

(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.

(6) Replacing old and outdated AED and CPR equipment, machinery, and educational materials.

(c) Eligibility; application

To be eligible for a grant under subsection (a), an entity shall—

(1) be a local educational agency (including a public charter school operating as a local educational agency under State law), in consultation with a qualified health care entity; and

(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may reasonably require.

(d) Definitions

In this section:

(1) ESEA terms

The terms “elementary school”, “local educational agency”, and “secondary school” have the meanings given such terms in section 7801 of title 20.

(2) Qualified health care entity

The term “qualified health care entity” means a health care entity that—

(A) is—

(i) a public entity; or

(ii) an organization that is described in section 501(c) of title 26 and exempt from taxation under section 501(a) of such title;

(B) demonstrates an ability to develop, train, and implement a comprehensive program to promote student access to defibrillation in public elementary and secondary schools; and

(C) is qualified in providing technical assistance in AED and CPR training.

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

§ 245. Public awareness campaign on the importance of vaccinations

(a) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in coordination with other offices and agencies, as appropriate, shall award competitive grants or contracts to one or more public or private entities to carry out a national, evidence-based campaign to increase awareness and knowledge of the safety and effectiveness of vaccines for the prevention and control of diseases, combat misinformation about vaccines, and disseminate scientific and evidence-based vaccine-related information, with the goal of increasing rates of vaccination across all ages, as applicable, particularly in communities with low rates of vaccination, to reduce and eliminate vaccine-preventable diseases.

(b) Consultation

In carrying out the campaign under this section, the Secretary shall consult with appropriate public health and medical experts, including the National Academy of Medicine and medical and public health associations and nonprofit

organizations, in the development, implementation, and evaluation of the evidence-based public awareness campaign.

(c) Requirements

The campaign under this section shall—

(1) be a nationwide, evidence-based media and public engagement initiative;

(2) include the development of resources for communities with low rates of vaccination, including culturally and linguistically appropriate resources, as applicable;

(3) include the dissemination of vaccine information and communication resources to public health departments, health care providers, and health care facilities, including such providers and facilities that provide prenatal and pediatric care;

(4) be complementary to, and coordinated with, any other Federal, State, local, or Tribal efforts, as appropriate; and

(5) assess the effectiveness of communication strategies to increase rates of vaccination.

(d) Additional activities

The campaign under this section may—

(1) include the use of television, radio, the internet, and other media and telecommunications technologies;

(2) include the use of in-person activities;

(3) be focused to address specific needs of communities and populations with low rates of vaccination; and

(4) include the dissemination of scientific and evidence-based vaccine-related information, such as—

(A) advancements in evidence-based research related to diseases that may be prevented by vaccines and vaccine development;

(B) information on vaccinations for individuals and communities, including individuals for whom vaccines are not recommended by the Advisory Committee for Immunization Practices, and the effects of low vaccination rates within a community on such individuals;

(C) information on diseases that may be prevented by vaccines; and

(D) information on vaccine safety and the systems in place to monitor vaccine safety.

(e) Evaluation

The Secretary shall—

(1) establish benchmarks and metrics to quantitatively measure and evaluate the awareness campaign under this section;

(2) conduct qualitative assessments regarding the awareness campaign under this section; and

(3) prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and Committee on Energy and Commerce of the House of Representatives an evaluation of the awareness campaign under this section.

(f) Supplement not supplant

Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities described in this section.