lating to a specific disease, disorder, or other adverse health condition, shall—

(1) present information in a standardized format;

(2) identify the actual dollar amounts obligated for such activities; and

(3) include a plan for research on the specific disease, disorder, or other adverse health condition, including a statement of objectives regarding the research, the means for achieving the objectives, a date by which the objectives are expected to be achieved, and justifications for revisions to the plan.

(c) Additional reports

In addition to reports required by subsections (a) and (b), the Director of NIH or the head of a national research institute or national center may submit to the Congress such additional reports as the Director or the head of such institute or center determines to be appropriate.

(July 1, 1944, ch. 373, title IV, § 403, as added Pub. L. 109–482, title I, § 104(a)(3), Jan. 15, 2007, 120 Stat. 3689; amended Pub. L. 110–85, title XI, § 1104(3), Sept. 27, 2007, 121 Stat. 975; Pub. L. 114–255, div. A, title II, § 2032, Dec. 13, 2016, 130 Stat. 1056.)

PRIOR PROVISIONS

A prior section 283, act July 1, 1944, ch. 373, title IV, § 403, as added Pub. L. 99–158, § 2, Nov. 20, 1985, 99 Stat. 826; amended Pub. L. 100–607, title I, § 112, Nov. 4, 1988, 102 Stat. 3052, required a biennial report by the Director to the President and Congress, prior to repeal by Pub. L. 109–482, title I, § 104(a)(3), Jan. 15, 2007, 120 Stat. 3689.

AMENDMENTS

2016—Pub. L. 114–255, § 2032(1), substituted ''Triennial'' for ''Biennial'' in section catchline.

Subsec. (a). Pub. L. 114–255, § 2032(2)(A), substituted ''triennial'' for ''biennial'' in introductory provisions.

Subsec. (a)(3). Pub. L. 114–255, § 2032(2)(B), amended par. (3) generally. Prior to amendment, par. (3) read as follows: ''Classification and justification for the priorities established by the agencies, including a strategic plan and recommendations for future research initiatives to be carried out under section 282(b)(7) of this title through the Division of Program Coordination, Planning, and Strategic Initiatives.''

Subsec. (a)(4)(B). Pub. L. 114–255, § 2032(2)(C)(i), substituted ''demographic variables, including biological and social variables and relevant age categories (such as pediatric subgroups), and determinants of health,'' for ''demographic variables and other variables''.

Subsec. (a)(4)(C)(v). Pub. L. 114–255, § 2032(2)(C)(ii), substituted ''demographic variables, including relevant age categories (such as pediatric subgroups), information submitted by each national research institute and national center to the Director of National Institutes of Health under section 289a–2(f) of this title, and such'' for ''demographic variables and such'' and ''and other applicable requirements regarding inclusion of demographic groups'' for ''(regarding inclusion of women and minorities in clinical research)''.

Subsec. (a)(6). Pub. L. 114–255, § 2032(2)(D), substituted ''the following—'' for ''the following:'' in introductory provisions, ''an evaluation'' for ''An evaluation'' and ''; and'' for the period in subpar. (A), redesignated subpar. (C) as (B) and substituted ''recommendations'' for ''Recommendations'', and struck out former subpars. (B) and (D), which read as follows:

''(B) Recommendations for promoting coordination of information among the centers of excellence.

''(D) If no additional centers of excellence have been funded under this subchapter since the previous report under this section, an explanation of the reasons for not funding any additional centers.''

2007—Subsec. (a)(4)(C)(iv)(III). Pub. L. 110–85 inserted ''and postdoctoral training funded through research grants'' before semicolon at end.

EFFECTIVE DATE

Section 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.

§ 283a. Annual reporting to increase interagency collaboration and coordination

(a) Collaboration with other HHS agencies

On an annual basis, the Director of NIH shall submit to the Secretary a report on the activities of the National Institutes of Health involving collaboration with other agencies of the Department of Health and Human Services.

(b) Clinical trials

Each calendar year, the Director of NIH shall submit to the Commissioner of Food and Drugs a report that identifies each clinical trial that is registered during such calendar year in the databank of information established under section 282(i) of this title.

(c) Human tissue samples

On an annual basis, the Director of NIH shall submit to the Congress a report that describes how the National Institutes of Health and its agencies store and track human tissue samples.

(d) First report

The first report under subsections (a), (b), and (c) shall be submitted not later than 1 year after January 15, 2007.

(July 1, 1944, ch. 373, title IV, § 403A, as added Pub. L. 109–482, title I, § 104(a)(3), Jan. 15, 2007, 120 Stat. 3691.)

PRIOR PROVISIONS

A prior section 403A of act July 1, 1944, was renumbered section 403D and is classified to section 283a–3 of this title.

EFFECTIVE DATE

Section 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.

