

as the “Director”) may, in cooperation with the States, collect and report data on adverse childhood experiences through the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, and other relevant public health surveys or questionnaires.

**(b) Timing**

The collection of data under subsection (a) may occur biennially.

**(c) Data from rural areas**

The Director shall encourage each State that participates in collecting and reporting data under subsection (a) to collect and report data from rural areas within such State, in order to generate a statistically reliable representation of such areas.

**(d) Data from tribal areas**

The Director may, in cooperation with Indian Tribes (as defined in section 5304 of title 25) and pursuant to a written request from an Indian Tribe, provide technical assistance to such Indian Tribe to collect and report data on adverse childhood experiences through the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, or another relevant public health survey or questionnaire.

**(e) Authorization of appropriations**

To carry out this section, there is authorized to be appropriated \$2,000,000 for each of fiscal years 2019 through 2023.

(Pub. L. 115–271, title VII, §7131, Oct. 24, 2018, 132 Stat. 4046.)

**Editorial Notes**

**CODIFICATION**

Section was enacted as part of the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, also known as the SUPPORT for Patients and Communities Act, and not as part of the Public Health Service Act which comprises this chapter.

**§ 242u. Improving State, local, and Tribal information sharing**

**(a) In general**

The Secretary may, in consultation with State, local, and Tribal public health officials, carry out activities to improve the availability of appropriate and applicable public health data related to communicable diseases, and information sharing between, the Director of the Centers for Disease Control and Prevention, the Assistant Secretary for Preparedness and Response, and such State, local, and Tribal public health officials, which may include such data from—

- (1) health care providers and facilities;
- (2) public health and clinical laboratories;
- (3) health information exchanges and health information networks; and
- (4) State, local, and Tribal health departments.

**(b) Content, form, and manner**

The Secretary shall, consistent with the requirements of this section, work with such officials and relevant stakeholders to provide infor-

mation on the content, form, and manner in which such data, deidentified as applicable, may most effectively support the ability of State, local, and Tribal health departments to respond to such communicable diseases, including related to the collection and reporting of demographic and other relevant data elements. Such form and manner requirements shall align with the standards and implementation specifications adopted by the Secretary under section 300jj–14 of this title, as applicable.

**(c) Decreased burden**

In facilitating the coordination of efforts under subsection (a), the Secretary shall make reasonable efforts to limit reported public health data to the minimum necessary information needed to accomplish the intended public health purpose.

**(d) Exemption of certain public health data from disclosure**

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may exempt from disclosure under section 552(b)(3) of title 5 public health data that are gathered under this section if—

- (1) an individual is identified through such data; or
- (2) there is at least a very small risk, as determined by current scientific practices or statistical methods, that some combination of the information, the request, and other available data sources or the application of technology could be used to deduce the identity of an individual.

(July 1, 1944, ch. 373, title III, §310B, as added Pub. L. 117–328, div. FF, title II, §2213(d), Dec. 29, 2022, 136 Stat. 5737.)

**Statutory Notes and Related Subsidiaries**

**RULES OF CONSTRUCTION**

Pub. L. 117–328, div. FF, title II, §2213(f), Dec. 29, 2022, 136 Stat. 5738, provided that: “Nothing in this section [enacting this section, amending section 300hh–33 of this title, and enacting provisions set out as notes under sections 300hh and 300hh–33 of this title] shall be construed to—

- “(1) supplant, in whole or in part, State, local, or Tribal activities or responsibilities related to public health surveillance, as applicable;
- “(2) alter the authority of the Secretary with respect to the types of data the Secretary may receive through systems supported or established in this section or other laws; or
- “(3) modify applicable Federal or State information privacy or security law.”

**§ 242v. Foreign talent recruitment programs**

**(a) Intramural research**

**(1) In general**

Not later than 60 days after December 29, 2022, the Secretary of Health and Human Services (referred to in sections 242v to 242v–3 of this title as the “Secretary”) shall prohibit personnel of the National Institutes of Health engaged in intramural research from participation in foreign talent recruitment programs.

**(2) Exemption**

Paragraph (1) shall not apply to participation in international conferences or other