

Sec 317(a) of the Public Health Service Act [42 USC 247b]

## 42 U.S. Code § 247b - Project grants for preventive health services

### (a) Grant authority

The [Secretary](#) may make grants to States, and in consultation with State health authorities, to political subdivisions of States and to other public entities to assist them in meeting the costs of establishing and maintaining preventive health [service](#) programs.

### (b) Application

No grant may be made under section (a) [\[1\]](#) unless an application therefor has been submitted to, and approved by, the [Secretary](#). Such an application shall be in such form and be submitted in such manner as the [Secretary](#) shall by regulation prescribe and shall provide—

#### (1)

a complete description of the type and extent of the program for which the applicant is seeking a grant under subsection (a);

#### (2)

with respect to each such program (A) the amount of Federal, State, and other funds obligated by the applicant in its latest annual accounting period for the provision of such program, (B) a description of the [services](#) provided by the applicant in such program in such period, (C) the amount of Federal funds needed by the applicant to continue providing such [services](#) in such program, and (D) if the applicant proposes changes in the provision of the [services](#) in such program, the priorities of such proposed changes, reasons for such changes, and the amount of Federal funds needed by the applicant to make such changes;

#### (3)

assurances satisfactory to the [Secretary](#) that the program which will be provided with funds under a grant under subsection (a) will be provided in a manner consistent with the State health plan in effect under section 300m–3(c) [\[2\]](#) of this title and in those cases where the applicant is a State, that such program will be provided, where appropriate, in a manner consistent with any plans in effect under an application approved under [section 247 \[2\]](#) of this title;

#### (4)

assurances satisfactory to the [Secretary](#) that the applicant will provide for such fiscal control and fund accounting procedures as the [Secretary](#) by regulation prescribes to assure the proper disbursement of and accounting for funds received under grants under subsection (a);

#### (5)

assurances satisfactory to the [Secretary](#) that the applicant will provide for periodic evaluation of its program or programs;

#### (6)

assurances satisfactory to the [Secretary](#) that the applicant will make such reports (in such form and containing such information as the [Secretary](#) may by regulation prescribe) as the [Secretary](#) may reasonably require and keep such records and afford such access thereto as the [Secretary](#) may find necessary to assure the correctness of, and to verify, such reports;

#### (7)

assurances satisfactory to the [Secretary](#) that the applicant will comply with any other conditions imposed by this section with respect to grants; and

(8)

such other information as the [Secretary](#) may by regulation prescribe.

**(c) Approval; annual project review**

(1) The [Secretary](#) shall not approve an application submitted under subsection (b) for a grant for a program for which a grant was previously made under subsection (a) unless the [Secretary](#) determines—

(A)

the program for which the application was submitted is operating effectively to achieve its stated purpose,

(B)

the applicant complied with the assurances provided the [Secretary](#) when applying for such previous grant, and

(C)

the applicant will comply with the assurances provided with the application.

(2) The [Secretary](#) shall review annually the activities undertaken by each recipient of a grant under subsection (a) to determine if the program assisted by such grant is operating effectively to achieve its stated purposes and if the recipient is in compliance with the assurances provided the [Secretary](#) when applying for such grant.

**(d) Amount of grant; payment**

The amount of a grant under subsection (a) shall be determined by the [Secretary](#). Payments under such grants may be made in advance on the basis of estimates or by the way of reimbursement, with necessary adjustments on account of underpayments or overpayments, and in such installments and on such terms and conditions as the [Secretary](#) finds necessary to carry out the purposes of such grants.

**(e) Reduction**

The [Secretary](#), at the request of a recipient of a grant under subsection (a), may reduce the amount of such grant by—

(1)

the fair market value of any supplies (including vaccines and other preventive agents) or equipment furnished the grant recipient, and

(2)

the amount of the pay, allowances, and travel expenses of any officer or employee of the Government when detailed to the grant recipient and the amount of any other costs incurred in connection with the detail of such officer or employee, when the furnishing of such supplies or equipment or the detail of such an officer or employee is for the convenience of and at the request of such grant recipient and for the purpose of carrying out a program with respect to which the grant under subsection (a) is made. The amount by which any such grant is so reduced shall be available for payment by the [Secretary](#) of the costs incurred in furnishing the supplies or equipment, or in detailing the personnel, on which the reduction of such grant is based, and such amount

shall be deemed as part of the grant and shall be deemed to have been paid to the grant recipient.

**(f) Recordkeeping; audit authority**

**(1)**

Each recipient of a grant under subsection (a) shall keep such records as the [Secretary](#) shall by regulation prescribe, including records which fully disclose the amount and disposition by such recipient of the proceeds of such grant, the total cost of the undertaking in connection with which such grant was made, and the amount of that portion of the cost of the undertaking supplied by other sources, and such other records as will facilitate an effective audit.

**(2)**

The [Secretary](#) and the Comptroller General of the United States, or any of their duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of the recipient of grants under subsection (a) that are pertinent to such grants.

