

dents of the use of the automated external defibrillators;

(D) contain procedures for proper maintenance and testing of the automated external defibrillators, according to the labeling of the manufacturer;

(E) contain procedures for ensuring notification of local emergency medical services system personnel, including dispatchers, of the location and type of devices used in the public access defibrillation program; and

(F) provide for the collection of data regarding the effectiveness of the public access defibrillation program to be funded with the grant in affecting the out-of-hospital cardiac arrest survival rate.

(e) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated \$25,000,000 for for¹ each of fiscal years 2003 through 2014. Not more than 10 percent of amounts received under a grant awarded under this section may be used for administrative expenses.

(July 1, 1944, ch. 373, title III, § 312, as added Pub. L. 107-188, title I, § 159(c), June 12, 2002, 116 Stat. 634; amended Pub. L. 108-41, § 2, July 1, 2003, 117 Stat. 839; Pub. L. 111-148, title X, § 10412, Mar. 23, 2010, 124 Stat. 990.)

Editorial Notes

PRIOR PROVISIONS

A prior section 244, acts July 1, 1944, ch. 373, title III, § 312, 58 Stat. 693; July 3, 1946, ch. 538, § 8, 60 Stat. 424; Dec. 5, 1967, Pub. L. 90-174, § 12(b), 81 Stat. 541; Oct. 30, 1970, Pub. L. 91-515, title II, § 282, 84 Stat. 1308, provided for health conferences, prior to repeal by Pub. L. 93-353, title I, § 102(a), July 23, 1974, 88 Stat. 362. See section 242o(a) of this title.

A prior section 312 of act July 1, 1944, was classified to section 244-1 of this title prior to repeal by Pub. L. 94-484.

AMENDMENTS

2010—Subsec. (c)(6). Pub. L. 111-148, § 10412(1), inserted “, that shall be administered by an organization that has substantial expertise in pediatric education, pediatric medicine, and electrophysiology and sudden death,” after “clearinghouse”.

Subsec. (e). Pub. L. 111-148, § 10412(2), substituted “for each of fiscal years 2003 through 2014” for “fiscal year 2003, and such sums as may be necessary for each of the fiscal years 2004 through 2006”.

2003—Subsec. (c)(6), (7). Pub. L. 108-41 added par. (6) and redesignated former par. (6) as (7).

Statutory Notes and Related Subsidiaries

FINDINGS

Pub. L. 107-188, title I, § 159(b), June 12, 2002, 116 Stat. 634, provided that: “Congress makes the following findings:

“(1) Over 220,000 Americans die each year from cardiac arrest. Every 2 minutes, an individual goes into cardiac arrest in the United States.

“(2) The chance of successfully returning to a normal heart rhythm diminishes by 10 percent each minute following sudden cardiac arrest.

“(3) Eighty percent of cardiac arrests are caused by ventricular fibrillation, for which defibrillation is the only effective treatment.

¹ So in original.

“(4) Sixty percent of all cardiac arrests occur outside the hospital. The average national survival rate for out-of-hospital cardiac arrest is only 5 percent.

“(5) Communities that have established and implemented public access defibrillation programs have achieved average survival rates for out-of-hospital cardiac arrest as high as 50 percent.

“(6) According to the American Heart Association, wide use of defibrillators could save as many as 50,000 lives nationally each year.

“(7) Successful public access defibrillation programs ensure that cardiac arrest victims have access to early 911 notification, early cardiopulmonary resuscitation, early defibrillation, and early advanced care.”

§ 244-1. Repealed. Pub. L. 94-484, title V, § 503(b), Oct. 12, 1976, 90 Stat. 2300

Section, act July 1, 1944, ch. 373, title III, § 312, formerly § 306, as added Aug. 2, 1956, ch. 871, title I, § 101, 70 Stat. 923; amended July 23, 1959, Pub. L. 86-105, § 1, 73 Stat. 239; Sept 8, 1960, Pub. L. 86-720, § 1(b), 74 Stat. 820; Aug. 27, 1964, Pub. L. 88-497, § 2, 78 Stat. 613; Aug. 16, 1968, Pub. L. 90-490, title III, § 302(b), 82 Stat. 789; Mar. 12, 1970, Pub. L. 91-208, § 3, 84 Stat. 52; Oct. 30, 1970, Pub. L. 91-515, title VI, § 601(b)(2), 84 Stat. 1311; June 18, 1973, Pub. L. 93-45, title I, § 104(a), 87 Stat. 91; renumbered § 312 and amended July 23, 1974, Pub. L. 93-353, title I, § 102(b), 88 Stat. 362; Oct. 12, 1976, Pub. L. 94-484, title I, § 101(a)(1), 90 Stat. 2244, related to graduate or specialized training for physicians, engineers, nurses, and other professional personnel.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF REPEAL

Pub. L. 94-484, title V, § 503(c), Oct. 12, 1976, 90 Stat. 2300, provided that: “The amendments made by this section [amending former section 295f-2 of this title and repealing this section and section 245a of this title] shall take effect October 1, 1977.”

