

Congenital Heart Futures Reauthorization Act of 2024

[Public Law 118–107]

[This law has not been amended]

【Currency: This publication is a compilation of the text of Public Law 118–107. It was last amended by the public law listed in the As Amended Through note above and below at the bottom of each page of the pdf version and reflects current law through the date of the enactment of the public law listed at <https://www.govinfo.gov/app/collection/comps/>】

【Note: While this publication does not represent an official version of any Federal statute, substantial efforts have been made to ensure the accuracy of its contents. The official version of Federal law is found in the United States Statutes at Large and in the United States Code. The legal effect to be given to the Statutes at Large and the United States Code is established by statute (1 U.S.C. 112, 204).】

AN ACT To amend the Public Health Service Act to reauthorize a national congenital heart disease research, surveillance, and awareness program, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. [42 U.S.C. 201 note] SHORT TITLE.

This Act may be cited as the “Congenital Heart Futures Reauthorization Act of 2024”.

SEC. 2. REAUTHORIZATION OF NATIONAL CONGENITAL HEART DISEASE RESEARCH, SURVEILLANCE, AND AWARENESS PROGRAM.

Section 399V-2 of the Public Health Service Act (42 U.S.C. 280g-13) is amended—

(1) by redesignating subsections (f) and (g) as subsections (g) and (h), respectively;

(2) by inserting after subsection (e) the following:

“(f) REPORT AND STRATEGY.—

“(1) REPORT.—Not later than 2 years after the date of enactment of the Congenital Heart Futures Reauthorization Act of 2024, the Secretary shall issue a report to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate including the following:

“(A) A description of past and present activities of the Department of Health and Human Services to increase awareness and knowledge of the public with respect to congenital heart disease, including efforts to address the lifelong needs of congenital heart disease patients.

“(B) An assessment of past and present activities of the Department of Health and Human Services to increase education and training of health care providers with re-

spect to congenital heart disease, including efforts to address the lifelong needs of congenital heart disease patients.

“(C) A description of the current workforce capacity in the United States of health care providers who treat adult patients living with congenital heart disease.

“(2) STRATEGY.—

“(A) DEVELOPMENT; SUBMISSION TO CONGRESS.—Not later than 1 year after submitting the report required by paragraph (1), the Secretary shall develop and submit to Congress a strategy for improving efforts to increase awareness and knowledge of the public and education and training of health care providers with respect to congenital heart disease. Such strategy shall include findings and recommendations to—

“(i) address any public awareness and research gaps and opportunities related to the lifelong needs of congenital heart disease patients, including long-term health outcomes, quality of life, mental health, and health care utilization;

“(ii) address any shortages in the current workforce of health care providers who treat adult patients living with congenital heart disease, which may include strategies to enhance fellowship training programs or other continuing education programs; and

“(iii) foster collaboration and dissemination of information across Federal agencies, health care providers, researchers, and patient organizations.

“(B) CONSULTATION.—In developing the strategy under subparagraph (A), the Secretary shall, as appropriate, consult with qualified stakeholder groups, including patient organizations, health care professionals, research entities, health insurance providers, accrediting organizations, and relevant Federal agencies, including the Centers for Disease Control and Prevention, the National Institutes of Health, and the Health Resources and Services Administration.”; and

(3) in subsection (h), as so redesignated, by striking “2020 through 2024” and inserting “2025 through 2029”.