

the certification of testing laboratories which test drinking water supplies for lead contamination certify only those laboratories which provide reliable accurate testing. The Administrator (or the State in the case of a State to which certification authority is delegated under this subsection) shall publish and make available to the public upon request the list of laboratories certified under this subsection.¹

(Pub. L. 100-572, § 4, Oct. 31, 1988, 102 Stat. 2889.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Lead Contamination Control Act of 1988, and not as part of the Public Health Service Act which comprises this chapter.

§ 300j-27. Registry for lead exposure and Advisory Committee

(a) Definitions

In this section:

(1) City

The term “City” means a city exposed to lead contamination in the local drinking water system.

(2) Committee

The term “Committee” means the Advisory Committee established under subsection (c).

(3) Secretary

The term “Secretary” means the Secretary of Health and Human Services.

(b) Lead exposure registry

The Secretary shall establish within the Agency for Toxic Substances and Disease Registry or the Centers for Disease Control and Prevention at the discretion of the Secretary, or establish through a grant award or contract, a lead exposure registry to collect data on the lead exposure of residents of a City on a voluntary basis.

(c) Advisory Committee

(1) Membership

(A) In general

The Secretary shall establish, within the Agency for Toxic Substances and Disease Registry an Advisory Committee in coordination with the Director of the Centers for Disease Control and Prevention and other relevant agencies as determined by the Secretary consisting of Federal members and non-Federal members, and which shall include—

- (i) an epidemiologist;
- (ii) a toxicologist;
- (iii) a mental health professional;
- (iv) a pediatrician;
- (v) an early childhood education expert;
- (vi) a special education expert;
- (vii) a dietician; and
- (viii) an environmental health expert.

(B) Requirements

Membership in the Committee shall not exceed 15 members and not less than ½ of the members shall be Federal members.

(2) Chair

The Secretary shall designate a chair from among the Federal members appointed to the Committee.

(3) Terms

Members of the Committee shall serve for a term of not more than 3 years and the Secretary may reappoint members for consecutive terms.

(4) Application of FACA

The Committee shall be subject to the Federal Advisory Committee Act (5 U.S.C. App.).

(5) Responsibilities

The Committee shall, at a minimum—

(A) review the Federal programs and services available to individuals and communities exposed to lead;

(B) review current research on lead poisoning to identify additional research needs;

(C) review and identify best practices, or the need for best practices, regarding lead screening and the prevention of lead poisoning;

(D) identify effective services, including services relating to healthcare, education, and nutrition for individuals and communities affected by lead exposure and lead poisoning, including in consultation with, as appropriate, the lead exposure registry as established in subsection (b); and

(E) undertake any other review or activities that the Secretary determines to be appropriate.

(6) Report

Annually for 5 years and thereafter as determined necessary by the Secretary or as required by Congress, the Committee shall submit to the Secretary, the Committees on Finance, Health, Education, Labor, and Pensions, and Agriculture, Nutrition, and Forestry of the Senate and the Committees on Education and the Workforce, Energy and Commerce, and Agriculture of the House of Representatives a report that includes—

(A) an evaluation of the effectiveness of the Federal programs and services available to individuals and communities exposed to lead;

(B) an evaluation of additional lead poisoning research needs;

(C) an assessment of any effective screening methods or best practices used or developed to prevent or screen for lead poisoning;

(D) input and recommendations for improved access to effective services relating to health care, education, or nutrition for individuals and communities impacted by lead exposure; and

(E) any other recommendations for communities affected by lead exposure, as appropriate.

(d) Authorization of appropriations

There are authorized to be appropriated for the period of fiscal years 2017 through 2021—

(1) \$17,500,000 to carry out subsection (b); and

(2) \$2,500,000 to carry out subsection (c).

(Pub. L. 114-322, title II, §2203, Dec. 16, 2016, 130 Stat. 1734.)

¹ So in original. Probably should be “section.”

Editorial Notes

REFERENCES IN TEXT

The Federal Advisory Committee Act, referred to in subsec. (c)(4), is Pub. L. 92-463, Oct. 6, 1972, 86 Stat. 770, which is set out in the Appendix to Title 5, Government Organization and Employees.

