

of \$5,000,000 for fiscal year 2000, \$7,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal year 2002.

(3) Technical assistance, data management, and applied research; National Institute on Deafness and Other Communication Disorders

For the purpose of carrying out subsection (d)(2) of this section under the existing authority of the Public Health Service Act, there are authorized to the National Institute on Deafness and Other Communication Disorders appropriations for such sums as may be necessary for each of the fiscal years 2000 through 2002.

(Pub. L. 106-113, div. B, §1000(a)(4) [title VI, § 601], Nov. 29, 1999, 113 Stat. 1535, 1501A-276.)

REFERENCES IN TEXT

The Public Health Service Act, referred to in subsecs. (b) to (e) and (g), is act July 1, 1944, ch. 373, 58 Stat. 682, as amended, which is classified generally to this chapter (§201 et seq.). For complete classification of this Act to the Code, see Short Title note set out under section 201 of this title and Tables.

The Individuals with Disabilities Education Act, referred to in subsecs. (c)(1) and (e)(1), is title VI of Pub. L. 91-230, Apr. 13, 1970, 84 Stat. 175, as amended. Part C of the Act is classified generally to subchapter III (§1431 et seq.) of chapter 33 of Title 20, Education. For complete classification of this Act to the Code, see section 1400 of Title 20 and Tables.

The Social Security Act, referred to in subsec. (e)(1), is act Aug. 14, 1935, ch. 531, 49 Stat. 620, as amended. Titles V, XIX, and XXI of the Act are classified generally to subchapters V (§701 et seq.), 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.

CODIFICATION

Section was enacted as part of the Departments of Labor, Health, and Human Services, and Education, and Related Agencies Appropriations Act, 2000, and not as part of the Public Health Service Act which comprises this chapter.

§§ 247b-4b to 247b-4d. Repealed. Pub. L. 109-416, § 3(b)(1)-(3), Dec. 19, 2006, 120 Stat. 2829

Section 247b-4b, Pub. L. 106-310, div. A, title I, §102, Oct. 17, 2000, 114 Stat. 1107, related to developmental disabilities surveillance and research programs.

Section 247b-4c, Pub. L. 106-310, div. A, title I, §103, Oct. 17, 2000, 114 Stat. 1108, related to information and education.

Section 247b-4d, Pub. L. 106-310, div. A, title I, §104, Oct. 17, 2000, 114 Stat. 1109, related to Inter-agency Autism Coordinating Committee.

§ 247b-4e. Repealed. Pub. L. 109-416, § 3(b)(4), Dec. 19, 2006, 120 Stat. 2829; Pub. L. 109-482, title I, § 104(b)(3)(D), Jan. 15, 2007, 120 Stat. 3694

Section, Pub. L. 106-310, div. A, title I, §105, Oct. 17, 2000, 114 Stat. 1109, related to annual report to Congress concerning the implementation of this section and sections 247b-4b to 247b-4d and 284g of this title.

EFFECTIVE DATE OF REPEAL

Repeal 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 an Effective Date of 2007 Amendment note under section 281 of this title.

§ 247b-4f. Research relating to preterm labor and delivery and the care, treatment, and outcomes of preterm and low birthweight infants

(a) Omitted

(b) Studies and activities on preterm birth

(1) In general

The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, may, subject to the availability of appropriations—

(A) conduct epidemiological studies on the clinical, biological, social, environmental, genetic, and behavioral factors relating to prematurity, as appropriate;

(B) conduct activities to improve national data to facilitate tracking the burden of preterm birth; and

(C) continue efforts to prevent preterm birth, including late preterm birth, through the identification of opportunities for prevention and the assessment of the impact of such efforts.

(2) Report

Not later than 2 years after November 27, 2013, and every 2 years thereafter, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall submit to the appropriate committees of Congress reports concerning the progress and any results of studies conducted under paragraph (1).

(c) Pregnancy risk assessment monitoring survey

(1) In general

The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall establish systems for the collection of maternal-infant clinical and biomedical information, including electronic health records, electronic databases, and biobanks, to link with the Pregnancy Risk Assessment Monitoring System (PRAMS) and other epidemiological studies of prematurity in order to track pregnancy outcomes and prevent preterm birth.

(2) Authorization of appropriations

There is authorized to be appropriated to carry out paragraph (1) \$3,000,000 for each of fiscal years 2007 through 2011.

(d) Evaluation of existing tools and measures

The Secretary of Health and Human Services shall review existing tools and measures to ensure that such tools and measures include information related to the known risk factors of low birth weight and preterm birth.

(e) Authorization of appropriations

There is authorized to be appropriated to carry out this section, except for subsection (c), \$1,880,000 for each of fiscal years 2014 through 2018.

(Pub. L. 109-450, §3, Dec. 22, 2006, 120 Stat. 3341; Pub. L. 113-55, title I, §102, Nov. 27, 2013, 127 Stat. 641.)

CODIFICATION

Section is comprised of section 3 of Pub. L. 109-450. Subsec. (a) of section 3 of Pub. L. 109-450 amended section 241 of this title.

