

EFFECTIVE DATE OF 2007 AMENDMENT

Amendment by Pub. L. 109-482 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 a note under section 281 of this title.

§ 300u-10. National Prevention, Health Promotion and Public Health Council

(a) Establishment

The President shall establish, within the Department of Health and Human Services, a council to be known as the “National Prevention, Health Promotion and Public Health Council” (referred to in this section as the “Council”).

(b) Chairperson

The President shall appoint the Surgeon General to serve as the chairperson of the Council.

(c) Composition

The Council shall be composed of—

- (1) the Secretary of Health and Human Services;
- (2) the Secretary of Agriculture;
- (3) the Secretary of Education;
- (4) the Chairman of the Federal Trade Commission;
- (5) the Secretary of Transportation;
- (6) the Secretary of Labor;
- (7) the Secretary of Homeland Security;
- (8) the Administrator of the Environmental Protection Agency;
- (9) the Director of the Office of National Drug Control Policy;
- (10) the Director of the Domestic Policy Council;
- (11) the Assistant Secretary for Indian Affairs;
- (12) the Chairman of the Corporation for National and Community Service; and
- (13) the head of any other Federal agency that the chairperson determines is appropriate.

(d) Purposes and duties

The Council shall—

- (1) provide coordination and leadership at the Federal level, and among all Federal departments and agencies, with respect to prevention, wellness and health promotion practices, the public health system, and integrative health care in the United States;
- (2) after obtaining input from relevant stakeholders, develop a national prevention, health promotion, public health, and integrative health care strategy that incorporates the most effective and achievable means of improving the health status of Americans and reducing the incidence of preventable illness and disability in the United States;
- (3) provide recommendations to the President and Congress concerning the most pressing health issues confronting the United States and changes in Federal policy to achieve national wellness, health promotion, and public health goals, including the reduction of tobacco use, sedentary behavior, and poor nutrition;
- (4) consider and propose evidence-based models, policies, and innovative approaches for the promotion of transformative models of preven-

tion, integrative health, and public health on individual and community levels across the United States;

(5) establish processes for continual public input, including input from State, regional, and local leadership communities and other relevant stakeholders, including Indian tribes and tribal organizations;

(6) submit the reports required under subsection (g);¹ and

(7) carry out other activities determined appropriate by the President.

(e) Meetings

The Council shall meet at the call of the Chairperson.

(f) Advisory Group

(1) In general

The President shall establish an Advisory Group to the Council to be known as the “Advisory Group on Prevention, Health Promotion, and Integrative and Public Health” (hereafter referred to in this section as the “Advisory Group”). The Advisory Group shall be within the Department of Health and Human Services and report to the Surgeon General.

(2) Composition

(A) In general

The Advisory Group shall be composed of not more than 25 non-Federal members to be appointed by the President.

(B) Representation

In appointing members under subparagraph (A), the President shall ensure that the Advisory Group includes a diverse group of licensed health professionals, including integrative health practitioners who have expertise in—

- (i) worksite health promotion;
- (ii) community services, including community health centers;
- (iii) preventive medicine;
- (iv) health coaching;
- (v) public health education;
- (vi) geriatrics; and
- (vii) rehabilitation medicine.

(3) Purposes and duties

The Advisory Group shall develop policy and program recommendations and advise the Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion.

(g) National prevention and health promotion strategy

Not later than 1 year after March 23, 2010, the Chairperson, in consultation with the Council, shall develop and make public a national prevention, health promotion and public health strategy, and shall review and revise such strategy periodically. Such strategy shall—

- (1) set specific goals and objectives for improving the health of the United States through federally-supported prevention, health promotion, and public health programs,

¹ So in original. Probably should be “(h)”;.

consistent with ongoing goal setting efforts conducted by specific agencies;

(2) establish specific and measurable actions and timelines to carry out the strategy, and determine accountability for meeting those timelines, within and across Federal departments and agencies; and

(3) make recommendations to improve Federal efforts relating to prevention, health promotion, public health, and integrative health care practices to ensure Federal efforts are consistent with available standards and evidence.