§ 283a–1. Annual reporting to prevent fraud and abuse

(a) Whistleblower complaints

(1) In general

On an annual basis, the Director of NIH shall submit to the Inspector General of the Department of Health and Human Services, the Secretary, the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate a report summarizing the activities of the National Institutes of Health relating to whistleblower complaints.

(2) Contents

For each whistleblower complaint pending during the year for which a report is submit-

ted under this subsection, the report shall identify the following:

(A) Each agency of the National Institutes of Health involved.

(B) The status of the complaint.

(C) The resolution of the complaint to date.

(b) First report

The first report under subsection (a) shall be submitted not later than 1 year after January 15, 2007.

(July 1, 1944, ch. 373, title IV, § 403B, as added Pub. L. 109–482, title I, § 104(a)(3), Jan. 15, 2007, 120 Stat. 3691; amended Pub. L. 114–255, div. A, title II, § 2042(b), Dec. 13, 2016, 130 Stat. 1073.)

AMENDMENTS

2016—Subsecs. (b), (c). Pub. L. 114–255 redesignated subsec. (c) as (b), substituted ''subsection (a)'' for ''subsections (a) and (b)'', and struck out former subsec. (b), which related to annual report by the Director of NIH on experts and consultants whose services were obtained by the National Institutes of Health or its agencies.

EFFECTIVE DATE

Section 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.

§ 283a–2. Annual reporting regarding training of graduate students for doctoral degrees

(a) In general

Each institution receiving an award under this subchapter for the training of graduate students for doctoral degrees shall annually report to the Director of NIH, with respect to graduate students supported by the National Institutes of Health at such institution—

(1) the percentage of such students admitted for study who successfully attain a doctoral degree; and

(2) for students described in paragraph (1), the average time between the beginning of graduate study and the receipt of a doctoral degree.

(3) [1] Provision of information to applicants

Each institution described in subsection (a) shall provide to each student submitting an application for a program of graduate study at such institution the information described in paragraphs (1) and (2) of such subsection with respect to the program or programs to which such student has applied.

(July 1, 1944, ch. 373, title IV, § 403C, as added Pub. L. 109–482, title I, § 104(a)(3), Jan. 15, 2007, 120 Stat. 3692; amended Pub. L. 110–85, title XI, § 1104(5), Sept. 27, 2007, 121 Stat. 975; Pub. L. 114–255, div. A, title II, § 2042(c), Dec. 13, 2016, 130 Stat. 1073.)

PRIOR PROVISIONS

A prior section 403C of act July 1, 1944, was renumbered section 403D and is classified to section 283a–3 of this title.

AMENDMENTS

2016—Subsec. (a)(2). Pub. L. 114–255 struck out ''(not including any leaves of absence)'' after ''time''.

2007—Subsec. (a). Pub. L. 110–85, § 1104(5)(A), substituted ''graduate students supported by the National Institutes of Health'' for ''each degree-granting program'' in introductory provisions.

Subsec. (a)(1). Pub. L. 110–85, § 1104(5)(B), inserted ''such'' after ''percentage of''.

Subsec. (a)(2). Pub. L. 110–85, § 1104(5)(C), inserted ''(not including any leaves of absence)'' after ''average time''.

EFFECTIVE DATE

Section 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.

§ 283a–3. Establishment of program regarding DES

(a) In general

The Director of NIH shall establish a program for the conduct and support of research and training, the dissemination of health information, and other programs with respect to the diagnosis and treatment of conditions associated with exposure to the drug diethylstilbestrol (in this section referred to as ''DES'').

(b) Education programs

In carrying out subsection (a), the Director of NIH, after consultation with nonprofit private entities representing individuals who have been exposed to DES, shall conduct or support programs to educate health professionals and the public on the drug, including the importance of identifying and treating individuals who have been exposed to the drug.

(c) Longitudinal studies

After consultation with the Office of Research on Women's Health, the Director of NIH, acting through the appropriate national research institutes, shall in carrying out subsection (a) conduct or support one or more longitudinal studies to determine the incidence of the following diseases or disorders in the indicated populations and the relationship of DES to the diseases or disorders:

(1) In the case of women to whom (on or after January 1, 1938) DES was administered while the women were pregnant, the incidence of all diseases and disorders (including breast cancer, gynecological cancers, and impairments of the immune system, including autoimmune disease).

(2) In the case of women exposed to DES in utero, the incidence of clear cell cancer (including recurrences), the long-term health effects of such cancer, and the effects of treatments for such cancer.

(3) In the case of men and women exposed to DES in utero, the incidence of all diseases and disorders (including impairments of the reproductive and autoimmune systems).

(4) In the case of children of men or women exposed to DES in utero, the incidence of all diseases and disorders.

(d) Exposure to DES in utero

For purposes of this section, an individual shall be considered to have been exposed to DES in utero if, during the pregnancy that resulted in the birth of such individual, DES was (on or

[1] So in original. Probably should be ''(b)''.