

- (1) the health risks associated with obesity, inactivity, and poor nutrition;
- (2) ways in which to incorporate physical activity into daily living; and
- (3) the benefits of good nutrition and strategies to improve eating habits.

(b) Authorization of appropriations

There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2001 through 2005.

(July 1, 1944, ch. 373, title III, §399Y, as added Pub. L. 106-310, div. A, title XXIV, §2401, Oct. 17, 2000, 114 Stat. 1160.)

§ 280h-3. Health professional education and training

(a) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, in collaboration with the Administrator of the Health Resources and Services Administration and the heads of other agencies, and in consultation with appropriate health professional associations, shall develop and carry out a program to educate and train health professionals in effective strategies to—

- (1) better identify and assess patients with obesity or an eating disorder or patients at risk of becoming obese or developing an eating disorder;
- (2) counsel, refer, or treat patients with obesity or an eating disorder; and
- (3) educate patients and their families about effective strategies to improve dietary habits and establish appropriate levels of physical activity.

(b) Authorization of appropriations

There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2001 through 2005.

(July 1, 1944, ch. 373, title III, §399Z, as added Pub. L. 106-310, div. A, title XXIV, §2401, Oct. 17, 2000, 114 Stat. 1160.)

GUIDE ON EVIDENCE-BASED STRATEGIES FOR PUBLIC HEALTH DEPARTMENT OBESITY PREVENTION PROGRAMS

Pub. L. 116-260, div. BB, title III, §312, Dec. 27, 2020, 134 Stat. 2925, provided that:

“(a) DEVELOPMENT AND DISSEMINATION OF AN EVIDENCE-BASED STRATEGIES GUIDE.—The Secretary of Health and Human Services (referred to in this section as the ‘Secretary’), acting through the Director of the Centers for Disease Control and Prevention, not later than 2 years after the date of enactment of this Act [Dec. 27, 2020], may—

- “(1) develop a guide on evidence-based strategies for State, territorial, and local health departments to use to build and maintain effective obesity prevention and reduction programs, and, in consultation with Indian Tribes, Tribal organizations, and urban Indian organizations, a guide on such evidence-based strategies with respect to Indian Tribes and Tribal organizations for such Indian Tribes and Tribal organizations to use for such purpose, both of which guides shall—

“(A) describe an integrated program structure for implementing interventions proven to be effective in preventing and reducing the incidence of obesity; and

“(B) recommend—

“(i) optimal resources, including staffing and infrastructure, for promoting nutrition and obesity prevention and reduction; and

“(ii) strategies for effective obesity prevention programs for State, territorial, and local health departments, Indian Tribes, and Tribal organizations, including strategies related to—

“(I) the application of evidence-based and evidence-informed practices to prevent and reduce obesity rates;

“(II) the development, implementation, and evaluation of obesity prevention and reduction strategies for specific communities and populations;

“(III) demonstrated knowledge of obesity prevention practices that reduce associated preventable diseases, health conditions, death, and health care costs;

“(IV) best practices for the coordination of efforts to prevent and reduce obesity and related chronic diseases;

“(V) addressing the underlying risk factors and social determinants of health that impact obesity rates; and

“(VI) interdisciplinary coordination between relevant public health officials specializing in fields such as nutrition, physical activity, epidemiology, communications, and policy implementation, and collaboration between public health officials, community-based organizations, and others, as appropriate; and

“(2) disseminate the guides and current research, evidence-based practices, tools, and educational materials related to obesity prevention, consistent with the guides, to State, territorial, and local health departments, Indian Tribes, and Tribal organizations.

“(b) TECHNICAL ASSISTANCE.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall provide technical assistance to State, territorial, and local health departments, Indian Tribes, and Tribal organizations to support such health departments in implementing the guide developed under subsection (a)(1).

“(c) INDIAN TRIBES; TRIBAL ORGANIZATIONS; URBAN INDIAN ORGANIZATIONS.—In this section—

“(1) the terms ‘Indian Tribe’ and ‘Tribal organization’ have the meanings given the terms ‘Indian tribe’ and ‘tribal organization’, respectively, in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304); and

“(2) the term ‘urban Indian organization’ has the meaning given such term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).”

