

conomic problems of mental illness and of the resources, methods, and practices utilized in diagnosing, treating, caring for, and rehabilitating the mentally ill, both within and outside of institutions, as might lead to the development of recommendations for such better utilization of those resources or such improvements on and new developments in methods of diagnosis, treatment, care, and rehabilitation as give promise of resulting in a marked reduction in the incidence or duration of mental illness and, in consequence, a lessening of the appalling emotional and financial drain on the families of those afflicted or on the economic resources of the States and of the Nation and a declaration of the policy to promote mental health and to help solve the complex and the interrelated problems posed by mental illness by encouraging the undertaking of nongovernmental, multidisciplinary research into and reevaluation of all aspects of our resources, methods, and practices for diagnosing, treating, caring for, and rehabilitating the mentally ill, including research aimed at the prevention of mental illness.

CHILDREN'S EMOTIONAL ILLNESS STUDY; PROGRAM GRANTS; CONDITIONS; DEFINITIONS; APPROPRIATIONS; TERMS OF GRANT

Pub. L. 89-97, title II, § 231, July 30, 1965, 79 Stat. 360, as amended by Pub. L. 90-248, title III, § 305, Jan. 2, 1968, 81 Stat. 929, authorized the Secretary of Health, Education, and Welfare upon the recommendation of the National Advisory Mental Health Council and after securing the advice of experts in pediatrics and child welfare, to make grants to organizations on certain conditions for carrying out a program of research into and study of resources, methods, and practices for diagnosing or preventing emotional illness in children and of treating, caring for, and rehabilitating children with emotional illnesses, defined "organization", and authorized appropriations for the making of such grants for fiscal years ending June 30, 1966, and June 30, 1967, with such research and study to be completed not later than three years from the date it was inaugurated.

**Executive Documents**

TRANSFER OF FUNCTIONS

Office of Surgeon General abolished by section 3 of Reorg. Plan No. 3 of 1966, eff. June 25, 1966, 31 F.R. 8855, 80 Stat. 1610, and functions thereof transferred to Secretary of Health, Education, and Welfare by section 1 of Reorg. Plan No. 3 of 1966, set out as a note under section 202 of this title. Office of Surgeon General reestablished within the Office of the Assistant Secretary for Health, see Notice of Department of Health and Human Services, Office of the Assistant Secretary for Health, Mar. 30, 1987, 52 F.R. 11754.

**§ 242c. Appointment and authority of the Director of the Centers for Disease Control and Prevention**

**(a) In general**

The Centers for Disease Control and Prevention (referred to in this section as the "CDC") shall be headed by the Director of the Centers for Disease Control and Prevention (referred to in this section as the "Director"), who shall be appointed by the President, by and with the advice and consent of the Senate. Such individual shall also serve as the Administrator of the Agency for Toxic Substances and Disease Registry consistent with section 9604(i) of this title. The Director shall perform functions provided for in subsection (b) and such other functions as the Secretary may prescribe.

**(b) Functions**

The Secretary, acting through the Director, shall—

(1) implement and exercise applicable authorities and responsibilities provided for in this chapter or other applicable law related to the investigation, detection, identification, prevention, or control of diseases or conditions to preserve and improve public health domestically and globally and address injuries and occupational and environmental hazards, as appropriate;

(2) be responsible for the overall direction of the CDC and for the establishment and implementation of policies related to the management and operation of programs and activities within the CDC;

(3) coordinate and oversee the operation of centers, institutes, and offices within the CDC;

(4) support, in consultation with the heads of such centers, institutes, and offices, program coordination across such centers, institutes, and offices, including through priority setting reviews and the development of strategic plans, to reduce unnecessary duplication and encourage collaboration between programs;

(5) oversee the development, implementation, and updating of the strategic plan established pursuant to subsection (c);

(6) ensure that appropriate strategic planning, including the use of performance metrics, is conducted by such centers, institutes, and offices to facilitate and improve CDC programs and activities;<sup>1</sup>

(7) communicate, including through convening annual meetings, with public and private entities regarding relevant public health programs and activities, and, as applicable, the strategic plan established pursuant to subsection (c).

**(c) Strategic plan**

**(1) In general**

Not later than 1 year after December 29, 2022, and at least every 4 years thereafter, the Director shall develop and submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives, and post on the website of the CDC, a coordinated strategy to provide strategic direction and facilitate collaboration across the centers, institutes, and offices within the CDC. Such strategy shall be known as the "CDC Strategic Plan".

**(2) Requirements**

The CDC Strategic Plan shall—

(A) identify strategic priorities and objectives related to—

(i) preventing, reducing, and eliminating the spread of communicable and non-communicable diseases or conditions, and addressing injuries, and occupational and environmental hazards;

(ii) supporting the efforts of State, local, and Tribal health departments to prevent and reduce the prevalence of the diseases or conditions under clause (i);

(iii) containing, mitigating, and ending disease outbreaks;

<sup>1</sup> So in original. Probably should be followed by "and".

