

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”

for “research and health screenings” and “Regarding Preventive” for “for Preventive”.

WEBSITE

Pub. L. 115-31, div. H, title II, §219, May 5, 2017, 131 Stat. 541, provided that:

“(a) The Secretary shall establish a publicly accessible Web site to provide information regarding the uses of funds made available under section 4002 of the Patient Protection and Affordable Care Act of 2010 (‘ACA’) [42 U.S.C. 300u-11].

“(b) With respect to funds provided under section 4002 of the ACA, the Secretary shall include on the Web site established under subsection (a) at a minimum the following information:

“(1) In the case of each transfer of funds under section 4002(c), a statement indicating the program or activity receiving funds, the operating division or office that will administer the funds, and the planned uses of the funds, to be posted not later than the day after the transfer is made.

“(2) Identification (along with a link to the full text) of each funding opportunity announcement, request for proposals, or other announcement or solicitation of proposals for grants, cooperative agreements, or contracts intended to be awarded using such funds, to be posted not later than the day after the announcement or solicitation is issued.

“(3) Identification of each grant, cooperative agreement, or contract with a value of \$25,000 or more awarded using such funds, including the purpose of the award and the identity of the recipient, to be posted not later than 5 days after the award is made.

“(4) A report detailing the uses of all funds transferred under section 4002(c) during the fiscal year, to be posted not later than 90 days after the end of the fiscal year.

“(c) With respect to awards made in fiscal years 2013 through 2017, the Secretary shall also include on the Web site established under subsection (a), semi-annual reports from each entity awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more, summarizing the activities undertaken and identifying any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the recipient), to be posted not later than 30 days after the end of each 6-month period.

“(d) In carrying out this section, the Secretary shall—

“(1) present the information required in subsection (b)(1) on a single webpage or on a single database;

“(2) ensure that all information required in this section is directly accessible from the single webpage or database; and

“(3) ensure that all information required in this section is able to be organized by program or State.” Similar provisions were contained in the following prior appropriation acts:

Pub. L. 114-113, div. H, title II, §220, Dec. 18, 2015, 129 Stat. 2622.

Pub. L. 113-235, div. G, title II, §218, Dec. 16, 2014, 128 Stat. 2488.

Pub. L. 113-76, div. H, title II, §218, Jan. 17, 2014, 128 Stat. 385.

Pub. L. 112-74, div. F, title II, §220(a), Dec. 23, 2011, 125 Stat. 1085.

§ 300u-12. Education and outreach campaign regarding preventive benefits

(a) In general

The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall provide for the planning and implementation of a national public-private partnership for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the life span. Such

campaign shall include the dissemination of information that—

(1) describes the importance of utilizing preventive services to promote wellness, reduce health disparities, and mitigate chronic disease;

(2) promotes the use of preventive services recommended by the United States Preventive Services Task Force and the Community Preventive Services Task Force;

(3) encourages healthy behaviors linked to the prevention of chronic diseases;

(4) explains the preventive services covered under health plans offered through an Exchange;

(5) describes additional preventive care supported by the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Advisory Committee on Immunization Practices, and other appropriate agencies; and

(6) includes general health promotion information.

(b) Consultation

In coordinating the campaign under subsection (a), the Secretary shall consult with the Institute of Medicine to provide ongoing advice on evidence-based scientific information for policy, program development, and evaluation.

(c) Media campaign

(1) In general

Not later than 1 year after March 23, 2010, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish and implement a national science-based media campaign on health promotion and disease prevention.

(2) Requirement of campaign

The campaign implemented under paragraph (1)—

(A) shall be designed to address proper nutrition, regular exercise, smoking cessation, obesity reduction, the 5 leading disease killers in the United States, and secondary prevention through disease screening promotion;

(B) shall be carried out through competitively bid contracts awarded to entities providing for the professional production and design of such campaign;

(C) may include the use of television, radio, Internet, and other commercial marketing venues and may be targeted to specific age groups based on peer-reviewed social research;

(D) shall not be duplicative of any other Federal efforts relating to health promotion and disease prevention; and

(E) may include the use of humor and nationally recognized positive role models.

(3) Evaluation

The Secretary shall ensure that the campaign implemented under paragraph (1) is subject to an independent evaluation every 2 years and shall report every 2 years to Congress on the effectiveness of such campaigns towards meeting science-based metrics.