

the date of enactment of this Act [Oct. 27, 1986]. After such date—

“(1) the Secretary of Health and Human Services shall make appointments to each such advisory council in such a manner as to bring about as soon as practicable the composition for such council prescribed by section 505 [now 502] of the Public Health Service Act [42 U.S.C. 290aa-1];

“(2) each advisory council shall organize itself in accordance with such section and exercise the functions prescribed by such section; and

“(3) the Director of each such institute shall perform for such advisory council the functions prescribed by such section.”

#### § 290aa-2. Omitted

##### CODIFICATION

Section, act July 1, 1944, ch. 373, title V, §503, formerly §505, as added Pub. L. 98-24, §2(b)(7), Apr. 26, 1983, 97 Stat. 178; renumbered §506, Pub. L. 99-570, title IV, §4004(a), Oct. 27, 1986, 100 Stat. 3207-109; renumbered §503, Pub. L. 102-321, title I, §103, July 10, 1992, 106 Stat. 333, which required the Secretary of Health and Human Services to submit triennial reports to Congress on the health consequences of using alcoholic beverages, the health consequences and extent of drug abuse in the United States, and current research findings made with respect to drug abuse, including current findings on the health effects of marijuana and the addictive property of tobacco, terminated, effective May 15, 2000, pursuant to section 3003 of Pub. L. 104-66, as amended, set out as a note under section 1113 of Title 31, Money and Finance. See, also, pages 92 and 93 of House Document No. 103-7.

Section was formerly classified to section 290aa-4 of this title prior to renumbering by Pub. L. 102-321.

A prior section 290aa-2, act July 1, 1944, ch. 373, title V, §503, formerly Pub. L. 92-255, title IV, §406(a), title V, §501, Mar. 21, 1972, 86 Stat. 78, 85; amended Pub. L. 93-282, title II, §204, May 14, 1974, 88 Stat. 136; Pub. L. 94-237, §12(a), Mar. 19, 1976, 90 Stat. 247; Pub. L. 96-181, §10, Jan. 2, 1980, 93 Stat. 1314; Pub. L. 97-35, title IX, §§968(a), 973(f), Aug. 13, 1981, 95 Stat. 595, 598; renumbered §503 of act July 1, 1944, and amended Apr. 26, 1983, Pub. L. 98-24, §2(b)(4), (5), 97 Stat. 177; Oct. 19, 1984, Pub. L. 98-509, title II, §§202, 205(b)(1), 98 Stat. 2360, 2361; Oct. 27, 1986, Pub. L. 99-570, title IV, §4005(b)(2), 100 Stat. 3207-114, related to National Institute on Drug Abuse, prior to repeal by Pub. L. 102-321, title I, §101(b), July 10, 1992, 106 Stat. 331. See section 285o of this title.

A prior section 503 of act July 1, 1944, which was classified to section 221 of this title, was successively renumbered by subsequent acts and transferred, see section 238b of this title.

#### § 290aa-2a. Report on individuals with co-occurring mental illness and substance abuse disorders

##### (a) In general

Not later than 2 years after October 17, 2000, the Secretary shall, after consultation with organizations representing States, mental health and substance abuse treatment providers, prevention specialists, individuals receiving treatment services, and family members of such individuals, prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report on prevention and treatment services for individuals who have co-occurring mental illness and substance abuse disorders.

##### (b) Report content

The report under subsection (a) shall be based on data collected from existing Federal and

State surveys regarding the treatment of co-occurring mental illness and substance abuse disorders and shall include—

(1) a summary of the manner in which individuals with co-occurring disorders are receiving treatment, including the most up-to-date information available regarding the number of children and adults with co-occurring mental illness and substance abuse disorders and the manner in which funds provided under sections 300x and 300x-21 of this title are being utilized, including the number of such children and adults served with such funds;

(2) a summary of improvements necessary to ensure that individuals with co-occurring mental illness and substance abuse disorders receive the services they need;

(3) a summary of practices for preventing substance abuse among individuals who have a mental illness and are at risk of having or acquiring a substance abuse disorder; and

(4) a summary of evidenced-based practices for treating individuals with co-occurring mental illness and substance abuse disorders and recommendations for implementing such practices.

##### (c) Funds for report

The Secretary may obligate funds to carry out this section with such appropriations as are available.

(July 1, 1944, ch. 373, title V, §503A, as added Pub. L. 106-310, div. B, title XXXIV, §3406, Oct. 17, 2000, 114 Stat. 1221.)

##### CHANGE OF NAME

Committee on Commerce of House of Representatives changed to Committee on Energy and Commerce of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred to Committee on Financial Services of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

#### § 290aa-3. Peer review

##### (a) In general

The Secretary, after consultation with the Assistant Secretary, shall require appropriate peer review of grants, cooperative agreements, and contracts to be administered through the agency which exceed the simple acquisition threshold as defined in section 134 of title 41.

##### (b) Members

The members of any peer review group established under subsection (a) shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group. Not more than one-fourth of the members of any such peer review group shall be officers or employees of the United States. In the case of any such peer review group that is reviewing a grant, cooperative agreement, or contract related to mental illness treatment, not less than half of the members of such peer review group shall be licensed and experienced professionals in the prevention, diagnosis, or treatment of, or recovery from, mental illness or co-occurring mental illness and substance use disorders and have a medical degree, a doctoral degree in psychology, or an advanced degree in