

(d) Nonduplication

In carrying out programs under this section, the Secretary shall minimize duplication and supplement, not supplant, existing efforts of the type carried out under this section.

(e) Peer review

Nothing in this section shall be construed to interfere with the scientific peer-review process at the National Institutes of Health.

(July 1, 1944, ch. 373, title XI, §1116, as added Pub. L. 110-204, §7, Apr. 24, 2008, 122 Stat. 711; amended Pub. L. 110-237, §1(a)(7), May 27, 2008, 122 Stat. 1557; Pub. L. 113-240, §9, Dec. 18, 2014, 128 Stat. 2855.)

AMENDMENTS

2014—Subsec. (a)(1)(C) to (E). Pub. L. 113-240, §9(1), added subpars. (C) and (D) and redesignated former subpar. (C) as (E).

Subsec. (c). Pub. L. 113-240, §9(2), substituted “section 283 of this title” for “section 403 of the National Institutes of Health Reform Act of 2006”.

2008—Subsec. (a)(1)(B). Pub. L. 110-237 substituted “, or” for “and or”.

§ 300b-16. Authorization of appropriations for newborn screening programs and activities

There are authorized to be appropriated—

(1) to carry out sections 300b-8, 300b-9, 300b-10, and 300b-11 of this title, \$11,900,000 for each of fiscal years 2015 through 2019; and

(2) to carry out section 300b-12 of this title, \$8,000,000 for each of fiscal years 2015 through 2019.

(July 1, 1944, ch. 373, title XI, §1117, as added Pub. L. 113-240, §10, Dec. 18, 2014, 128 Stat. 2856.)

§ 300b-17. Report by Secretary**(1) In general**

The Secretary of Health and Human Services shall—

(A) not later than 1 year after December 18, 2014, submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on activities related to—

(i) newborn screening; and

(ii) screening children who have or are at risk for heritable disorders; and

(B) not less than every 2 years, submit to such committees an updated version of such report.

(2) Contents

The report submitted under this section shall contain a description of—

(A) the ongoing activities under sections 300b-8, 300b-9, and 300b-11 through 300b-14 of this title; and

(B) the amounts expended on such activities.

(Pub. L. 113-240, §11(b), Dec. 18, 2014, 128 Stat. 2856.)

CODIFICATION

Section was enacted as part of the Newborn Screening Saves Lives Reauthorization Act of 2014, and not as part of the Public Health Service Act which comprises this chapter.

PRIOR PROVISIONS

Prior sections 300c to 300c-4 were repealed by Pub. L. 94-278, title IV, §403(a), Apr. 22, 1976, 90 Stat. 407.

Section 300c, act July 1, 1944, ch. 373, title XI, §1111, as added Aug. 29, 1972, Pub. L. 92-414, §3, 86 Stat. 650, authorized Secretary to make grants and enter contracts with public and private entities for establishment of screening, treatment, and counseling programs with respect to Cooley’s Anemia.

Section 300c-1, act July 1, 1944, ch. 373, title XI, §1112, as added Aug. 29, 1972, Pub. L. 92-414, §3, 86 Stat. 651, required that any participation by an individual in any Cooley’s Anemia programs should be on a purely voluntary basis.

Section 300c-2, act July 1, 1944, ch. 373, title XI, §1113, as added Aug. 29, 1972, Pub. L. 92-414, §3, 86 Stat. 651, provided for making of grant upon application to Secretary and listed certain requirements to be met by applicant.

Section 300c-3, act July 1, 1944, ch. 373, title XI, §1114, as added Aug. 29, 1972, Pub. L. 92-414, §3, 86 Stat. 652, authorized Secretary to establish a program with Public Health Service to provide for screening, counseling, and treatment with respect to Cooley’s Anemia.

Section 300c-4, act July 1, 1944, ch. 373, title XI, §1115, as added Aug. 29, 1972, Pub. L. 92-414, §3, 86 Stat. 652, provided for Secretary’s submission of a report to President for transmittal to Congress annually.

PART B—SUDDEN UNEXPECTED INFANT DEATH, SUDDEN INFANT DEATH SYNDROME, AND SUDDEN UNEXPECTED DEATH IN CHILDHOOD

CODIFICATION

Pub. L. 116-273, §2(1), Dec. 31, 2020, 134 Stat. 3352, substituted “Sudden Unexpected Infant Death, Sudden Infant Death Syndrome, and Sudden Unexpected Death in Childhood” for “Sudden Infant Death Syndrome” in part heading.

Pub. L. 94-278, title IV, §403(b)(2), Apr. 22, 1976, 90 Stat. 409, redesignated part C heading as part B heading.

§ 300c-11. Addressing sudden unexpected infant death and sudden unexpected death in childhood**(a) In general**

The Secretary may develop, support, or maintain programs or activities to address sudden unexpected infant death and sudden unexpected death in childhood, including by—

(1) continuing to support the Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry of the Centers for Disease Control and Prevention and other fatality case reporting systems that include data pertaining to sudden unexpected infant death and sudden unexpected death in childhood, as appropriate, including such systems supported by the Health Resources and Services Administration, in order to—

(A) increase the number of States and jurisdictions participating in such registries or systems; and

(B) improve the utility of such registries or systems, which may include—

(i) making summary data available to the public in a timely manner on the internet website of the Department of Health and Human Services, in a manner that, at a minimum, protects personal privacy to the extent required by applicable Federal and State law; and

(ii) making the data submitted to such registries or systems available to research-