

§ 280g-5. Public and health care provider education and support services

(a) In general

The Secretary, directly or through the awarding of grants to public or private nonprofit entities, may conduct activities, which may include demonstration projects for the purpose of improving the provision of information on prematurity to health professionals and other health care providers and the public and improving the treatment and outcomes mothers¹ of infants born preterm, and infants born preterm, as appropriate.

(b) Activities

Activities to be carried out under subsection (a) may include the establishment of—

(1) programs, including those to test and evaluate strategies, which, in collaboration with States, localities, tribes, and community organizations, support the provision of information and education to health professionals, other health care providers, and the public concerning—

(A) the core risk factors for preterm labor and delivery;

(B) evidence-based strategies to prevent preterm birth and associated outcomes;

(C) medically indicated deliveries before full term, and the risks of non-medically indicated deliveries before full term;

(D) the importance of preconception and prenatal care, including—

(i) smoking cessation;

(ii) weight maintenance and good nutrition, including folic acid intake;

(iii) the screening for and the treatment of infections;

(iv) screening for and treatment of substance use disorders;

(v) screening for and treatment of maternal depression;

(vi) maternal immunization; and

(vii) stress management;

(E) treatments and outcomes for premature infants, including late preterm infants; and

(F) the informational needs of families during the stay of an infant in a neonatal intensive care unit.

(2) programs to increase the availability, awareness, and use of pregnancy and post-term information services that provide evidence-based, clinical information through counselors, community outreach efforts, electronic or telephonic communication, or other appropriate means regarding causes associated with prematurity, birth defects, or health risks to a post-term infant, as well as prevention of a future preterm birth;

(3) programs to respond to the informational needs of families during the stay of an infant in a neonatal intensive care unit, during the transition of the infant to the home, and in the event of a newborn death; and

(4) such other programs as the Secretary determines appropriate to achieve the purpose specified in subsection (a).

(c) Authorization of appropriations

There is authorized to be appropriated to carry out this section \$1,900,000 for each of fiscal years 2014 through 2018.

(July 1, 1944, ch. 373, title III, §399Q, as added Pub. L. 109-450, §4(2), Dec. 22, 2006, 120 Stat. 3342; amended Pub. L. 113-55, title I, §103(b), Nov. 27, 2013, 127 Stat. 642; Pub. L. 115-328, §3, Dec. 18, 2018, 132 Stat. 4472.)

AMENDMENTS

2018—Subsec. (a). Pub. L. 115-328, §3(1), substituted “conduct activities, which may include demonstration projects” for “conduct demonstration projects” and “mothers of infants born preterm, and infants born preterm, as appropriate” for “for babies born preterm”.

Subsec. (b). Pub. L. 115-328, §3(2)(A), struck out “under the demonstration project” after “to be carried out” in introductory provisions.

Subsec. (b)(1). Pub. L. 115-328, §3(2)(B)(i), substituted “programs, including those to test and evaluate strategies, which, in collaboration with States, localities, tribes, and community organizations, support the provision of” for “programs to test and evaluate various strategies to provide” in introductory provisions.

Subsec. (b)(1)(B). Pub. L. 115-328, §3(2)(B)(iii), added subpar. (B). Former subpar. (B) redesignated (C).

Subsec. (b)(1)(C). Pub. L. 115-328, §3(2)(B)(ii), (iv), redesignated subpar. (B) as (C) and inserted “, and the risks of non-medically indicated deliveries before full term” before semicolon at end. Former subpar. (C) redesignated (D).

Subsec. (b)(1)(D). Pub. L. 115-328, §3(2)(B)(ii), redesignated subpar. (C) as (D). Former subpar. (D) redesignated (E).

Subsec. (b)(1)(D)(ii). Pub. L. 115-328, §3(2)(B)(v)(I), inserted “intake” after “folic acid”.

Subsec. (b)(1)(D)(iv) to (vii). Pub. L. 115-328, §3(2)(B)(v)(II)–(IV), added cls. (iv) to (vi) and redesignated former cl. (iv) as (vii).

Subsec. (b)(1)(E) to (G). Pub. L. 115-328, §3(2)(B)(ii), (vi)–(viii), redesignated subpars. (D) to (F) as (E) to (G), respectively, and struck out subpar. (G), as redesignated, which read as follows: “utilization of evidence-based strategies to prevent birth injuries;”.

Subsec. (b)(2). Pub. L. 115-328, §3(2)(C), inserted “, as well as prevention of a future preterm birth” before semicolon at end.

2013—Subsec. (b)(1). Pub. L. 113-55, §103(b)(1)(A), added subpars. (A) to (F) and struck out former subpars. (A) to (F) which read as follows:

“(A) the signs of preterm labor, updated as new research results become available;

“(B) the screening for and the treating of infections;

“(c) counseling on optimal weight and good nutrition, including folic acid;

“(D) smoking cessation education and counseling;

“(E) stress management; and

“(F) appropriate prenatal care;”.

Subsec. (b)(2). Pub. L. 113-55, §103(b)(1)(B), added par. (2) and struck out former par. (2) which read as follows: “programs to improve the treatment and outcomes for babies born premature, including the use of evidence-based standards of care by health care professionals for pregnant women at risk of preterm labor or other serious complications and for infants born preterm and at a low birthweight;”.

Subsec. (c). Pub. L. 113-55, §103(b)(2), substituted “\$1,900,000 for each of fiscal years 2014 through 2018.” for “\$5,000,000 for each of fiscal years 2007 through 2011.”

§ 280g-6. Chronic kidney disease initiatives

(a) In general

The Secretary shall establish pilot projects to—

¹ So in original. Probably should be preceded by “for”.