(iv) enhancing global and domestic public health capacity, capabilities, and preparedness, including public health data, surveillance, workforce, and laboratory capacity and safety; and

(v) other priorities, as established by the Director;

(B) describe the capacity and capabilities necessary to achieve the priorities and objectives under subparagraph (A), and progress towards achieving such capacity and capabilities, as appropriate; and

(C) include a description of how the CDC Strategic Plan incorporates—

(i) strategic communications;

(ii) partnerships with private sector entities, and State, local, and Tribal health departments, and other public sector entities, as appropriate; and

(iii) coordination with other agencies and offices of the Department of Health and Human Services and other Federal departments and agencies, as appropriate.

### (3) Use of plans

Strategic plans developed and updated by the centers, institutes, and offices of the CDC shall be prepared regularly and in such a manner that such plans will be informed by the CDC Strategic Plan developed and updated under this subsection.

### (d) Appearances before Congress

#### (1) In general

Each fiscal year, the Director shall appear before the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives at hearings on topics such as—

(A) support for State, local, and Tribal public health preparedness and responses to any recent or ongoing public health emergency, including—

(i) any objectives, activities, or initiatives that have been carried out, or are planned, by the Director to prepare for, or respond to, the public health emergency, including relevant strategic communications or partnerships and any gaps or challenges identified in such objectives, activities, or initiatives;

(ii) any objectives and planned activities for the upcoming fiscal year to address gaps in, or otherwise improve, State, local, and Tribal public health preparedness; and

(iii) other potential all-hazard threats that the Director is preparing to address;

(B) activities related to public health and functions of the Director described in subsection (b); and

(C) updates on other relevant activities supported or conducted by the CDC, or in collaboration or coordination with the heads of other Federal departments, agencies, or stakeholders, as appropriate.

### (2) Clarifications

#### (A) Waiver authority

The Chair of the Committee on Health, Education, Labor, and Pensions of the Sen-

ate or the Chair of the Committee on Energy and Commerce of the House of Representatives may waive the requirements of paragraph (1) for the applicable fiscal year with respect to the applicable Committee.

#### (B) Scope of requirements

The requirements of this subsection shall not be construed to impact the appearance of other Federal officials or the Director at hearings of either Committee described in paragraph (1) at other times and for purposes other than the times and purposes described in paragraph (1).

### (3) Closed hearings

Information that is not appropriate for disclosure during an open hearing under paragraph (1) in order to protect national security may instead be discussed in a closed hearing that immediately follows the open hearing.

### (e) Other transactions

#### (1) In general

In carrying out activities of the Centers for Disease Control and Prevention, the Director may enter into transactions other than a contract, grant, or cooperative agreement for purposes of infectious disease research, bio-surveillance, infectious disease modeling, and public health preparedness and response.

#### (2) Written determination

With respect to a project that is expected to cost the Centers for Disease Control and Prevention more than \$40,000,000, the Director may exercise the authority under paragraph (1) only upon a written determination by the Assistant Secretary for Financial Resources of the Department of Health and Human Services, that the use of such authority is essential to promoting the success of the project. The authority of the Assistant Secretary for Financial Resources under this paragraph may not be delegated.

#### (3) Guidelines

The Director, in consultation with the Secretary, shall establish guidelines regarding the use of the authority under paragraph (1). Such guidelines shall include auditing requirements.

(July 1, 1944, ch. 373, title III, §305, as added Pub. L. 117-328, div. FF, title II, §2101(a), Dec. 29, 2022, 136 Stat. 5706.)

#### DELAYED EFFECTIVE DATE

*For delayed effective date of first sentence of subsection (a) of this section, see Effective Date note below.*

#### Editorial Notes

##### REFERENCES IN TEXT

Section 9604(i) of this title, referred to in subsec. (a), was in the original “section 104(i) of the Comprehensive Environmental Response, Compensation, and Liability Act”, and was translated as reading “section 104(i) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980”, meaning section 104(i) of Pub. L. 96-510, to reflect the probable intent of Congress.