EDUCATION AND TRAINING ON EATING DISORDERS

Pub. L. 114-255, div. B, title XIII, §13006, Dec. 13, 2016, 130 Stat. 1287, provided that: “The Secretary of Health and Human Services may facilitate the identification of model programs and materials for educating and training health professionals in effective strategies to—

- “(1) identify individuals with eating disorders;
- “(2) provide early intervention services for individuals with eating disorders;
- “(3) refer patients with eating disorders for appropriate treatment;
- “(4) prevent the development of eating disorders; and
- “(5) provide appropriate treatment services for individuals with eating disorders.”

§ 280h-4. Grants for the establishment of school-based health centers

(1) Program

The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall establish a program to award grants to eli-

gible entities to support the operation of school-based health centers.

(2) Eligibility

To be eligible for a grant under this section, an entity shall—

(A) be a school-based health center or a sponsoring facility of a school-based health center; and

(B) submit an application at such time, in such manner, and containing such information as the Secretary may require, including at a minimum an assurance that funds awarded under the grant shall not be used to provide any service that is not authorized or allowed by Federal, State, or local law.

(3) Preference

In awarding grants under this section,¹ the Secretary shall give preference to awarding grants for school-based health centers that serve a large population of children eligible for medical assistance under the State Medicaid plan under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.] or under a waiver of such plan or children eligible for child health assistance under the State child health plan under title XXI of that Act (42 U.S.C. 1397aa et seq.).

(4) Limitation on use of funds

An eligible entity shall use funds provided under a grant awarded under this section only for expenditures for facilities (including the acquisition or improvement of land, or the acquisition, construction, expansion, replacement, or other improvement of any building or other facility), equipment, or similar expenditures, as specified by the Secretary. No funds provided under a grant awarded under this section¹ shall be used for expenditures for personnel or to provide health services.

(5) Appropriations

Out of any funds in the Treasury not otherwise appropriated, there is appropriated for each of fiscal years 2010 through 2013, \$50,000,000 for the purpose of carrying out this section. Funds appropriated under this paragraph shall remain available until expended.

(6) Definitions

In this section, the terms “school-based health center” and “sponsoring facility” have the meanings given those terms in section 2110(c)(9) of the Social Security Act (42 U.S.C. 1397jj(c)(9)).

(Pub. L. 111-148, title IV, §4101(a), Mar. 23, 2010, 124 Stat. 546.)

REFERENCES IN TEXT

This section, referred to in par. (3) and in par. (4) the second place it appears, was in the original “this section”, meaning section 4101 of Pub. L. 111-148, which enacted this section and section 280h-5 of this title.

The Social Security Act, referred to in par. (3), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles XIX and XXI of the Act are classified generally to subchapters XIX (§1396 et seq.) and XXI (§1397aa et seq.), respectively, of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

¹ See References in Text note below.

CODIFICATION

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Public Health Service Act which comprises this chapter.

§ 280h-5. School-based health centers

(a) Definitions; establishment of criteria

In this section:

(1) Comprehensive primary health services

The term “comprehensive primary health services” means the core services offered by school-based health centers, which shall include the following:

(A) Physical

Comprehensive health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions, and referrals to, and follow-up for, specialty care and oral and vision health services.

(B) Mental health

Mental health and substance use disorder assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs.

(2) Medically underserved children and adolescents

(A) In general

The term “medically underserved children and adolescents” means a population of children and adolescents who are residents of an area designated as a medically underserved area or a health professional shortage area by the Secretary.

(B) Criteria

The Secretary shall prescribe criteria for determining the specific shortages of personal health services for medically underserved children and adolescents under subparagraph (A) that shall—

(i) take into account any comments received by the Secretary from the chief executive officer of a State and local officials in a State; and

(ii) include factors indicative of the health status of such children and adolescents of an area, including the ability of the residents of such area to pay for health services, the accessibility of such services, the availability of health professionals to such children and adolescents, and other factors as determined appropriate by the Secretary.

(3) School-based health center

The term “school-based health center” means a health clinic that—

(A) meets the definition of a school-based health center under section 1397jj(c)(9)(A) of this title and is administered by a sponsoring facility (as defined in section 1397jj(c)(9)(B) of this title);

(B) provides, at a minimum, comprehensive primary health services during school hours to children and adolescents by health professionals in accordance with established