Section was enacted as part of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act or the PREEMIE Act, and not as part of the Public Health Service Act which comprises this chapter.

AMENDMENTS

2013—Subsec. (b). Pub. L. 113-55, §102(a), added subsec. (b) and struck out former subsec. (b) which related to studies and reports on the relationship between prematurity and birth defects.

Subsec. (e). Pub. L. 113-55, §102(b), substituted “\$1,880,000 for each of fiscal years 2014 through 2018.” for “\$5,000,000 for each of fiscal years 2007 through 2011.”

ADVISORY COMMITTEE ON INFANT MORTALITY

Pub. L. 113-55, title I, §104(b), Nov. 27, 2013, 127 Stat. 643, provided that:

“(1) ESTABLISHMENT.—The Secretary of Health and Human Services (referred to in this section [enacting this note and repealing section 247b-4g of this title] as the ‘Secretary’) may establish an advisory committee known as the ‘Advisory Committee on Infant Mortality’ (referred to in this section as the ‘Advisory Committee’).

“(2) DUTIES.—The Advisory Committee shall provide advice and recommendations to the Secretary concerning the following activities:

“(A) Programs of the Department of Health and Human Services that are directed at reducing infant mortality and improving the health status of pregnant women and infants.

“(B) Strategies to coordinate the various Federal programs and activities with State, local, and private programs and efforts that address factors that affect infant mortality.

“(C) Implementation of the Healthy Start program under section 330H of the Public Health Service Act (42 U.S.C. 254c-8) and Healthy People 2020 infant mortality objectives.

“(D) Strategies to reduce preterm birth rates through research, programs, and education.

“(3) PLAN FOR HHS PRETERM BIRTH ACTIVITIES.—Not later than 1 year after the date of enactment of this section [Nov. 27, 2013], the Advisory Committee (or an advisory committee in existence as of the date of enactment of this Act [Nov. 27, 2013] and designated by the Secretary) shall develop a plan for conducting and supporting research, education, and programs on preterm birth through the Department of Health and Human Services and shall periodically review and revise the plan, as appropriate. The plan shall—

“(A) examine research and educational activities that receive Federal funding in order to enable the plan to provide informed recommendations to reduce preterm birth and address racial and ethnic disparities in preterm birth rates;

“(B) identify research gaps and opportunities to implement evidence-based strategies to reduce preterm birth rates among the programs and activities of the Department of Health and Human Services regarding preterm birth, including opportunities to minimize duplication; and

“(C) reflect input from a broad range of scientists, patients, and advocacy groups, as appropriate.

“(4) MEMBERSHIP.—The Secretary shall ensure that the membership of the Advisory Committee includes the following:

“(A) Representatives provided for in the original charter of the Advisory Committee.

“(B) A representative of the National Center for Health Statistics.”

PURPOSE

Pub. L. 109-450, §2, Dec. 22, 2006, 120 Stat. 3341, provided that: “It is the purpose of this Act [enacting this section and sections 247b-4g and 280g-5 of this title and amending sections 241 and 280g-4 of this title] to—

“(1) reduce rates of preterm labor and delivery;

“(2) work toward an evidence-based standard of care for pregnant women at risk of preterm labor or other serious complications, and for infants born preterm and at a low birthweight; and

“(3) reduce infant mortality and disabilities caused by prematurity.”

§ 247b-4g. Repealed. Pub. L. 113-55, title I, § 104(a), Nov. 27, 2013, 127 Stat. 643

Section, Pub. L. 109-450, §5, Dec. 22, 2006, 120 Stat. 3343, related to establishment and activities of the Interagency Coordinating Council on Prematurity and Low Birthweight.

§ 247b-5. Preventive health measures with respect to prostate cancer

(a) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States and local health departments for the purpose of enabling such States and departments to carry out programs that may include the following:

(1) To identify factors that influence the attitudes or levels of awareness of men and health care practitioners regarding screening for prostate cancer.

(2) To evaluate, in consultation with the Agency for Health Care Policy and Research and the National Institutes of Health, the effectiveness of screening strategies for prostate cancer.

(3) To identify, in consultation with the Agency for Health Care Policy and Research, issues related to the quality of life for men after prostate¹ cancer screening and follow-up.

(4) To develop and disseminate public information and education programs for prostate cancer, including appropriate messages about the risks and benefits of prostate cancer screening for the general public, health care providers, policy makers and other appropriate individuals.

(5) To improve surveillance for prostate cancer.

(6) To address the needs of underserved and minority populations regarding prostate cancer.

(7) Upon a determination by the Secretary, who shall take into consideration recommendations by the United States Preventive Services Task Force and shall seek input, where appropriate, from professional societies and other private and public entities, that there is sufficient consensus on the effectiveness of prostate cancer screening—

(A) to screen men for prostate cancer as a preventive health measure;

(B) to provide appropriate referrals for the medical treatment of men who have been screened under subparagraph (A) and to ensure, to the extent practicable, the provision of appropriate followup services and support services such as case management;

(C) to establish mechanisms through which State and local health departments can monitor the quality of screening proce-

¹ So in original. Probably should be “prostate”.