##### PRIOR PROVISIONS

A prior section 242c, act July 1, 1944, ch. 373, title III, §305, as added July 3, 1956, ch. 510, §3, 70 Stat. 490;

amended Oct. 30, 1970, Pub. L. 91-515, title II, §210, 84 Stat. 1303; June 18, 1973, Pub. L. 93-45, title I, §103, 87 Stat. 91; July 23, 1974, Pub. L. 93-353, title I, §104, 88 Stat. 363; Oct. 8, 1976, Pub. L. 94-460, title III, §301, 90 Stat. 1960; Nov. 9, 1978, Pub. L. 95-623, §4, 92 Stat. 3445; Aug. 13, 1981, Pub. L. 97-35, title IX, §919(a)(1), (2)(A), (3), (b)(1), (c), (d), 95 Stat. 565, 566; Oct. 30, 1984, Pub. L. 98-551, §§5(a), (b), 6, 98 Stat. 2817, 2819, 2820; Oct. 7, 1985, Pub. L. 99-117, §6, 99 Stat. 492; Nov. 14, 1986, Pub. L. 99-660, title III, §311(b)(2), 100 Stat. 3779; Dec. 1, 1987, Pub. L. 100-177, title I, §§101, 102, 101 Stat. 987; Nov. 4, 1988, Pub. L. 100-607, title II, §204(1), 102 Stat. 3079; Nov. 18, 1988, Pub. L. 100-690, title II, §2620(b)(3), 102 Stat. 4244; Aug. 16, 1989, Pub. L. 101-93, §5(e)(3), 103 Stat. 612, related to National Center for Health Services Research and Health Care Technology Assessment, prior to repeal by Pub. L. 101-239, title VI, §6103(d)(1)(A), Dec. 19, 1989, 103 Stat. 2205.

#### Statutory Notes and Related Subsidiaries

##### EFFECTIVE DATE

Pub. L. 117-328, div. FF, title II, §2101(b), Dec. 29, 2022, 136 Stat. 5709, provided that: “The first sentence of section 305(a) of the Public Health Service Act [42 U.S.C. 242c(a)], as added by subsection (a), shall take effect on January 20, 2025.”

### § 242c-1. Advisory committee to the Director

#### (a) In general

Not later than 60 days after December 29, 2022, the Secretary, acting through the Director of the Centers for Disease Control and Prevention (referred to in this section as the “Director”), shall maintain or establish an advisory committee within the Centers for Disease Control and Prevention to advise the Director on policy and strategies that enable the agency to fulfill its mission.

#### (b) Functions and activities

The Advisory Committee may—

- (1) make recommendations to the Director regarding ways to prioritize the activities of the agency in alignment with the CDC Strategic Plan required under section 242c(c) of this title;
- (2) advise on ways to achieve or improve performance metrics in relation to the CDC Strategic Plan, and other relevant metrics, as appropriate;
- (3) provide advice and recommendations on the development of the CDC Strategic Plan, and any subsequent updates, as appropriate;
- (4) advise on grants, cooperative agreements, contracts, or other transactions, as applicable;
- (5) provide other advice to the Director, as requested, to fulfill duties under sections 241 and 243 of this title; and
- (6) appoint subcommittees.

#### (c) Membership

##### (1) In general

The Advisory Committee shall consist of not more than 15 non-Federal members, including the Chair, to be appointed by the Secretary under paragraph (3).

##### (2) Ex officio members

Any ex officio members of the Advisory Council<sup>1</sup> may consist of—

- (A) the Secretary;

- (B) the Assistant Secretary for Health;

- (C) the Director; and

- (D) such additional officers or employees of the United States as the Secretary determines necessary for the advisory committee to effectively carry out its functions.

#### (3) Appointed members

Individuals shall be appointed to the Advisory Committee under paragraph (1) as follows:

- (A) Twelve of the members shall be appointed by the Director from among the leading representatives of the health disciplines (including public health, global health, health disparities, biomedical research, public health preparedness, and other fields, as applicable) relevant to the activities of the agency or center, as applicable.

- (B) Three of the members may be appointed by the Secretary from the general public and may include leaders in fields of innovation, public policy, public relations, law, economics, or management.

#### (4) Compensation

Ex officio members of the Advisory Council<sup>1</sup> who are officers or employees of the United States shall not receive any compensation for service on the advisory committee. The remaining members of the advisory committee may receive, for each day (including travel time) they are engaged in the performance of the functions of the advisory committee, compensation at rates not to exceed the daily equivalent to the annual rate of basic pay for level III of the Executive Schedule under section 5314 of title 5.

#### (5) Terms of office

##### (A) In general

The term of office of a member of the advisory committee appointed under paragraph (3) shall be 4 years, except that any member appointed to fill a vacancy for an unexpired term shall serve for the remainder of such term. The Secretary shall make appointments to the advisory committee in such a manner as to ensure that the terms of the members not all expire in the same year. A member of the advisory committee may serve after the expiration of such member's term until a successor has been appointed and taken office.

##### (B) Reappointments

A member who has been appointed to the advisory committee for a term of 4 years may not be reappointed to the advisory committee during the 2-year period beginning on the date on which such 4-year term expired.

##### (C) Time for appointment

If a vacancy occurs in the advisory committee among the members appointed under paragraph (3), the Secretary shall make an appointment to fill such vacancy within 90 days from the date the vacancy occurs.

#### (d) Chair

The Secretary shall select a member of the advisory committee to serve as the Chair of the

<sup>1</sup> So in original.