(b) Surveillance activities

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, and taking into consideration the expertise of the Advisory Committee on Heritable Disorders in Newborns and Children established under section 300b–10 of this title, may provide, as appropriate, for the coordination of surveillance activities, including—

- (1) through standardized data collection and reporting, as well as the use of electronic health records; and
- (2) by promoting data sharing regarding newborn screening with State-based birth defects and developmental disabilities monitoring programs.

(July 1, 1944, ch. 373, title XI, §1113, as added Pub. L. 110–204, §6, Apr. 24, 2008, 122 Stat. 710; amended Pub. L. 110–237, §1(a)(5), May 27, 2008, 122 Stat. 1557; Pub. L. 113–240, §6, Dec. 18, 2014, 128 Stat. 2854.)

AMENDMENTS

2014—Pub. L. 113–240, $\S 6(1)$, inserted "and surveil-lance" after "quality" in section catchline. Subsec. (a). Pub. L. 113–240, $\S 6(2)(A)$, substituted "and

Subsec. (a). Pub. L. 113–240, §6(2)(A), substituted "and taking into consideration the expertise of the Advisory Committee" for "and in consultation with the Advisory Committee" in introductory provisions.

Committee" in introductory provisions. Subsec. (a)(1). Pub. L. 113-240, §6(2)(B), inserted "timeliness for processing such tests," after "newborn-screening tests."

screening tests,". Subsec. (b). Pub. L. 113–240, §6(3), added subsec. (b) and struck out former subsec. (b). Prior to amendment, text read as follows: "For the purpose of carrying out this section, there are authorized to be appropriated \$5,000,000 for fiscal year 2009, \$5,062,500 for fiscal year 2010, \$5,125,000 for fiscal year 2011, \$5,187,500 for fiscal year 2012, and \$5,250,000 for fiscal year 2013."

2008—Subsec. (b). Pub. L. 110-237 substituted "2009, \$5,062,500 for fiscal year 2010, \$5,125,000 for fiscal year 2011, \$5,187,500 for fiscal year 2012, and \$5,250,000 for fiscal year 2013." for "2008, \$5,062,500 for fiscal year 2009, \$5,125,000 for fiscal year 2010, \$5,187,500 for fiscal year 2011, and \$5,250,000 for fiscal year 2011, and \$5,250,000 for fiscal year 2011.

§ 300b-13. Interagency Coordinating Committee on Newborn and Child Screening

(a) Purpose

It is the purpose of this section to—

(1) assess existing activities and infrastructure, including activities on birth defects and developmental disabilities authorized under section 247b-4 of this title, in order to make recommendations for programs to collect, analyze, and make available data on the heritable disorders recommended by the Advisory Committee on Heritable Disorders in Newborns and Children under section 300b-10 of this title, including data on the incidence and prevalence of, as well as poor health outcomes resulting from, such disorders; and

(2) make recommendations for the establishment of regional centers for the conduct of applied epidemiological research on effective interventions to promote the prevention of poor health outcomes resulting from such disorders as well as providing information and education to the public on such effective interventions.

(b) Establishment

The Secretary shall establish an Interagency Coordinating Committee on Newborn and Child Screening (referred to in this section as the "Interagency Coordinating Committee") to carry out the purpose of this section.

(c) Composition

The Interagency Coordinating Committee shall be composed of the Director of the Centers for Disease Control and Prevention, the Administrator of the Health Resources and Services Administration, the Director of the Agency for Healthcare Research and Quality, the Commissioner of Food and Drugs, and the Director of the National Institutes of Health, or their designees.

(d) Activities

The Interagency Coordinating Committee shall— $\,$

(1) report to the Secretary and the appropriate committees of Congress on its recommendations related to the purpose described in subsection (a); and

(2) carry out other activities determined appropriate by the Secretary.

(July 1, 1944, ch. 373, title XI, §1114, as added Pub. L. 110–204, §6, Apr. 24, 2008, 122 Stat. 710; amended Pub. L. 110–237, §1(a)(6), May 27, 2008, 122 Stat. 1557; Pub. L. 113–240, §7, Dec. 18, 2014, 128 Stat. 2855.)

AMENDMENTS

2014—Subsec. (c). Pub. L. 113–240, §7(1), substituted "the Administrator of the Health Resources and Services Administration, the Director of the Agency for Healthcare Research and Quality, the Commissioner of Food and Drugs," for "the Administrator, the Director of the Agency for Healthcare Research and Quality,".

Subsec. (e). Pub. L. 113–240, \$7(2), struck out subsec. (e). Text read as follows: "For the purpose of carrying out this section, there are authorized to be appropriated \$1,000,000 for fiscal year 2009, \$1,012,500 for fiscal year 2010, \$1,025,000 for fiscal year 2011, \$1,037,500 for fiscal year 2012, and \$1,050,000 for fiscal year 2013."

2008—Subsec. (e). Pub. L. 110–237 substituted "2009, \$1,012,500 for fiscal year 2010, \$1,025,000 for fiscal year 2011, \$1,037,500 for fiscal year 2012, and \$1,050,000 for fiscal year 2013." for "2008, \$1,012,500 for fiscal year 2009, \$1,025,000 for fiscal year 2009, \$1,025,000 for fiscal year 2011, and \$1,050,000 for fiscal year 2012."

§ 300b-14. National contingency plan for newborn screening

(a) In general

Not later than 180 days after April 24, 2008, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with the Administrator and State departments of health (or related agencies), shall develop a national contingency plan for newborn screening for use by a State, region, or consortium of States in the event of a public health emergency. The plan shall be updated as needed and at least every five years.

(b) Contents

The contingency plan developed under subsection (a) shall include a plan for—

- (1) the collection and transport of specimens:
- (2) the shipment of specimens to State newborn screening laboratories;
 - (3) the processing of specimens;
- (4) the reporting of screening results to physicians and families: