

ing the study required in subsection (a) of this section. The study shall be initiated by the Secretary not later than fiscal year 1994, and the collection of data under the study may continue through fiscal year 1998.

(July 1, 1944, ch. 373, title III, § 399E, formerly § 399K, as added Pub. L. 102-515, § 3, Oct. 24, 1992, 106 Stat. 3376; renumbered § 399E and amended Pub. L. 106-310, div. A, title V, § 502(2)(A), (C), Oct. 17, 2000, 114 Stat. 1115; Pub. L. 109-482, title I, § 104(b)(2)(A), Jan. 15, 2007, 120 Stat. 3693.)

AMENDMENTS

2007—Subsec. (e). Pub. L. 109-482 struck out heading and text of subsec. (e). Text read as follows: “Not later than September 30, 1999, the Secretary shall complete the study required in subsection (a) of this section and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings and recommendations made as a result of the study.”

2000—Subsec. (c). Pub. L. 106-310, § 502(2)(C), made technical amendment to reference in original act which appears in text as reference to section 280e(a) of this title.

EFFECTIVE DATE OF 2007 AMENDMENT

Amendment by Pub. L. 109-482 applicable only with respect to amounts appropriated for fiscal year 2007 or subsequent fiscal years, see section 109 of Pub. L. 109-482, set out as a note under section 281 of this title.

POTENTIAL ENVIRONMENTAL AND OTHER RISKS CONTRIBUTING TO INCIDENCE OF BREAST CANCER

Pub. L. 103-43, title XIX, § 1911, June 10, 1993, 107 Stat. 205, provided that Director of the National Cancer Institute, in collaboration with Director of the National Institute of Environmental Health Sciences, was to conduct case-control study to assess biological markers of environmental and other potential risk factors contributing to incidence of breast cancer in specified counties in State of New York and northeastern United States that had highest age-adjusted mortality rate of such cancer, and to report results of such study to Congress not later than 30 months after June 10, 1993.

§ 280e-3a. National childhood cancer registry

(a) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award a grant to enhance and expand infrastructure to track the epidemiology of pediatric cancer into a comprehensive nationwide registry of actual occurrences of pediatric cancer. Such registry shall be updated to include an actual occurrence within weeks of the date of such occurrence.

(b) Informed consent and privacy requirements and coordination with existing programs

The registry established pursuant to subsection (a) shall be subject to section 552a of title 5, the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996, applicable Federal and State informed consent regulations, any other applicable Federal and State laws relating to the privacy of patient information, and section 280e(d)(4) of this title.

(July 1, 1944, ch. 373, title III, § 399E-1, as added Pub. L. 110-285, § 4(b)(1), July 29, 2008, 122 Stat. 2630.)

REFERENCES IN TEXT

Section 264(c) of the Health Insurance Portability and Accountability Act of 1996, referred to in subsec. (b), is section 264(c) of Pub. L. 104-191, which is set out as a note under section 1320d-2 of this title.

FINDINGS AND PURPOSES

Pub. L. 110-285, §§ 2, 3, July 29, 2008, 122 Stat. 2628, provided that:

“SEC. 2. FINDINGS

“Congress makes the following findings:

“(1) Cancer kills more children than any other disease.

“(2) Each year cancer kills more children between 1 and 20 years of age than asthma, diabetes, cystic fibrosis, and AIDS, combined.

“(3) Every year, over 12,500 young people are diagnosed with cancer.

“(4) Each year about 2,300 children and teenagers die from cancer.

“(5) One in every 330 Americans develops cancer before age 20.

“(6) Some forms of childhood cancer have proven to be so resistant that even in spite of the great research strides made, most of those children die. Up to 75 percent of the children with cancer can now be cured.

“(7) The causes of most childhood cancers are not yet known.

“(8) Childhood cancers are mostly those of the white blood cells (leukemias), brain, bone, the lymphatic system, and tumors of the muscles, kidneys, and nervous system. Each of these behaves differently, but all are characterized by an uncontrolled proliferation of abnormal cells.

“(9) Eighty percent of the children who are diagnosed with cancer have disease which has already spread to distant sites in the body.

“(10) Ninety percent of children with a form of pediatric cancer are treated at one of the more than 200 Children’s Oncology Group member institutions throughout the United States.

“SEC. 3. PURPOSES

“It is the purpose of this Act [see Short Title of 2008 Amendment note set out under section 201 of this title] to authorize appropriations to—

“(1) encourage the support for pediatric cancer research and other activities related to pediatric cancer;

“(2) establish a comprehensive national childhood cancer registry; and

“(3) provide informational services to patients and families affected by childhood cancer.”

§ 280e-4. Authorization of appropriations

(a) Registries

For the purpose of carrying out this part (other than section 280e-3a of this title), there are authorized to be appropriated \$30,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through 2003. Of the amounts appropriated under the preceding sentence for any such fiscal year, the Secretary may obligate not more than 25 percent for carrying out section 280e-1 of this title, and not more than 10 percent may be expended for assessing the accuracy, completeness and quality of data collected, and not more than 10 percent of which is to be expended under section 280e-2 of this title.

