

admissions for the conditions described in section 1395ww(q)(8)(A) of this title and has not taken appropriate steps to reduce such readmissions and improve patient safety as evidenced through historically high rates of readmissions, as determined by the Secretary.

(3) Risk adjustment

The Secretary shall utilize appropriate risk adjustment measures to determine eligible hospitals.

(b) Report to the Secretary

As determined appropriate by the Secretary, eligible hospitals and patient safety organizations working with those hospitals shall report to the Secretary on the processes employed by the hospital to improve readmission rates and the impact of such processes on readmission rates.

(July 1, 1944, ch. 373, title III, §399KK, as added Pub. L. 111-148, title III, §3025(b), Mar. 23, 2010, 124 Stat. 412.)

PART T—ORAL HEALTHCARE PREVENTION
ACTIVITIES

§ 280k. Oral healthcare prevention education campaign

(a) Establishment

The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with professional oral health organizations, shall, subject to the availability of appropriations, establish a 5-year national, public education campaign (referred to in this section as the “campaign”) that is focused on oral healthcare prevention and education, including prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer.

(b) Requirements

In establishing the campaign, the Secretary shall—

(1) ensure that activities are targeted towards specific populations such as children, pregnant women, parents, the elderly, individuals with disabilities, and ethnic and racial minority populations, including Indians, Alaska Natives and Native Hawaiians (as defined in section 1603(c)¹ of title 25) in a culturally and linguistically appropriate manner; and

(2) utilize science-based strategies to convey oral health prevention messages that include, but are not limited to, community water fluoridation and dental sealants.

(c) Planning and implementation

Not later than 2 years after March 23, 2010, the Secretary shall begin implementing the 5-year campaign. During the 2-year period referred to in the previous sentence, the Secretary shall conduct planning activities with respect to the campaign.

(July 1, 1944, ch. 373, title III, §399LL, as added Pub. L. 111-148, title IV, §4102(a), Mar. 23, 2010, 124 Stat. 550.)

REFERENCES IN TEXT

Section 1603(c) of title 25, referred to in subsec. (b)(1), which defines “Indians”, was redesignated section

¹ See References in Text note below.

1603(13) of title 25 by Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.

§ 280k-1. Research-based dental caries disease management

(a) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award demonstration grants to eligible entities to demonstrate the effectiveness of research-based dental caries disease management activities.

(b) Eligibility

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

(1) be a community-based provider of dental services (as defined by the Secretary), including a Federally-qualified health center, a clinic of a hospital owned or operated by a State (or by an instrumentality or a unit of government within a State), a State or local department of health, a dental program of the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization (as such terms are defined in section 1603 of title 25), a health system provider, a private provider of dental services, medical, dental, public health, nursing, nutrition educational institutions, or national organizations involved in improving children’s oral health; and

(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(c) Use of funds

A grantee shall use amounts received under a grant under this section to demonstrate the effectiveness of research-based dental caries disease management activities.

(d) Use of information

The Secretary shall utilize information generated from grantees under this section in planning and implementing the public education campaign under section 280k of this title.

(July 1, 1944, ch. 373, title III, §399LL-1, as added Pub. L. 111-148, title IV, §4102(a), Mar. 23, 2010, 124 Stat. 551.)

§ 280k-2. Authorization of appropriations

There is authorized to be appropriated to carry out this part, such sums as may be necessary.

(July 1, 1944, ch. 373, title III, §399LL-2, as added Pub. L. 111-148, title IV, §4102(a), Mar. 23, 2010, 124 Stat. 551.)

§ 280k-3. Updating national oral healthcare surveillance activities

(1) PRAMS

(A) In general

The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall carry out activities to update and improve the Pregnancy Risk Assessment Monitoring System (referred to in this section as “PRAMS”) as it relates to oral healthcare.

(B) State reports and mandatory measurements**(i) In general**

Not later than 5 years after March 23, 2010, and every 5 years thereafter, a State shall submit to the Secretary a report concerning activities conducted within the State under PRAMS.

(ii) Measurements

The oral healthcare measurements developed by the Secretary for use under PRAMS shall be mandatory with respect to States for purposes of the State reports under clause (i).

(C) Funding

There is authorized to be appropriated to carry out this paragraph, such sums as may be necessary.

(2) National Health and Nutrition Examination Survey

The Secretary shall develop oral healthcare components that shall include tooth-level surveillance for inclusion in the National Health and Nutrition Examination Survey. Such components shall be updated by the Secretary at least every 6 years. For purposes of this paragraph, the term “tooth-level surveillance” means a clinical examination where an examiner looks at each dental surface, on each tooth in the mouth and as expanded by the Division of Oral Health of the Centers for Disease Control and Prevention.

(3) Medical Expenditures Panel Survey

The Secretary shall ensure that the Medical Expenditures Panel Survey by the Agency for Healthcare Research and Quality includes the verification of dental utilization, expenditure, and coverage findings through conduct of a look-back analysis.

(4) National Oral Health Surveillance System**(A) Appropriations**

There is authorized to be appropriated, such sums as may be necessary for each of fiscal years 2010 through 2014 to increase the participation of States in the National Oral Health Surveillance System from 16 States to all 50 States, territories, and District of Columbia.

(B) Requirements

The Secretary shall ensure that the National Oral Health Surveillance System include the measurement of early childhood caries.

(Pub. L. 111-148, title IV, §4102(d), Mar. 23, 2010, 124 Stat. 552.)

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.

PART U—EMPLOYER-BASED WELLNESS PROGRAM

§ 2801. Technical assistance for employer-based wellness programs

In order to expand the utilization of evidence-based prevention and health promotion approaches in the workplace, the Director shall—

(1) provide employers (including small, medium, and large employers, as determined by the Director) with technical assistance, consultation, tools, and other resources in evaluating such employers’ employer-based wellness programs, including—

(A) measuring the participation and methods to increase participation of employees in such programs;

(B) developing standardized measures that assess policy, environmental and systems changes necessary to have a positive health impact on employees’ health behaviors, health outcomes, and health care expenditures; and

(C) evaluating such programs as they relate to changes in the health status of employees, the absenteeism of employees, the productivity of employees, the rate of workplace injury, and the medical costs incurred by employees; and

(2) build evaluation capacity among workplace staff by training employers on how to evaluate employer-based wellness programs and ensuring evaluation resources, technical assistance, and consultation are available to workplace staff as needed through such mechanisms as web portals, call centers, or other means.

(July 1, 1944, ch. 373, title III, §399MM, as added and amended Pub. L. 111-148, title IV, §4303, title X, §10404, Mar. 23, 2010, 124 Stat. 583, 975.)

AMENDMENTS

2010—Par. (2). Pub. L. 111-148, §10404, substituted “and ensuring” for “by ensuring”.

GRANTS FOR SMALL BUSINESSES TO PROVIDE COMPREHENSIVE WORKPLACE WELLNESS PROGRAMS

Pub. L. 111-148, title X, §10408, Mar. 23, 2010, 124 Stat. 977, provided that:

“(a) ESTABLISHMENT.—The Secretary shall award grants to eligible employers to provide their employees with access to comprehensive workplace wellness programs (as described under subsection (c)).

“(b) SCOPE.—

“(1) DURATION.—The grant program established under this section shall be conducted for a 5-year period.

“(2) ELIGIBLE EMPLOYER.—The term ‘eligible employer’ means an employer (including a non-profit employer) that—

“(A) employs less than 100 employees who work 25 hours or greater per week; and

“(B) does not provide a workplace wellness program as of the date of enactment of this Act [Mar. 23, 2010].

“(c) COMPREHENSIVE WORKPLACE WELLNESS PROGRAMS.—

“(1) CRITERIA.—The Secretary shall develop program criteria for comprehensive workplace wellness programs under this section that are based on and consistent with evidence-based research and best practices, including research and practices as provided in the Guide to Community Preventive Services, the Guide to Clinical Preventive Services, and the National Registry for Effective Programs.

“(2) REQUIREMENTS.—A comprehensive workplace wellness program shall be made available by an eligible employer to all employees and include the following components:

“(A) Health awareness initiatives (including health education, preventive screenings, and health risk assessments).