

**§ 247b-7. Loan repayment program****(a) In general****(1) Authority**

Subject to paragraph (2), the Secretary may carry out a program of entering into contracts with appropriately qualified health professionals under which such health professionals agree to conduct prevention activities or preparedness and response activities, including rapid response to public health emergencies and significant public health threats, as employees of the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry, in consideration of the Federal Government agreeing to repay, for each year of such service, not more than \$50,000 of the principal and interest of the educational loans of such health professionals.

**(2) Limitation**

The Secretary may not enter into an agreement with a health professional pursuant to paragraph (1) unless such professional—

(A) has a substantial amount of educational loans relative to income; and

(B) agrees to serve as an employee of the Centers for Disease Control and Prevention or the Agency for Toxic Substances and Disease Registry for purposes of paragraph (1) for a period of not less than 2 years.

**(b) Applicability of certain provisions**

With respect to the National Health Service Corps Loan Repayment Program established in subpart III of part D of this subchapter, the provisions of such subpart shall, except as inconsistent with subsection (a), apply to the program established in this section in the same manner and to the same extent as such provisions apply to the National Health Service Corps Loan Repayment Program.

**(c) Authorization of appropriations****(1) In general**

For the purpose of carrying out this section, except as described in paragraph (2), there are authorized to be appropriated \$500,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through 2002.

**(2) Epidemic Intelligence Service program**

For purposes of carrying out this section with respect to qualified health professionals serving in the Epidemic Intelligence Service, as authorized under section 247b-8 of this title, there is authorized to be appropriated \$1,000,000 for each of fiscal years 2019 through 2023.

**(d) Availability of appropriations**

Amounts appropriated for a fiscal year for contracts under subsection (a) shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were appropriated.

(July 1, 1944, ch. 373, title III, § 317F, as added Pub. L. 103-183, title VII, § 703, Dec. 14, 1993, 107 Stat. 2240; amended Pub. L. 105-392, title IV, § 406, Nov. 13, 1998, 112 Stat. 3588; Pub. L. 116-22, title III, § 301(c), June 24, 2019, 133 Stat. 932.)

## AMENDMENTS

2019—Subsec. (a)(1). Pub. L. 116-22, § 301(c)(1)(A), inserted “or preparedness and response activities, including rapid response to public health emergencies and significant public health threats” after “conduct prevention activities” and substituted “\$50,000” for “\$35,000”.

Subsec. (a)(2)(B). Pub. L. 116-22, § 301(c)(1)(B), substituted “2 years” for “3 years”.

Subsec. (c). Pub. L. 116-22, § 301(c)(2), designated existing provisions as par. (1), inserted heading, substituted “For the purpose of carrying out this section, except as described in paragraph (2)” for “For the purpose of carrying out this section”, and added par. (2).

1998—Subsec. (a)(1). Pub. L. 105-392, § 406(1), substituted “\$35,000” for “\$20,000”.

Subsec. (c). Pub. L. 105-392, § 406(2), substituted “2002” for “1998”.

Subsec. (d). Pub. L. 105-392, § 406(3), added subsec. (d).

**§ 247b-8. Fellowship and training programs**

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish fellowship and training programs to be conducted by such Centers to train individuals to develop skills in epidemiology, surveillance, laboratory analysis, and other disease detection and prevention methods. Such programs shall be designed to enable health professionals and health personnel trained under such programs to work, after receiving such training, in local, State, national, and international efforts toward the prevention and control of diseases, injuries, and disabilities. Such fellowships and training may be administered through the use of either appointment or nonappointment procedures.

(July 1, 1944, ch. 373, title III, § 317G, as added Pub. L. 105-115, title IV, § 408(b)(1), Nov. 21, 1997, 111 Stat. 2371.)

## EFFECTIVE DATE

Pub. L. 105-115, title IV, § 408(b)(2), Nov. 21, 1997, 111 Stat. 2371, provided that: “The amendment made by this subsection [enacting this section] is deemed to have taken effect July 1, 1995.”

**§ 247b-9. Diabetes in children and youth****(a) Surveillance on juvenile diabetes**

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall develop a sentinel system to collect data on juvenile diabetes, including with respect to incidence and prevalence, and shall establish a national database for such data.