(b) Breast cancer study

Of the amounts appropriated for the National Cancer Institute under subpart 1 of part C of subchapter III of this chapter for any fiscal year

in which the study required in section 280e-3 of this title is being carried out, the Secretary shall expend not less than \$1,000,000 for the study.

(July 1, 1944, ch. 373, title III, § 399F, formerly § 399L, as added Pub. L. 102-515, § 3, Oct. 24, 1992, 106 Stat. 3376; amended Pub. L. 103-43, title XX, § 2003, June 10, 1993, 107 Stat. 208; Pub. L. 103-183, title VII, § 705(c), Dec. 14, 1993, 107 Stat. 2241; Pub. L. 105-340, title II, § 202, Oct. 31, 1998, 112 Stat. 3194; renumbered § 399F and amended Pub. L. 106-310, div. A, title V, § 502(2)(A), (D), Oct. 17, 2000, 114 Stat. 1115; Pub. L. 110-285, § 4(b)(2), July 29, 2008, 122 Stat. 2631.)

PRIOR PROVISIONS

A prior section 399F of act July 1, 1944, was renumbered section 399G and is classified to section 280e-11 of this title.

AMENDMENTS

2008—Subsec. (a). Pub. L. 110-285 inserted “(other than section 280e-3a of this title)” after “this part”.

2000—Subsec. (a). Pub. L. 106-310, § 502(2)(D)(ii), substituted “section 280e-2 of this title” for “subsection 280e-2 of this title”.

Pub. L. 106-310, § 502(2)(D)(i), made technical amendment to reference in original act which appears in text as reference to section 280e-1 of this title.

Subsec. (b). Pub. L. 106-310, § 502(2)(D)(iii), made technical amendment to reference in original act which appears in text as reference to section 280e-3 of this title.

1998—Subsec. (a). Pub. L. 105-340 substituted “2003” for “1998”.

1993—Subsec. (a). Pub. L. 103-183 substituted “through 1998” for “through 1996”.

Pub. L. 103-43 substituted “there are authorized to be appropriated \$30,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through 1996” for “the Secretary may use \$30,000,000 for each of the fiscal years 1993 through 1997” in first sentence and “Of the amounts appropriated under the preceding sentence” for “Out of any amounts used” in second sentence.

PART N—NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION

CODIFICATION

This part was formerly set out preceding part M of this subchapter.

§ 280e-11. Establishment and duties of Foundation

(a) In general

There shall be established in accordance with this section a nonprofit private corporation to be known as the National Foundation for the Centers for Disease Control and Prevention (in this part referred to as the “Foundation”). The Foundation shall not be an agency or instrumentality of the Federal Government, and officers, employees, and members of the board of the Foundation shall not be officers or employees of the Federal Government.

(b) Purpose of Foundation

The purpose of the Foundation shall be to support and carry out activities for the prevention and control of diseases, disorders, injuries, and disabilities, and for promotion of public health.

(c) Endowment fund

(1) In general

In carrying out subsection (b) of this section, the Foundation shall establish a fund for

providing endowments for positions that are associated with the Centers for Disease Control and Prevention and dedicated to the purpose described in such subsection. Subject to subsection (f)(1)(B) of this section, the fund shall consist of such donations as may be provided by non-Federal entities and such non-Federal assets of the Foundation (including earnings of the Foundation and the fund) as the Foundation may elect to transfer to the fund.

(2) Authorized expenditures of fund

The provision of endowments under paragraph (1) shall be the exclusive function of the fund established under such paragraph. Such endowments may be expended only for the compensation of individuals holding the positions, for staff, equipment, quarters, travel, and other expenditures that are appropriate in supporting the positions, and for recruiting individuals to hold the positions endowed by the fund.

(d) Certain activities of Foundation

In carrying out subsection (b) of this section, the Foundation may provide for the following with respect to the purpose described in such subsection:

(1) Programs of fellowships for State and local public health officials to work and study in association with the Centers for Disease Control and Prevention.

(2) Programs of international arrangements to provide opportunities for public health officials of other countries to serve in public health capacities in the United States in association with the Centers for Disease Control and Prevention or elsewhere, or opportunities for employees of such Centers (or other public health officials in the United States) to serve in such capacities in other countries, or both.

(3) Studies, projects, and research (which may include applied research on the effectiveness of prevention activities, demonstration projects, and programs and projects involving international, Federal, State, and local governments).

(4) Forums for government officials and appropriate private entities to exchange information. Participants in such forums may include institutions of higher education and appropriate international organizations.

(5) Meetings, conferences, courses, and training workshops.

(6) Programs to improve the collection and analysis of data on the health status of various populations.

(7) Programs for writing, editing, printing, and publishing of books and other materials.

(8) Other activities to carry out the purpose described in subsection (b) of this section.

(e) General structure of Foundation; nonprofit status

(1) Board of directors

The Foundation shall have a board of directors (in this part referred to as the “Board”), which shall be established and conducted in accordance with subsection (f) of this section. The Board shall establish the general policies of the Foundation for carrying out subsection