

therapies for the various forms of muscular dystrophy by prioritizing the achievement of the goals related to this topic in the plan under subsection (e)(1).

(July 1, 1944, ch. 373, title IV, §404E, as added Pub. L. 107-84, §3, Dec. 18, 2001, 115 Stat. 824; amended Pub. L. 109-482, title I, §§103(b)(4), 104(b)(1)(A), Jan. 15, 2007, 120 Stat. 3687, 3692; Pub. L. 110-154, §1(b)(3), Dec. 21, 2007, 121 Stat. 1827; Pub. L. 110-361, §2, Oct. 8, 2008, 122 Stat. 4010; Pub. L. 113-166, §2, Sept. 26, 2014, 128 Stat. 1879.)

Editorial Notes

REFERENCES IN TEXT

Section 6 of the MD-CARE Act, referred to in subsec. (a)(2), is section 6 of Pub. L. 107-84, which was formerly set out as a note under section 247b-18 of this title and does not relate to establishment of a coordinating committee. However, subsec. (d) of this section contains provisions relating to the establishment of the Muscular Dystrophy Coordinating Committee.

PRIOR PROVISIONS

A prior section 283g, act July 1, 1944, ch. 373, title IV, §404E, as added Pub. L. 103-43, title II, §209, June 10, 1993, 107 Stat. 149, related to Office of Alternative Medicine, prior to repeal by Pub. L. 105-277, div. A, §101(f) [title VI, §601(1)], Oct. 21, 1998, 112 Stat. 2681-337, 2681-387.

AMENDMENTS

2014—Subsec. (a)(1). Pub. L. 113-166, §2(1), substituted “Musculoskeletal” for “Muscoskeletal” and inserted “Becker, congenital muscular dystrophy, limb-girdle muscular dystrophy,” after “Duchenne.”

Subsec. (b)(2). Pub. L. 113-166, §2(2)(A), substituted “cardiac and pulmonary function, and pharmacological” for “genetics, pharmacological”.

Subsec. (b)(3). Pub. L. 113-166, §2(2)(B), inserted “and sharing of data” after “regular communication”.

Subsec. (d)(2). Pub. L. 113-166, §2(3)(A)(i), substituted “18” for “15” in introductory provisions.

Subsec. (d)(2)(A). Pub. L. 113-166, §2(3)(A)(ii), substituted “, the Food and Drug Administration, and the Administration for Community Living” for “and the Food and Drug Administration” and “including the Department of Education and the Social Security Administration” for “such as the Department of Education” and inserted “and adults” after “children”.

Subsec. (d)(4)(B). Pub. L. 113-166, §2(3)(B), inserted “, but shall meet no fewer than two times per calendar year” before period at end.

Subsec. (e)(1). Pub. L. 113-166, §2(4)(A)(i), substituted “through the agencies represented on the Coordinating Committee pursuant to subsection (d)(2)(A)” for “through the national research institutes” in introductory provisions.

Subsec. (e)(1)(A). Pub. L. 113-166, §2(4)(A)(ii), inserted “public services,” after “psychosocial,” and “, studies to demonstrate the cost-effectiveness of providing independent living resources and support to patients with various forms of muscular dystrophy, and studies to determine optimal clinical care interventions for adults with various forms of muscular dystrophy” after “including studies of the impact of such diseases in rural and underserved communities”.

Subsec. (e)(2)(D). Pub. L. 113-166, §2(4)(B), inserted “and new clinical interventions to improve the health of those with muscular dystrophy” after “including new biological agents”.

2008—Subsec. (a)(1). Pub. L. 110-361, §2(b)(1), inserted “the National Heart, Lung, and Blood Institute,” after “the Eunice Kennedy Shriver National Institute of Child Health and Human Development.”

Subsec. (b)(1). Pub. L. 110-361, §2(b)(2), inserted at end “Such centers of excellence shall be known as the ‘Paul

D. Wellstone Muscular Dystrophy Cooperative Research Centers.’”

Subsec. (f). Pub. L. 110-361, §2(a), redesignated subsec. (g) as (f) and struck out former subsec. (f) which related to reports.

Subsec. (g). Pub. L. 110-361, §2(a), (b)(3), added subsec. (g) and redesignated former subsec. (g) as (f).

2007—Pub. L. 109-482, §104(b)(1)(A)(ii), which directed amendment of subsec. (b) by striking subsec. (f) and redesignating subsec. (g) as (f), could not literally be executed and was not executed in view of amendments by Pub. L. 110-361. See 2008 Amendment notes above.

Subsec. (a)(1). Pub. L. 110-154 substituted “Eunice Kennedy Shriver National Institute of Child Health and Human Development” for “National Institute of Child Health and Human Development”.

Subsec. (b)(3). Pub. L. 109-482, §104(b)(1)(A)(i), amended heading and text of par. (3) generally. Text read as follows: “The Director of NIH—

“(A) shall, as appropriate, provide for the coordination of information among centers under paragraph (1) and ensure regular communication between such centers; and

“(B) shall require the periodic preparation of reports on the activities of the centers and the submission of the reports to the Director.”

Subsec. (h). Pub. L. 109-482, §103(b)(4), struck out heading and text of subsec. (h). Text read as follows:

“For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2002 through 2006. The authorization of appropriations established in the preceding sentence is in addition to any other authorization of appropriations that is available for conducting or supporting through the National Institutes of Health research and other activities with respect to muscular dystrophy.”