CODIFICATION

Section was enacted as part of the Water and Waste Act of 2016, and also as part of the Water Infrastructure Improvements for the Nation Act, also known as the WIIN Act, and not as part of the Public Health Service Act which comprises this chapter.

Statutory Notes and Related Subsidiaries

CHANGE OF NAME

Committee on Education and the Workforce of House of Representatives changed to Committee on Education and Labor of House of Representatives by House Resolution No. 6, One Hundred Sixteenth Congress, Jan. 9, 2019.

SUBCHAPTER XIII—PREVENTIVE HEALTH MEASURES WITH RESPECT TO BREAST AND CERVICAL CANCERS

§ 300k. Establishment of program of grants to States

(a) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States on the basis of an established competitive review process for the purpose of carrying out programs—

- (1) to screen women for breast and cervical cancer as a preventive health measure;
- (2) to provide appropriate referrals for medical treatment of women screened pursuant to paragraph (1) and to ensure, to the extent practicable, the provision of appropriate follow-up services and support services such as case management;
- (3) to develop and disseminate public information and education programs for the detection and control of breast and cervical cancer;
- (4) to improve the education, training, and skills of health professionals (including allied health professionals) in the detection and control of breast and cervical cancer;
- (5) to establish mechanisms through which the States can monitor the quality of screening procedures for breast and cervical cancer, including the interpretation of such procedures; and
- (6) to evaluate activities conducted under paragraphs (1) through (5) through appropriate surveillance or program-monitoring activities.

(b) Grant and contract authority of States**(1) In general**

A State receiving a grant under subsection (a) may, subject to paragraphs (2) and (3), expend the grant to carry out the purpose described in such subsection through grants to public and nonprofit private entities and through contracts with public and private entities.

(2) Certain applications

If a nonprofit private entity and a private entity that is not a nonprofit entity both sub-

mit applications to a State to receive an award of a grant or contract pursuant to paragraph (1), the State may give priority to the application submitted by the nonprofit private entity in any case in which the State determines that the quality of such application is equivalent to the quality of the application submitted by the other private entity.

(3) Payments for screenings

The amount paid by a State to an entity under this subsection for a screening procedure under subsection (a)(1) may not exceed the amount that would be paid under part B of title XVIII of the Social Security Act [42 U.S.C. 1395j et seq.] if payment were made under such part for furnishing the procedure to a woman enrolled under such part.

(c) Special consideration for certain States

In making grants under subsection (a) to States whose initial grants under such subsection are made for fiscal year 1995 or any subsequent fiscal year, the Secretary shall give special consideration to any State whose proposal for carrying out programs under such subsection—

- (1) has been approved through a process of peer review; and
- (2) is made with respect to geographic areas in which there is—
 - (A) a substantial rate of mortality from breast or cervical cancer; or
 - (B) a substantial incidence of either of such cancers.

(d) Coordinating committee regarding year 2020 health objectives

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a committee to coordinate the activities of the agencies of the Public Health Service (and other appropriate Federal agencies) that are carried out toward achieving the objectives established by the Secretary for reductions in the rate of mortality from breast and cervical cancer in the United States by the year 2020. Such committee shall be comprised of Federal officers or employees designated by the heads of the agencies involved to serve on the committee as representatives of the agencies, and such representatives from other public or private entities as the Secretary determines to be appropriate.

(July 1, 1944, ch. 373, title XV, §1501, as added Pub. L. 101-354, §2, Aug. 10, 1990, 104 Stat. 409; amended Pub. L. 103-43, title XX, §2008(c)(1), June 10, 1993, 107 Stat. 211; Pub. L. 103-183, title I, §101(a), (b), (f), (g)(1), Dec. 14, 1993, 107 Stat. 2227-2229; Pub. L. 105-340, title II, §203(a), (b), Oct. 31, 1998, 112 Stat. 3194; Pub. L. 105-392, title IV, §401(b)(5), Nov. 13, 1998, 112 Stat. 3587; Pub. L. 110-18, §2(1), Apr. 20, 2007, 121 Stat. 80.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (b)(3), is act Aug. 14, 1935, ch. 531, 49 Stat. 620, as amended. Part B of title XVIII of the Act is classified generally to part B (§1395j et seq.) of subchapter XVIII of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.