(h) Report

Not later than July 1, 2010, and annually thereafter through January 1, 2015, the Council shall submit to the President and the relevant committees of Congress, a report that—

(1) describes the activities and efforts on prevention, health promotion, and public health and activities to develop a national strategy conducted by the Council during the period for which the report is prepared;

(2) describes the national progress in meeting specific prevention, health promotion, and public health goals defined in the strategy and further describes corrective actions recommended by the Council and taken by relevant agencies and organizations to meet these goals;

(3) contains a list of national priorities on health promotion and disease prevention to address lifestyle behavior modification (smoking cessation, proper nutrition, appropriate exercise, mental health, behavioral health, substance use disorder, and domestic violence screenings) and the prevention measures for the 5 leading disease killers in the United States;

(4) contains specific science-based initiatives to achieve the measurable goals of Healthy People 2020 regarding nutrition, exercise, and smoking cessation, and targeting the 5 leading disease killers in the United States;

(5) contains specific plans for consolidating Federal health programs and Centers that exist to promote healthy behavior and reduce disease risk (including eliminating programs and offices determined to be ineffective in meeting the priority goals of Healthy People 2020);

(6) contains specific plans to ensure that all Federal health care programs are fully coordinated with science-based prevention recommendations by the Director of the Centers for Disease Control and Prevention; and

(7) contains specific plans to ensure that all non-Department of Health and Human Services prevention programs are based on the science-based guidelines developed by the Centers for Disease Control and Prevention under paragraph (4).

(i) Periodic reviews

The Secretary shall conduct periodic reviews, not less than every 5 years, and evaluations of every Federal disease prevention and health promotion initiative, program, and agency. Such reviews shall be evaluated based on effectiveness in meeting metrics-based goals with an analysis posted on such agencies' public Internet websites.

(Pub. L. 111-148, title IV, § 4001, title X, § 10401(a), Mar. 23, 2010, 124 Stat. 538, 974; Pub. L. 113-188, title IX, § 902(a), Nov. 26, 2014, 128 Stat. 2020.)

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.

AMENDMENTS

2014—Subsec. (i). Pub. L. 113-188 substituted “The Secretary shall conduct periodic reviews” for “The Secretary and the Comptroller General of the United States shall jointly conduct periodic reviews”.

2010—Subsec. (h)(4), (5). Pub. L. 111-148, § 10401(a), substituted “2020” for “2010”.

EX. ORD. NO. 13544. ESTABLISHING THE NATIONAL PREVENTION, HEALTH PROMOTION, AND PUBLIC HEALTH COUNCIL

Ex. Ord. No. 13544, June 10, 2010, 75 F.R. 33983, provided:

By the authority vested in me as President by the Constitution and the laws of the United States of America, including section 4001 of the Patient Protection and Affordable Care Act (Public Law 111-148), it is hereby ordered as follows:

SECTION 1. *Establishment.* There is established within the Department of Health and Human Services, the National Prevention, Health Promotion, and Public Health Council (Council).

SEC. 2. *Membership.*

(a) The Surgeon General shall serve as the Chair of the Council, which shall be composed of:

- (1) the Secretary of Agriculture;
- (2) the Secretary of Labor;
- (3) the Secretary of Health and Human Services;
- (4) the Secretary of Transportation;
- (5) the Secretary of Education;
- (6) the Secretary of Homeland Security;
- (7) the Administrator of the Environmental Protection Agency;

- (8) the Chair of the Federal Trade Commission;
- (9) the Director of National Drug Control Policy;
- (10) the Assistant to the President and Director of the Domestic Policy Council;

(11) the Assistant Secretary of the Interior for Indian Affairs;

(12) the Chairman of the Corporation for National and Community Service; and

(13) the head of any other executive department or agency that the Chair may, from time to time, determine is appropriate.

(b) The Council shall meet at the call of the Chair.

