

(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.