

CODIFICATION

Section was enacted as part of the Departments of Labor, Health, and Human Services, and Education, and Related Agencies Appropriations Act, 2000, and not as part of the Public Health Service Act which comprises this chapter.

§§ 247b–4b to 247b–4d. Repealed. Pub. L. 109–416, § 3(b)(1)–(3), Dec. 19, 2006, 120 Stat. 2829

Section 247b–4b, Pub. L. 106–310, div. A, title I, § 102, Oct. 17, 2000, 114 Stat. 1107, related to developmental disabilities surveillance and research programs.

Section 247b–4c, Pub. L. 106–310, div. A, title I, § 103, Oct. 17, 2000, 114 Stat. 1108, related to information and education.

Section 247b–4d, Pub. L. 106–310, div. A, title I, § 104, Oct. 17, 2000, 114 Stat. 1109, related to Inter-agency Autism Coordinating Committee.

§ 247b–4e. Repealed. Pub. L. 109–416, § 3(b)(4), Dec. 19, 2006, 120 Stat. 2829; Pub. L. 109–482, title I, § 104(b)(3)(D), Jan. 15, 2007, 120 Stat. 3694

Section, Pub. L. 106–310, div. A, title I, § 105, Oct. 17, 2000, 114 Stat. 1109, related to annual report to Congress concerning the implementation of this section and sections 247b–4b to 247b–4d and 284g of this title.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF REPEAL

Repeal by Pub. L. 109–482 applicable only with respect to amounts appropriated for fiscal year 2007 or subsequent fiscal years, see section 109 of Pub. L. 109–482, set out as an Effective Date of 2007 Amendment note under section 281 of this title.

§ 247b–4f. Research relating to preterm labor and delivery and the care, treatment, and outcomes of preterm and low birthweight infants

(a) Omitted

(b) Studies and activities on preterm birth

(1) In general

The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, may, subject to the availability of appropriations—

(A) conduct epidemiological studies on the factors relating to prematurity, such as clinical, biological, social, environmental, genetic, and behavioral factors, and other determinants that contribute to health disparities and are related to prematurity, as appropriate;

(B) conduct activities to improve national data to facilitate tracking the burden of preterm birth; and

(C) continue efforts to prevent preterm birth, including late preterm birth, through the identification of opportunities for prevention and the assessment of the impact of such efforts.

(2) Report

Not later than 2 years after November 27, 2013, and every 2 years thereafter, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall submit to the appropriate committees of Congress re-

ports regarding activities and studies conducted under paragraph (1), including any applicable analyses of preterm birth. Such report shall be posted on the Internet website of the Department of Health and Human Services.¹

(c) Pregnancy risk assessment monitoring survey

The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall—

(1) continue systems for the collection of maternal-infant clinical and biomedical information, including electronic health records, electronic databases, and biobanks, to link with the Pregnancy Risk Assessment Monitoring System (PRAMS) and other epidemiological studies of prematurity in order to track, to the extent practicable, all pregnancy outcomes and prevent preterm birth; and

(2) provide technical assistance, as appropriate, to support States in improving the collection of information pursuant to this subsection.

(d) Evaluation of existing tools and measures

The Secretary of Health and Human Services shall review existing tools and measures to ensure that such tools and measures include information related to the known risk factors of low birth weight and preterm birth.

(e) Authorization of appropriations

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

(Pub. L. 109–450, § 3, Dec. 22, 2006, 120 Stat. 3341; Pub. L. 113–55, title I, § 102, Nov. 27, 2013, 127 Stat. 641; Pub. L. 115–328, § 2, Dec. 18, 2018, 132 Stat. 4471.)

Editorial Notes

CODIFICATION

Section 2 of Pub. L. 115–328, which directed the amendment of section 2 of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (Pub. L. 109–450), was executed to this section, which is section 3 of Pub. L. 109–450, to reflect the probable intent of Congress. See 2018 Amendment notes below.

Section is comprised of section 3 of Pub. L. 109–450. Subsec. (a) of section 3 of Pub. L. 109–450 amended section 241 of this title.

Section was enacted as part of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act or the PREEMIE Act, and not as part of the Public Health Service Act which comprises this chapter.

AMENDMENTS

2018—Subsec. (b)(1)(A). Pub. L. 115–328, § 2(1)(A), substituted “factors relating to prematurity, such as clinical, biological, social, environmental, genetic, and behavioral factors, and other determinants that contribute to health disparities and are related” for “clinical, biological, social, environmental, genetic, and behavioral factors relating”. See Codification note above.

Subsec. (b)(2). Pub. L. 115–328, § 2(1)(B), substituted “regarding activities and studies conducted under paragraph (1), including any applicable analyses of preterm birth. Such report shall be posted on the Internet website of the Department of Health and Human Serv-

¹ So in original.

ices.” for “concerning the progress and any results of studies conducted under paragraph (1)”. See Codification note above.

Subsec. (c). Pub. L. 115-328, §2(2), added subsec. (c) and struck out former subsec. (c) which established a pregnancy risk assessment monitoring survey and authorized appropriations. See Codification note above.