SEC. 3. *Purposes and Duties.* The Council shall:

(a) provide coordination and leadership at the Federal level, and among all executive departments and agencies, with respect to prevention, wellness, and health promotion practices, the public health system, and integrative health care in the United States;

(b) develop, after obtaining input from relevant stakeholders, a national prevention, health promotion, public health, and integrative health-care strategy that incorporates the most effective and achievable means of improving the health status of Americans and reducing the incidence of preventable illness and disability in the United States, as further described in section 5 of this order;

(c) provide recommendations to the President and the Congress concerning the most pressing health issues confronting the United States and changes in Federal policy to achieve national wellness, health promotion, and public health goals, including the reduction of tobacco use, sedentary behavior, and poor nutrition;

(d) consider and propose evidence-based models, policies, and innovative approaches for the promotion of transformative models of prevention, integrative health, and public health on individual and community levels across the United States;

(e) establish processes for continual public input, including input from State, regional, and local leadership communities and other relevant stakeholders, including Indian tribes and tribal organizations;

(f) submit the reports required by section 6 of this order; and

(g) carry out such other activities as are determined appropriate by the President.

SEC. 4. Advisory Group.

(a) There is established within the Department of Health and Human Services an Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (Advisory Group), which shall report to the Chair of the Council.

(b) The Advisory Group shall be composed of not more than 25 members or representatives from outside the Federal Government appointed by the President and shall include a diverse group of licensed health professionals, including integrative health practitioners who are representative of or have expertise in:

- (1) worksite health promotion;
- (2) community services, including community health centers;
- (3) preventive medicine;
- (4) health coaching;
- (5) public health education;
- (6) geriatrics; and
- (7) rehabilitation medicine.

(c) The Advisory Group shall develop policy and program recommendations and advise the Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion.

SEC. 5. National Prevention and Health Promotion Strategy. Not later than March 23, 2011, the Chair, in consultation with the Council, shall develop and make public a national prevention, health promotion, and public health strategy (national strategy), and shall review and revise it periodically. The national strategy shall:

(a) set specific goals and objectives for improving the health of the United States through federally supported prevention, health promotion, and public health programs, consistent with ongoing goal setting efforts conducted by specific agencies;

(b) establish specific and measurable actions and timelines to carry out the strategy, and determine accountability for meeting those timelines, within and across Federal departments and agencies; and

(c) make recommendations to improve Federal efforts relating to prevention, health promotion, public health, and integrative health-care practices to ensure that Federal efforts are consistent with available standards and evidence.

SEC. 6. Reports. Not later than July 1, 2010, and annually thereafter until January 1, 2015, the Council shall submit to the President and the relevant committees of the Congress, a report that:

(a) describes the activities and efforts on prevention, health promotion, and public health and activities to develop the national strategy conducted by the Council during the period for which the report is prepared;

(b) describes the national progress in meeting specific prevention, health promotion, and public health goals defined in the national strategy and further describes corrective actions recommended by the Council and actions taken by relevant agencies and organizations to meet these goals;

(c) contains a list of national priorities on health promotion and disease prevention to address lifestyle behavior modification (including smoking cessation, proper nutrition, appropriate exercise, mental health, behavioral health, substance-use disorder, and domestic violence screenings) and the prevention measures for the five leading disease killers in the United States;

(d) contains specific science-based initiatives to achieve the measurable goals of the Healthy People 2020 program of the Department of Health and Human Services regarding nutrition, exercise, and smoking cessation, and targeting the five leading disease killers in the United States;

(e) contains specific plans for consolidating Federal health programs and centers that exist to promote healthy behavior and reduce disease risk (including eliminating programs and offices determined to be ineffective in meeting the priority goals of the Healthy People 2020 program of the Department of Health and Human Services);

(f) contains specific plans to ensure that all Federal health-care programs are fully coordinated with science-based prevention recommendations by the Director of the Centers for Disease Control and Prevention; and

(g) contains specific plans to ensure that all prevention programs outside the Department of Health and Human Services are based on the science-based guidelines developed by the Centers for Disease Control and Prevention under subsection (d) of this section.

SEC. 7. Administration.

(a) The Department of Health and Human Services shall provide funding and administrative support for the Council and the Advisory Group to the extent permitted by law and within existing appropriations.

(b) All executive departments and agencies shall provide information and assistance to the Council as the Chair may request for purposes of carrying out the Council's functions, to the extent permitted by law.