§ 244a. Materials and resources to increase education and awareness of cardiomyopathy among school administrators, educators, and families

(a) Materials and resources

Not later than 18 months after December 23, 2024, the Secretary, in consultation with the Director of the Centers for Disease Control and Prevention, shall develop public education materials and resources to be disseminated to school administrators, educators, school health professionals, coaches, families, guardians, caregivers, and other appropriate individuals. The materials and resources shall include—

(1) information on the signs, symptoms, and risk factors associated with high-risk cardiac conditions and genetic heart rhythm abnormalities that may cause sudden cardiac arrest in children, adolescents, and young adults, including—

(A) cardiomyopathy;

(B) long QT syndrome, Brugada syndrome, catecholaminergic polymorphic ventricular tachycardia, short QT syndrome, and Wolff-Parkinson-White syndrome; and

(C) other high-risk cardiac conditions, as determined by the Secretary;

(2) guidelines regarding the placement of automated external defibrillators in schools, early childhood education programs, and child care centers;

(3) training information on automated external defibrillators and cardiopulmonary resuscitation; and

(4) recommendations for how schools, early childhood education programs, and child care centers can develop and implement a cardiac emergency response plan.

(b) Dissemination of materials and resources

Not later than 30 months after December 23, 2024, the Secretary shall disseminate the materials and resources developed under subsection (a) in accordance with the following:

(1) Distribution by State educational agencies

The Secretary shall make available such materials and resources to State educational agencies to distribute—

(A) to school administrators, educators, school health professionals, coaches, families, guardians, caregivers, and other appropriate individuals, the information developed under subsection (a)(1);

(B) to parents, guardians, or other caregivers, the cardiomyopathy risk assessment developed pursuant to section 244b(b)(1) of this title; and

(C) to school administrators, educators, school health professionals, and coaches—

(i) the guidelines described in subsection (a)(2);

(ii) the training information described in subsection (a)(3); and

(iii) the recommendations described in subsection (a)(4).

(2) Dissemination to health departments and professionals

The Secretary shall make available the materials and resources developed under subsection (a) to State and local health departments, pediatricians, hospitals, and other health professionals, such as nurses and first responders.

(3) Posting on website

(A) CDC

(i) In general

The Secretary, through the Director, shall post the materials and resources developed under subsection (a) on the public Internet website of the Centers for Disease Control and Prevention.

(ii) Additional information

The Director is encouraged to maintain on such public Internet website such additional information regarding cardiomyopathy as deemed appropriate by the Director.

(B) State educational agencies

State educational agencies are encouraged to create public Internet webpages dedicated to cardiomyopathy and post the materials and resources developed under subsection (a) on such webpages.

(c) Definitions

In this section:

(1) The term “cardiomyopathy” means a heart disease that affects the heart’s muscle (myocardium)—

(A) the symptoms of which may vary from case to case, including—

(i) cases in which no symptoms are present (asymptomatic); and

(ii) cases in which there are symptoms of a progressive condition that may result from an impaired ability of the heart to pump blood, such as fatigue, irregular heartbeats (arrhythmia), heart failure, and, potentially, sudden cardiac death; and

(B) the recognized types of which include dilated, hypertrophic, restrictive, arrhythmogenic right ventricular dysplasia, and left ventricular non-compaction.

(2) The term “Director” means the Director of the Centers for Disease Control and Prevention.

(3) The terms “early childhood education program”, “elementary school”, and “secondary school” have the meanings given to those terms in section 7801 of title 20.

(4) The term “school administrator” means a principal, director, manager, or other supervisor or leader within an elementary school, secondary school, State-based early childhood education program, or child care center.

(5) The term “school health professional” means a health professional serving at an elementary school, secondary school, State-based early childhood education program, or child care center.

(July 1, 1944, ch. 373, title III, §312A, as added Pub. L. 118-176, §2(a), Dec. 23, 2024, 138 Stat. 2605.)

Editorial Notes

PRIOR PROVISIONS

A prior section 244a, act July 1, 1944, ch. 373, title III, §312a, as added Aug. 31, 1954, ch. 1158, §2, 68 Stat. 1025, related to birth and death statistics, annual collection, and compensation for transcription, prior to repeal by Pub. L. 93-353, title I, §102(a), July 23, 1974, 88 Stat. 362. See section 242k(h)(1) of this title.

§ 244b. Activities relating to cardiomyopathy

(a) Report on CDC national cardiomyopathy activities

(1) In general

Not later than 18 months after December 23, 2024, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall submit to Congress a report on findings generated from existing activities conducted by the Centers for Disease Control and Prevention to improve the understanding of the prevalence and epidemiology of cardiomyopathy across the lifespan, from birth to adulthood, with particular interest in the following:

(A) The natural history of individuals with cardiomyopathy, in both the pediatric and adult population.

(B) Estimates of cardiomyopathy-related emergency department visits and hospitalizations, in both the pediatric and adult population.

(2) Public access

Subject to paragraph (3), the report submitted under this subsection shall be made available to the public.