

(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.

(3) Privacy protections

The Secretary shall ensure that this subsection is carried out in a manner that complies with all applicable privacy laws under Federal and State law.

(b) Improving risk assessments for individuals with cardiomyopathy**(1) In general**

The Secretary shall develop and make publicly available a cardiomyopathy risk assessment for health care providers and individuals. Such risk assessment shall, at a minimum, include the following:

(A) Background information on the prevalence, incidence, and health impact of cardiomyopathy, including all forms of cardiomyopathy and their effects on pediatric, adolescent, and adult individuals.

(B) A worksheet with variables and conditions for an individual or health care provider to use in assessing whether an individual is at risk for cardiomyopathy.

(C) A worksheet with variables and stages of progression for an individual or health care provider to use in assessing whether and to what extent cardiomyopathy has progressed in an individual.

(D) Guidelines on cardiomyopathy screenings for individuals who are at risk for, or have a family history of, cardiomyopathy.

(2) Stakeholder input

In carrying out paragraph (1), the Director of the Centers for Disease Control and Prevention shall seek input from external stakeholders including—

(A) representatives from national patient advocacy organizations expert in all forms of cardiomyopathy;

(B) representatives from medical professional societies that specialize in the care of adults and pediatrics with cardiomyopathy; and

(C) representatives from other relevant Federal agencies.

(c) Definition

In this section, the term “cardiomyopathy” has the meaning given to such term in section 244a of this title.

(July 1, 1944, ch. 373, title III, §312B, as added Pub. L. 118-176, §2(a), Dec. 23, 2024, 138 Stat. 2607.)

§ 244c. Cardiomyopathy research**(a) In general**

The Secretary, in consultation with the Director of the National Institutes of Health, may expand and coordinate research and related activities of the National Institutes of Health with respect to cardiomyopathy, which may include research with respect to—

(1) causation of cardiomyopathy, including genetic causes and molecular biomarkers;

(2) long-term health outcomes in individuals with cardiomyopathy, including infants, children, teenagers, adults, and elderly individuals; and

(3) studies using longitudinal data and retrospective analysis to identify effective treatments and outcomes for individuals with cardiomyopathy.

(b) Nonduplication

The Secretary shall ensure that any research and activities related to cardiomyopathy under this section do not unnecessarily duplicate activities, programs, or efforts of other agencies and offices within the Department of Health and Human Services.

(c) NIH report

Not later than 18 months after December 23, 2024, the Secretary, in consultation with the Director of the National Institutes of Health, shall submit to Congress a report—

(1) outlining the ongoing research efforts of the National Institutes of Health regarding cardiomyopathy; and

(2) identifying—

(A) a research agenda regarding adult forms of cardiomyopathy;

(B) plans for researching cardiomyopathy affecting the pediatric population; and

(C) the areas of greatest need for such research.

(d) Cardiomyopathy defined

In this section, the term “cardiomyopathy” has the meaning given to such term in section 244a of this title.

(July 1, 1944, ch. 373, title III, §312C, as added Pub. L. 118-176, §2(a), Dec. 23, 2024, 138 Stat. 2608.)

§ 244d. Promoting student access to AEDs and CPR**(a) In general**

The Secretary may award grants to eligible entities to develop and implement a comprehensive program to promote student access to automated external defibrillators (in this section referred to as “AEDs”) and cardiopulmonary resuscitation (in this section referred to as “CPR”) in public elementary schools and secondary schools.

(b) Use of funds

An eligible entity receiving a grant under subsection (a) may use funds received through such grant to carry out any of the following activities:

(1) Developing and providing comprehensive materials to establish AED and CPR programs in public elementary schools and secondary schools.

(2) Providing support for CPR and AED training programs in such schools for students, staff, and related sports volunteers.

(3) Providing support for developing a cardiac emergency response plan within such schools.

(4) Purchasing AEDs that have been approved under section 360e of title 21, cleared under section 360(k) of such title, or classified under section 360c(f)(2) of such title.

(5) Purchasing necessary AED batteries and performing necessary AED maintenance (such as by replacing AED pads) in accordance with the labeling of the AED involved.