(c) Members of the Advisory Group shall serve without compensation, but shall be allowed travel expenses, including per diem in lieu of subsistence, as authorized by law for persons serving intermittently in Government service (5 U.S.C. 5701-5707), consistent with the availability of funds.

SEC. 8. General Provisions.

(a) Insofar as the Federal Advisory Committee Act, as amended (5 U.S.C App.) may apply to the Advisory Group, any functions of the President under that Act, except that of reporting to the Congress, shall be performed by the Secretary of Health and Human Services in accordance with the guidelines that have been issued by the Administrator of General Services.

(b) Nothing in this order shall be construed to impair or otherwise affect:

(1) authority granted by law to an executive department, agency, or the head thereof; or

(2) functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

BARACK OBAMA.

EXTENSION OF TERM OF ADVISORY GROUP ON PREVENTION, HEALTH PROMOTION, AND INTEGRATIVE AND PUBLIC HEALTH

Term of Advisory Group on Prevention, Health Promotion, and Integrative and Public Health extended until Sept. 30, 2012, by Ex. Ord. No. 13591, Nov. 23, 2011, 76 F.R. 74623, formerly set out as a note under section 14 of the Federal Advisory Committee Act in the Appendix to Title 5, Government Organization and Employees.

For extensions of Advisory Group after its reestablishment, see table following Ex. Ord. No. 13631, set out below.

EX. ORD. NO. 13631. REESTABLISHMENT OF ADVISORY GROUP

Ex. Ord. No. 13631, Dec. 7, 2012, 77 F.R. 74101, provided: By the authority vested in me as President by the Constitution and the laws of the United States of America, including section 4001 of the Patient Protection and Affordable Care Act (Public Law 111-148), 42 U.S.C. 300u-10, it is hereby ordered as follows:

SECTION 1. Reestablishing the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health. The Advisory Group on Prevention, Health Promotion,

and Integrative and Public Health (Advisory Group), as set forth under the provisions of Executive Order 13544 of June 10, 2010, and continued by section 2 of Executive Order 13591 of November 23, 2011, is hereby reestablished and shall terminate on September 30, 2013, unless extended by the President. The same members who were serving on the Advisory Group on September 30, 2012, are hereby reappointed to the Advisory Group as reestablished by this order, as if the Advisory Group had continued without termination through the date of this Executive Order.

SEC. 2. *General Provisions.* (a) Nothing in this order shall be construed to impair or otherwise affect:

(1) the authority granted by law to an executive department, agency, or the head thereof; or

(2) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

BARACK OBAMA.

EXTENSION OF TERM OF ADVISORY GROUP ON PREVENTION, HEALTH PROMOTION, AND INTEGRATIVE AND PUBLIC HEALTH

Term of Advisory Group on Prevention, Health Promotion, and Integrative and Public Health extended until Sept. 30, 2017, by Ex. Ord. No. 13708, Sept. 30, 2015, 80 F.R. 60271, set out as a note under section 14 of the Federal Advisory Committee Act in the Appendix to Title 5, Government Organization and Employees.

Previous extension of term of Advisory Group on Prevention, Health Promotion, and Integrative and Public Health was contained in the following prior Executive Order:

Ex. Ord. No. 13652, Sept. 30, 2013, 78 F.R. 61817, extended term until Sept. 30, 2015.

§ 300u-11. Prevention and Public Health Fund

(a) Purpose

It is the purpose of this section to establish a Prevention and Public Health Fund (referred to in this section as the “Fund”), to be administered through the Department of Health and Human Services, Office of the Secretary, to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.

(b) Funding

There are hereby authorized to be appropriated, and appropriated, to the Fund, out of any monies in the Treasury not otherwise appropriated—

- (1) for fiscal year 2010, \$500,000,000;
- (2) for each of fiscal years 2012 through 2017, \$1,000,000,000;
- (3) for fiscal year 2018, \$900,000,000;
- (4) for fiscal year 2019, \$900,000,000;
- (5) for each of fiscal years 2020 and 2021, \$950,000,000;
- (6) for each of fiscal years 2022 and 2023, \$1,000,000,000;
- (7) for each of fiscal years 2024 and 2025, \$1,300,000,000;
- (8) for each of fiscal years 2026 and 2027, \$1,800,000,000; and
- (9) for fiscal year 2028 and each fiscal year thereafter, \$2,000,000,000.