**(b) Type 2 diabetes in youth**

The Secretary shall implement a national public health effort to address type 2 diabetes in youth, including—

(1) enhancing surveillance systems and expanding research to better assess the prevalence and incidence of type 2 diabetes in youth and determine the extent to which type 2 diabetes is incorrectly diagnosed as type 1 diabetes among children; and

(2) developing and improving laboratory methods to assist in diagnosis, treatment, and prevention of diabetes including, but not limited to, developing noninvasive ways to monitor blood glucose to prevent hypoglycemia and improving existing glucometers that measure blood glucose.

**(c) Authorization of appropriations**

For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

(July 1, 1944, ch. 373, title III, §317H, as added Pub. L. 106-310, div. A, title IV, §401, Oct. 17, 2000, 114 Stat. 1112.)

**§ 247b-9a. Better diabetes care****(a) Short title**

This section may be cited as the “Catalyst to Better Diabetes Care Act of 2009”.

**(b) National diabetes report card****(1) In general**

The Secretary, in collaboration with the Director of the Centers for Disease Control and Prevention (referred to in this section as the “Director”), shall prepare on a biennial basis a national diabetes report card (referred to in this section as a “Report Card”) and, to the extent possible, for each State.<sup>1</sup>

**(2) Contents****(A) In general**

Each Report Card shall include aggregate health outcomes related to individuals diagnosed with diabetes and prediabetes including—

- (i) preventative care practices and quality of care;
- (ii) risk factors; and
- (iii) outcomes.

**(B) Updated reports**

Each Report Card that is prepared after the initial Report Card shall include trend analysis for the Nation and, to the extent possible, for each State, for the purpose of—

- (i) tracking progress in meeting established national goals and objectives for improving diabetes care, costs, and prevalence (including Healthy People 2010); and
- (ii) informing policy and program development.

**(3) Availability**

The Secretary, in collaboration with the Director, shall make each Report Card publicly available, including by posting the Report Card on the Internet.

**(c) Improvement of vital statistics collection****(1) In general**

The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in collaboration with appropriate agencies and States, shall—

(A) promote the education and training of physicians on the importance of birth and death certificate data and how to properly complete these documents, including the collection of such data for diabetes and other chronic diseases;

(B) encourage State adoption of the latest standard revisions of birth and death certificates; and

(C) work with States to re-engineer their vital statistics systems in order to provide cost-effective, timely, and accurate vital systems data.

**(2) Death certificate additional language**

In carrying out this subsection, the Secretary may promote improvements to the collection of diabetes mortality data, including the addition of a question for the individual certifying the cause of death regarding whether the deceased had diabetes.

**(d) Study on appropriate level of diabetes medical education****(1) In general**

The Secretary shall, in collaboration with the Institute of Medicine and appropriate associations and councils, conduct a study of the impact of diabetes on the practice of medicine in the United States and the appropriateness of the level of diabetes medical education that should be required prior to licensure, board certification, and board recertification.

**(2) Report**

Not later than 2 years after March 23, 2010, the Secretary shall submit a report on the study under paragraph (1) to the Committees on Ways and Means and Energy and Commerce of the House of Representatives and the Committees on Finance and Health, Education, Labor, and Pensions of the Senate.

**(e) Authorization of appropriations**

There are authorized to be appropriated to carry out this section such sums as may be necessary.

(Pub. L. 111-148, title X, §10407, Mar. 23, 2010, 124 Stat. 976.)

## CODIFICATION

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Public Health Service Act which comprises this chapter.

**§ 247b-10. Compilation of data on asthma****(a) In general**

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

- (1) conduct local asthma surveillance activities to collect data on the prevalence and severity of asthma and the quality of asthma management;
- (2) compile and annually publish data on the prevalence of children suffering from asthma in each State; and
- (3) to the extent practicable, compile and publish data on the childhood mortality rate associated with asthma nationally.

**(b) Surveillance activities**

The Director of the Centers for Disease Control and Prevention, acting through the representative of the Director on the National Asthma Education Prevention Program Coordinating Committee, shall, in carrying out subsection (a), provide an update on surveillance activities at each Committee meeting.

**(c) Collaborative efforts**

The activities described in subsection (a)(1) may be conducted in collaboration with eligible

<sup>1</sup> So in original.