**(g) Use of grant funds; mandatory treatment prohibited**

**(1)**

Nothing in this section shall limit or otherwise restrict the use of funds which are granted to a State or to an agency or a political subdivision of a State under provisions of Federal law (other than this section) and which are available for the conduct of preventive health [service](#) programs from being used in connection with programs assisted through grants under subsection (a).

**(2)**

Nothing in this section shall be construed to require any State or any agency or political subdivision of a State to have a preventive health [service](#) program which would require any person, who objects to any treatment provided under such a program, to be treated or to have any child or ward treated under such program.

**(h) Reports**

The [Secretary](#) shall include, as part of the report required by [section 300u-4 of this title](#), a report on the extent of the problems presented by the diseases and conditions referred to in subsection (j); on the amount of funds obligated under grants under subsection (a) in the preceding fiscal year for each of the programs listed in subsection (j); and on the effectiveness of the activities assisted under grants under subsection (a) in controlling such diseases and conditions.

**(i) Technical assistance**

The [Secretary](#) may provide technical assistance to States, State health authorities, and other public entities in connection with the operation of their preventive health [service](#) programs.

**(j) Authorization of appropriations**

**(1)**

Except for grants for immunization programs the authorization of appropriations for which are established in paragraph (2), for grants under subsections (a) and (k)(1) for preventive health [service](#) programs to immunize without charge children, adolescents,

and adults against vaccine-preventable diseases, there are authorized to be appropriated such sums as may be necessary. Not more than 10 percent of the total amount appropriated under the preceding sentence for any fiscal year shall be available for grants under subsection (k)(1) for such fiscal year.

**(2)**

For grants under subsection (a) for preventive health [service](#) programs for the provision without charge of immunizations with vaccines approved for use, and recommended for routine use, there are authorized to be appropriated such sums as may be necessary.

**(k) Additional grants to States, political subdivisions, and other public and nonprofit private entities**

**(1)**The [Secretary](#) may make grants to States, political subdivisions of States, and other public and nonprofit private entities for—

**(A)**

research into the prevention and control of diseases that may be prevented through vaccination;

**(B)**

demonstration projects for the prevention and control of such diseases;

**(C)**

public information and education programs for the prevention and control of such diseases;

**(D)**

education, training, and clinical skills improvement activities in the prevention and control of such diseases for health professionals (including allied health personnel);

**(E)**planning, implementation, and evaluation of activities to address vaccine-preventable diseases, including activities to—

**(i)**

identify communities at high risk of outbreaks related to vaccine-preventable diseases, including through improved data collection and analysis;

**(ii)**

pilot innovative approaches to improve vaccination rates in communities and among populations with low rates of vaccination;

**(iii)**

reduce barriers to accessing vaccines and evidence-based information about the health effects of vaccines;

**(iv)**

partner with community organizations and health care providers to develop and deliver evidence-based interventions, including culturally and linguistically appropriate interventions, to increase vaccination rates;

**(v)**

improve delivery of evidence-based vaccine-related information to parents and others; and

**(vi)**

improve the ability of State, local, Tribal, and territorial public health departments to engage communities at high risk for outbreaks related to vaccine-preventable diseases, including, as appropriate, with local educational agencies, as defined in [section 7801 of title 20](#); and

(F)

research related to strategies for improving awareness of scientific and evidence-based vaccine-related information, including for communities with low rates of vaccination, in order to understand barriers to vaccination, improve vaccination rates, and assess the public health outcomes of such strategies.

(2) The [Secretary](#) may make grants to States, political subdivisions of States, and other public and nonprofit private entities for—

(A)

research into the prevention and control of diseases and conditions;

(B)

demonstration projects for the prevention and control of such diseases and conditions;

(C)

public information and education programs for the prevention and control of such diseases and conditions; and

(D)

education, training, and clinical skills improvement activities in the prevention and control of such diseases and conditions for health professionals (including allied health personnel).

(3)

No grant may be made under this subsection unless an application therefor is submitted to the [Secretary](#) in such form, at such time, and containing such information as the [Secretary](#) may by regulation prescribe.

(4)

Subsections (d), (e), and (f) of this section shall apply to grants under this subsection in the same manner as such subsections apply to grants under subsection (a) of this section.

#### **(l) Authority to purchase recommended vaccines for adults**

##### **(1) In general**

The [Secretary](#) may negotiate and enter into contracts with manufacturers of vaccines for the purchase and delivery of vaccines for adults as provided for under subsection (e).

##### **(2) State purchase**

A State may obtain additional quantities of such adult vaccines (subject to amounts specified to the [Secretary](#) by the State in advance of negotiations) through the purchase of vaccines from manufacturers at the applicable price negotiated by the [Secretary](#) under this subsection.

#### **(m) Demonstration program to improve immunization coverage**

##### **(1) In general**

The [Secretary](#), acting through the Director of the Centers for Disease Control and Prevention, shall establish a demonstration program to award grants to States to improve the provision of recommended immunizations for children, adolescents, and adults

through the use of evidence-based, population-based interventions for high-risk populations.

**(2) State plan**

To be eligible for a grant under paragraph (1), a State shall submit to the [Secretary](#) an application at such time, in such manner, and containing such information as the [Secretary](#) may require, including a State plan that describes the interventions to be implemented under the grant and how such interventions match with local needs and capabilities, as determined through consultation with local authorities.

**(3) Use of funds**

Funds received under a grant under this subsection shall be used to implement interventions that are recommended by the Task Force on Community Preventive [Services](#) (as established by the [Secretary](#), acting through the Director of the Centers for Disease Control and Prevention) or other evidence-based interventions, including—

**(A)**

providing immunization reminders or recalls for target populations of clients, patients, and consumers;

**(B)**

educating targeted populations and health care providers concerning immunizations in combination with one or more other interventions;

**(C)**

reducing out-of-pocket costs for families for vaccines and their administration;

**(D)**

carrying out immunization-promoting strategies for participants or clients of public programs, including assessments of immunization status, referrals to health care providers, education, provision of on-site immunizations, or incentives for immunization;

**(E)**

providing for home visits that promote immunization through education, assessments of need, referrals, provision of immunizations, or other [services](#);

**(F)**

providing reminders or recalls for immunization providers;

**(G)**

conducting assessments of, and providing feedback to, immunization providers;

**(H)**

any combination of one or more interventions described in this paragraph; or

**(I)**

immunization information systems to allow all States to have electronic databases for immunization records.

**(4) Consideration**

In awarding grants under this subsection, the [Secretary](#) shall consider any reviews or recommendations of the Task Force on Community Preventive [Services](#).

**(5) Evaluation**

Not later than 3 years after the date on which a State receives a grant under this subsection, the State shall submit to the [Secretary](#) an evaluation of progress made toward improving immunization coverage rates among high-risk populations within the State.

#### **(6) Report to Congress**

Not later than 4 years after March 23, 2010,<sup>2</sup> the [Secretary](#) shall submit to Congress a report concerning the effectiveness of the demonstration program established under this subsection together with recommendations on whether to continue and expand such program.

#### **(7) Authorization of appropriations**

There is authorized to be appropriated to carry out this subsection, such sums as may be necessary for each of fiscal years 2010 through 2014.

#### **(n) Vaccination data**

The [Secretary](#), acting through the Director of the Centers for Disease Control and Prevention, shall expand and enhance, and, as appropriate, establish and improve, programs and conduct activities to collect, monitor, and analyze vaccination coverage data to assess levels of protection from vaccine-preventable diseases, including by assessing factors contributing to underutilization of vaccines and variations of such factors, and identifying communities at high risk of outbreaks associated with vaccine-preventable diseases.

(July 1, 1944, ch. 373, title III, § 317, as added [Pub. L. 87–868, § 2](#), Oct. 23, 1962, [76 Stat. 1155](#); amended [Pub. L. 89–109, § 2](#), Aug. 5, 1965, [79 Stat. 435](#); [Pub. L. 91–464, § 2](#), Oct. 16, 1970, [84 Stat. 988](#); [Pub. L. 92–449, title I, § 101](#), Sept. 30, 1972, [86 Stat. 748](#); [Pub. L. 93–354, § 4](#), July 23, 1974, [88 Stat. 376](#); [Pub. L. 94–63, title VI, § 601](#), July 29, 1975, [89 Stat. 346](#); [Pub. L. 94–317, title II, § 202\(a\)](#), June 23, 1976, [90 Stat. 700](#); [Pub. L. 94–380, § 2](#), Aug. 12, 1976, [90 Stat. 1113](#); [Pub. L. 95–626, title II](#), §§ 202, 204(b)(2), Nov. 10, 1978, [92 Stat. 3574](#), 3583; [Pub. L. 96–32, § 6\(i\)](#), July 10, 1979, [93 Stat. 83](#); [Pub. L. 97–35, title IX, § 928](#), Aug. 13, 1981, [95 Stat. 569](#); [Pub. L. 98–555, § 2](#), Oct. 30, 1984, [98 Stat. 2854](#); [Pub. L. 99–117, § 11\(c\)](#), Oct. 7, 1985, [99 Stat. 495](#); [Pub. L. 100–177, title I](#), §§ 110(a), 111, Dec. 1, 1987, [101 Stat. 990](#), 991; [Pub. L. 101–368, § 2](#), Aug. 15, 1990, [104 Stat. 446](#); [Pub. L. 101–502, § 2\(a\)](#), Nov. 3, 1990, [104 Stat. 1285](#); [Pub. L. 103–183, title III, § 301\(b\)](#), Dec. 14, 1993, [107 Stat. 2235](#); [Pub. L. 105–392, title III, § 303](#), Nov. 13, 1998, [112 Stat. 3586](#); [Pub. L. 106–310, div. A, title XVII, § 1711](#), Oct. 17, 2000, [114 Stat. 1152](#); [Pub. L. 111–148, title IV, § 4204\(a\)–\(c\)](#), Mar. 23, 2010, [124 Stat. 571](#), 572; [Pub. L. 116–260, div. BB, title III, § 311\(b\)](#), Dec. 27, 2020, [134 Stat. 2924](#).)