(c) Use of Fund

The Secretary shall transfer amounts in the Fund to accounts within the Department of

Health and Human Services to increase funding, over the fiscal year 2008 level, for programs authorized by the Public Health Service Act [42 U.S.C. 201 et seq.], for prevention, wellness, and public health activities including prevention research, health screenings, and initiatives, such as the Community Transformation grant program, the Education and Outreach Campaign Regarding Preventive Benefits, and immunization programs.

(d) Transfer authority

The Committee on Appropriations of the Senate and the Committee on Appropriations of the House of Representatives may provide for the transfer of funds in the Fund to eligible activities under this section, subject to subsection (c).

(Pub. L. 111-148, title IV, § 4002, title X, § 10401(b), Mar. 23, 2010, 124 Stat. 541, 974; Pub. L. 112-96, title III, § 3205, Feb. 22, 2012, 126 Stat. 194; Pub. L. 114-255, div. A, title V, § 5009, Dec. 13, 2016, 130 Stat. 1197; Pub. L. 115-96, div. C, title I, § 3103, Dec. 22, 2017, 131 Stat. 2049; Pub. L. 115-123, div. E, title XII, § 53119, Feb. 9, 2018, 132 Stat. 308.)

REFERENCES IN TEXT

The Public Health Service Act, referred to in subsec. (c), is act July 1, 1944, ch. 373, 58 Stat. 682, which is classified generally to this chapter. For complete classification of this Act to the Code, see Short Title note set out under section 201 of this title and Tables.

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.

AMENDMENTS

2018—Subsec. (b)(4) to (9). Pub. L. 115-123 added pars. (4) to (9) and struck out former pars. (4) to (9) which read as follows:

“(4) for fiscal year 2019, \$800,000,000;

“(5) for each of fiscal years 2020 and 2021, \$800,000,000; and

“(6) for fiscal year 2022, \$1,250,000,000;

“(7) for fiscal year 2023, \$1,000,000,000;

“(8) for fiscal year 2024, \$1,700,000,000; and

“(9) for fiscal year 2025 and each fiscal year thereafter, \$2,000,000,000.”

2017—Subsec. (b)(3). Pub. L. 115-96, § 3103(1), substituted “fiscal year 2018” for “each of fiscal years 2018 and 2019”.

Subsec. (b)(4). Pub. L. 115-96, § 3103(3), added par. (4). Former par. (4) redesignated (5).

Subsec. (b)(5). Pub. L. 115-96, § 3103(2), (4), redesignated par. (4) as (5) and substituted “\$800,000,000” for “\$1,000,000,000”. Former par. (5) redesignated (6).

Subsec. (b)(6). Pub. L. 115-96, § 3103(2), (5), redesignated par. (5) as (6) and substituted “\$1,250,000,000” for “\$1,500,000,000”. Former par. (6) redesignated (7).

Subsec. (b)(7) to (9). Pub. L. 115-96, § 3103(2), redesignated pars. (6) to (8) as (7) to (9), respectively.

2016—Subsec. (b)(3). Pub. L. 114-255, § 5009(1), substituted “\$900,000,000” for “\$1,250,000,000”.

Subsec. (b)(4). Pub. L. 114-255, § 5009(2), substituted “\$1,000,000,000” for “\$1,500,000,000”.

Subsec. (b)(5) to (8). Pub. L. 114-255, § 5009(3), added pars. (5) to (8) and struck out former par. (5) which read as follows: “for fiscal year 2022, and each fiscal year thereafter, \$2,000,000,000.”

2012—Subsec. (b)(2) to (6). Pub. L. 112-96 added pars. (2) to (5) and struck out former pars. (2) to (6) which appropriated amounts for fiscal years 2011 through 2015 and each fiscal year thereafter.

2010—Subsec. (c). Pub. L. 111-148, § 10401(b), substituted “research, health screenings, and initiatives”