

114TH CONGRESS
1ST SESSION

S. 2248

To amend the Public Health Service Act to coordinate Federal congenital heart disease research efforts and to improve public education and awareness of congenital heart disease, and for other purposes.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 5, 2015

Mr. DURBIN (for himself and Mr. CASEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to coordinate Federal congenital heart disease research efforts and to improve public education and awareness of congenital heart disease, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Congenital Heart Fu-
5 tures Reauthorization Act of 2015”.

1 **SEC. 2. NATIONAL CONGENITAL HEART DISEASE COHORT**
 2 **STUDY AND AWARENESS CAMPAIGN.**

3 Section 301 of the Public Health Service Act (42
 4 U.S.C. 241) is amended by adding at the end the fol-
 5 lowing—

6 “(f) NATIONAL CONGENITAL HEART DISEASE CO-
 7 HORT STUDY.—

8 “(1) IN GENERAL.—The Secretary, acting
 9 through the Director of the Centers for Disease
 10 Control and Prevention, shall plan, develop, imple-
 11 ment, and submit annual reports to the Congress on
 12 surveillance and research activities of the Centers
 13 for Disease Control and Prevention, including a co-
 14 hort study to improve understanding of the epidemi-
 15 ology of congenital heart disease (referred to in this
 16 subsection and subsection (g) as ‘CHD’) across the
 17 lifespan, from birth to adulthood, with particular in-
 18 terest in the following:

19 “(A) Health care utilization and natural
 20 history of those affected by CHD.

21 “(B) Demographic factors associated with
 22 CHD, such as age, race, ethnicity, gender, and
 23 family history of individuals who are diagnosed
 24 with the disease.

25 “(C) Outcome measures, such that analysis
 26 of the outcome measures will allow derivation of

1 evidence-based best practices and guidelines for
2 CHD patients.

3 “(2) PERMISSIBLE CONSIDERATIONS.—The
4 study under this subsection may—

5 “(A) gather data on the health outcomes of
6 a diverse population of those affected by CHD;

7 “(B) consider health disparities among
8 those affected by CHD which may include the
9 consideration of prenatal exposures; and

10 “(C) incorporate behavioral, emotional,
11 and educational outcomes of those affected by
12 CHD.

13 “(3) PUBLIC ACCESS.—Subject to paragraph
14 (4), the data generated from the studies under this
15 subsection shall be made available to CHD research-
16 ers subject to appropriate privacy protections, and
17 aggregate data from such studies shall be made
18 available to the public.

19 “(4) PATIENT PRIVACY.—The Secretary shall
20 ensure that the study under this subsection is car-
21 ried out in a manner that complies with the require-
22 ments applicable to a covered entity under the regu-
23 lations promulgated pursuant to section 264(c) of
24 the Health Insurance Portability and Accountability
25 Act of 1996.

1 “(g) CONGENITAL HEART DISEASE AWARENESS
2 CAMPAIGN.—

3 “(1) IN GENERAL.—The Secretary, acting
4 through the Director of the Centers for Disease
5 Control and Prevention, shall establish and imple-
6 ment an awareness, outreach, and education cam-
7 paign regarding CHD across the lifespan. The infor-
8 mation expressed through such campaign may—

9 “(A) emphasize that CHD is the most
10 prevalent birth defect;

11 “(B) identify CHD as a condition that af-
12 fects those diagnosed throughout their lives;
13 and

14 “(C) promote the need for pediatric, ado-
15 lescent, and adult individuals with CHD to seek
16 and maintain lifelong, specialized care.

17 “(2) PERMISSIBLE ACTIVITIES.—The campaign
18 under this subsection shall—

19 “(A) utilize collaborations or partnerships
20 with other agencies, health care professionals,
21 and patient advocacy organizations that spe-
22 cialize in the needs of individuals with CHD;
23 and

24 “(B) include the use of print, film, or elec-
25 tronic materials distributed via television, radio,

1 Internet, or other commercial marketing
2 venues.”.

3 **SEC. 3. CONGENITAL HEART DISEASE RESEARCH.**

4 Section 425 of the Public Health Service Act (42
5 U.S.C. 285b–8) is amended by adding the end the fol-
6 lowing:

7 “(d) REPORT FROM NIH.—Not later than 1 year
8 after the date of enactment of the Congenital Heart Fu-
9 tures Reauthorization Act of 2015, the Director of NIH,
10 acting through the Director of the Institute, shall provide
11 a report to Congress—

12 “(1) outlining the ongoing research efforts of
13 the National Institutes of Health regarding con-
14 genital heart disease; and

15 “(2) identifying—

16 “(A) future plans for research regarding
17 congenital heart disease; and

18 “(B) the areas of greatest need for such
19 research.”.

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