Subsec. (e). Pub. L. 115-328, §2(3), substituted “\$2,000,000 for each of fiscal years 2019 through 2023” for “except for subsection (c), \$1,880,000 for each of fiscal years 2014 through 2018”. See Codification note above.

2013—Subsec. (b). Pub. L. 113-55, §102(a), added subsec. (b) and struck out former subsec. (b) which related to studies and reports on the relationship between prematurity and birth defects.

Subsec. (e). Pub. L. 113-55, §102(b), substituted “\$1,880,000 for each of fiscal years 2014 through 2018.” for “\$5,000,000 for each of fiscal years 2007 through 2011.”

Statutory Notes and Related Subsidiaries

ADVISORY COMMITTEE ON INFANT MORTALITY

Pub. L. 113-55, title I, §104(b), Nov. 27, 2013, 127 Stat. 643, as amended by Pub. L. 115-328, §4, Dec. 18, 2018, 132 Stat. 4473, provided that:

“(1) ESTABLISHMENT.—The Secretary of Health and Human Services (referred to in this section [enacting this note and repealing section 247b-4g of this title] as the ‘Secretary’) may establish an advisory committee known as the ‘Advisory Committee on Infant Mortality’ (referred to in this section as the ‘Advisory Committee’).

“(2) DUTIES.—The Advisory Committee shall provide advice, recommendations, or information to the Secretary as may be necessary to improve activities and programs to reduce severe maternal morbidity, maternal mortality, infant mortality, and preterm birth, which may include recommendations, advice, or information related to the following:

“(A) Programs of the Department of Health and Human Services that are directed at reducing infant mortality, preterm birth, and improving the health status of pregnant women and infants, and information on cost-effectiveness and outcomes of such programs.

“(B) Strategies to coordinate the various Federal programs and activities with State, local, and private programs and efforts that address factors that affect infant mortality.

“(C) The Healthy Start program under section 330H of the Public Health Service Act (42 U.S.C. 254c-8) and Healthy People 2020 infant mortality objectives.

“(D) Implementation of Healthy People objectives related to maternal and infant health.

“(E) Strategies to reduce racial, ethnic, geographic, and other health disparities in birth outcomes, including by increasing awareness of Federal programs related to appropriate access to, or information regarding, prenatal care to address risk factors for preterm labor and delivery.

“(F) Strategies, including the implementation of such strategies, to address gaps in Federal research, programs, and education efforts related to the prevention of severe maternal morbidity, maternal mortality, infant mortality, and other adverse birth outcomes.

“(3) MEMBERSHIP.—The Secretary shall ensure that the membership of the Advisory Committee includes the following:

“(A) Representatives provided for in the original charter of the Advisory Committee.

“(B) A representative of the National Center for Health Statistics.

“(4) BIENNIAL REPORT.—Not later than 1 year after the date of enactment of the PREEMIE Reauthorization Act of 2018 [Dec. 18, 2018], and every 2 years thereafter, the Advisory Committee shall—

“(A) publish a report summarizing activities and recommendations of the Advisory Committee since the publication of the previous report;

“(B) submit such report to the Secretary and the appropriate Committees of Congress; and

“(C) post such report on the Internet website of the Department of Health and Human Services.”

PURPOSE

Pub. L. 109-450, §2, Dec. 22, 2006, 120 Stat. 3341, provided that: “It is the purpose of this Act [enacting this section and sections 247b-4g and 280g-5 of this title and amending sections 241 and 280g-4 of this title] to—

“(1) reduce rates of preterm labor and delivery;

“(2) work toward an evidence-based standard of care for pregnant women at risk of preterm labor or other serious complications, and for infants born preterm and at a low birthweight; and

“(3) reduce infant mortality and disabilities caused by prematurity.”

§ 247b-4g. Repealed. Pub. L. 113-55, title I, § 104(a), Nov. 27, 2013, 127 Stat. 643

Section, Pub. L. 109-450, §5, Dec. 22, 2006, 120 Stat. 3343, related to establishment and activities of the Interagency Coordinating Council on Prematurity and Low Birthweight.

§ 247b-5. Preventive health measures with respect to prostate cancer

(a) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States and local health departments for the purpose of enabling such States and departments to carry out programs that may include the following:

(1) To identify factors that influence the attitudes or levels of awareness of men and health care practitioners regarding screening for prostate cancer.

(2) To evaluate, in consultation with the Agency for Health Care Policy and Research and the National Institutes of Health, the effectiveness of screening strategies for prostate cancer.

(3) To identify, in consultation with the Agency for Health Care Policy and Research, issues related to the quality of life for men after prostate¹ cancer screening and followup.

(4) To develop and disseminate public information and education programs for prostate cancer, including appropriate messages about the risks and benefits of prostate cancer screening for the general public, health care providers, policy makers and other appropriate individuals.

(5) To improve surveillance for prostate cancer.

(6) To address the needs of underserved and minority populations regarding prostate cancer.

(7) Upon a determination by the Secretary, who shall take into consideration recommendations by the United States Preventive Services Task Force and shall seek input, where appropriate, from professional societies and other private and public entities, that there is sufficient consensus on the effectiveness of prostate cancer screening—

(A) to screen men for prostate cancer as a preventive health measure;

¹ So in original. Probably should be “prostate”.