Statutory Notes and Related Subsidiaries

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.

§§ 283h, 283i. Transferred

Editorial Notes

CODIFICATION

Section 283h, act July 1, 1944, ch. 373, title IV, §404F, as added Pub. L. 107-280, §3, Nov. 6, 2002, 116 Stat. 1989; amended Pub. L. 109-482, title I, §§103(b)(5), 104(b)(1)(B), Jan. 15, 2007, 120 Stat. 3687, 3693, which related to the Office of Rare Diseases, was renumbered section 481 of act July 1, 1944, by Pub. L. 112-74, div. F, title II, §221(c)(2)(A)(i), Dec. 23, 2011, 125 Stat. 1089, and transferred to section 287a-1 of this title.

Section 283i, act July 1, 1944, ch. 373, title IV, §404G, as added Pub. L. 107-280, §4, Nov. 6, 2002, 116 Stat. 1990; amended Pub. L. 109-482, title I, §103(b)(6), Jan. 15, 2007, 120 Stat. 3687, which related to rare disease regional centers of excellence, was renumbered section 481A of act July 1, 1944, by Pub. L. 112-74, div. F, title II, §221(c)(3), Dec. 23, 2011, 125 Stat. 1089, and transferred to section 287a-2 of this title.

§283j. Repealed. Pub. L. 114-255, div. A, title II, §2042(f)(1), Dec. 13, 2016, 130 Stat. 1073

Section, July 1, 1944, ch. 373, title IV, §404H, as added Pub. L. 109-416, §2(b), Dec. 19, 2006, 120 Stat. 2821, required review and report on centers of excellence funded under this subchapter.

§ 283k. Biomedical and behavioral research facilities

(a) Modernization and construction of facilities

(1) In general

The Director of NIH, acting through the Office of the Director of NIH or the Director of the National Institute of Allergy and Infectious Diseases, may make grants or contracts to public and nonprofit private entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities, subject to the provisions of this section.

(2) Construction and cost of construction

For purposes of this section, the terms “construction” and “cost of construction” include the construction of new buildings and the expansion, renovation, remodeling, and alteration of existing buildings, including architects’ fees, but do not include the cost of acquisition of land or off-site improvements.

(b) Scientific and technical review boards for merit-based review of proposals

(1) In general: approval as precondition to grants

(A) Establishment

There is established a Scientific and Technical Review Board on Biomedical and Behavioral Research Facilities (referred to in this section as the “Board”).

(B) Requirement

The Director of NIH, acting through the Office of the Director of NIH, may approve an application for a grant under subsection (a) only if the Board has under paragraph (2) recommended the application for approval.

(2) Duties

(A) Advice

The Board shall provide advice to the Director of NIH and the Council of Councils established under section 282(l) of this title (in this section referred to as the “Council”) in carrying out this section.

(B) Determination of merit

In carrying out subparagraph (A), the Board shall make a determination of the merit of each application submitted for a grant under subsection (a), after consideration of the requirements established in subsection (c), and shall report the results of the determination to the Director of NIH and the Council. Such determinations shall be conducted in a manner consistent with procedures established under section 289a of this title.

(C) Amount

In carrying out subparagraph (A), the Board shall, in the case of applications recommended for approval, make recommendations to the Director and the Council on the amount that should be provided under the grant.

(D) Annual report

In carrying out subparagraph (A), the Board shall prepare an annual report for the

Director of NIH and the Council describing the activities of the Board in the fiscal year for which the report is made. Each such report shall be available to the public, and shall—

(i) summarize and analyze expenditures made under this section;

(ii) provide a summary of the types, numbers, and amounts of applications that were recommended for grants under subsection (a) but that were not approved by the Director of NIH; and

(iii) contain the recommendations of the Board for any changes in the administration of this section.

(3) Membership

(A) In general

Subject to subparagraph (B), the Board shall be composed of 15 members to be appointed by the Director of NIH, acting through the Office of the Director of NIH, and such ad-hoc or temporary members as the Director of NIH, acting through the Office of the Director of NIH, determines to be appropriate. All members of the Board, including temporary and ad-hoc members, shall be voting members.

(B) Limitation

Not more than three individuals who are officers or employees of the Federal Government may serve as members of the Board.

(4) Certain requirements regarding membership

In selecting individuals for membership on the Board, the Director of NIH, acting through the Office of the Director of NIH, shall ensure that the members are individuals who, by virtue of their training or experience, are eminently qualified to perform peer review functions. In selecting such individuals for such membership, the Director of NIH, acting through the Office of the Director of NIH, shall ensure that the members of the Board collectively—

(A) are experienced in the planning, construction, financing, and administration of entities that conduct biomedical or behavioral research sciences;

(B) are knowledgeable in making determinations of the need of entities for biomedical or behavioral research facilities, including such facilities for the dentistry, nursing, pharmacy, and allied health professions;

(C) are knowledgeable in evaluating the relative priorities for applications for grants under subsection (a) in view of the overall research needs of the United States; and

(D) are experienced with emerging centers of excellence, as described in subsection (c)(2).

(5) Certain authorities

(A) Workshops and conferences

In carrying out paragraph (2), the Board may convene workshops and conferences, and collect data as the Board considers appropriate.