Secretary determines to be appropriate, and State, local, Tribal, and territorial public health officials, shall, not later than 2 years after June 24, 2019—

(1) identify and develop a set of guidelines relating to practices and protocols for all-hazards public health emergency preparedness and response for hospitals and health care fa-