

- (ii) weight maintenance and good nutrition, including folic acid;
- (iii) the screening for and the treatment of infections; and
- (iv) stress management;

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

(E) the informational needs of families during the stay of an infant in a neonatal intensive care unit; and

(F) utilization of evidence-based strategies to prevent birth injuries;

(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;

(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.)

AMENDMENTS

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) increase public and medical community awareness (particularly of those who treat patients with diabetes and hypertension) regard-

ing chronic kidney disease, focusing on prevention;

(2) increase screening for chronic kidney disease, focusing on Medicare beneficiaries at risk of chronic kidney disease; and

(3) enhance surveillance systems to better assess the prevalence and incidence of chronic kidney disease.

(b) Scope and duration

(1) Scope

The Secretary shall select at least 3 States in which to conduct pilot projects under this section.

(2) Duration

The pilot projects under this section shall be conducted for a period that is not longer than 5 years and shall begin on January 1, 2009.

(c) Evaluation and report

The Comptroller General of the United States shall conduct an evaluation of the pilot projects conducted under this section. Not later than 12 months after the date on which the pilot projects are completed, the Comptroller General shall submit to Congress a report on the evaluation.

(d) Authorization of appropriations

There are authorized to be appropriated such sums as may be necessary for the purpose of carrying out this section.

(July 1, 1944, ch. 373, title III, § 399R, as added Pub. L. 110–275, title I, § 152(a), July 15, 2008, 122 Stat. 2551.)

CODIFICATION

Another section 399R of act July 1, 1944, ch. 373, as added by Pub. L. 110–373, § 2, Oct. 8, 2008, 122 Stat. 4047, was renumbered section 399S and is classified to section 280g–7 of this title.

Another section 399R of act July 1, 1944, ch. 373, as added by Pub. L. 110–374, § 3, Oct. 8, 2008, 122 Stat. 4051, was renumbered section 399T and is classified to section 280g–8 of this title.

§ 280g–7. Amyotrophic lateral sclerosis registry

(a) Establishment

(1) In general

Not later than 1 year after the receipt of the report described in subsection (b)(2)(A), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, may, if scientifically advisable—

(A) develop a system to collect data on amyotrophic lateral sclerosis (referred to in this section as “ALS”) and other motor neuron disorders that can be confused with ALS, misdiagnosed as ALS, and in some cases progress to ALS, including information with respect to the incidence and prevalence of the disease in the United States; and

(B) establish a national registry for the collection and storage of such data to develop a population-based registry of cases in the United States of ALS and other motor neuron disorders that can be confused with ALS, misdiagnosed as ALS, and in some cases progress to ALS.

(2) Purpose

It is the purpose of the registry established under paragraph (1)(B) to—