

tient referrals to address tobacco cessation, good nutrition, and physical activity;

(4) on when to refer patients to a health care provider with genetics expertise;

(5) on how to provide counseling that addresses long-term survivorship and health concerns of young women diagnosed with breast cancer; and

(6) on when to provide referrals to organizations and institutions that provide credible health information and substantive assistance and support to young women diagnosed with breast cancer.

(c) Prevention research activities

The Secretary, acting through—

(1) the Director of the Centers for Disease Control and Prevention, shall conduct prevention research on breast cancer in younger women, including—

(A) behavioral, survivorship studies, and other research on the impact of breast cancer diagnosis on young women;

(B) formative research to assist with the development of educational messages and information for the public, targeted populations, and their families about breast health, breast cancer, and healthy lifestyles;

(C) testing and evaluating existing and new social marketing strategies targeted at young women; and

(D) surveys of health care providers and the public regarding knowledge, attitudes, and practices related to breast health and breast cancer prevention and control in high-risk populations; and

(2) the Director of the National Institutes of Health, shall conduct research to develop and validate new screening tests and methods for prevention and early detection of breast cancer in young women.

(d) Support for young women diagnosed with breast cancer

(1) In general

The Secretary shall award grants to organizations and institutions to provide health information from credible sources and substantive assistance directed to young women diagnosed with breast cancer and pre-neoplastic breast diseases.

(2) Priority

In making grants under paragraph (1), the Secretary shall give priority to applicants that deal specifically with young women diagnosed with breast cancer and pre-neoplastic breast disease.

(e) No duplication of effort

In conducting an education campaign or other program under subsections (a), (b), (c), or (d), the Secretary shall avoid duplicating other existing Federal breast cancer education efforts.

(f) Measurement; reporting

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

(1) measure—

(A) young women's awareness regarding breast health, including knowledge of family

cancer history, specific risk factors and early warning signs, and young women's proactive efforts at early detection;

(B) the number or percentage of young women utilizing information regarding lifestyle interventions that foster healthy behaviors;

(C) the number or percentage of young women receiving regular clinical breast exams; and

(D) the number or percentage of young women who perform breast self exams, and the frequency of such exams, before the implementation of this section;

(2) not less than every 3 years, measure the impact of such activities; and

(3) submit reports to the Congress on the results of such measurements.

(g) Definition

In this section, the term “young women” means women 15 to 44 years of age.

(h) Authorization of appropriations

To carry out subsections (a), (b), (c)(1), and (d), there are authorized to be appropriated \$9,000,000 for each of fiscal years 2022 through 2026.

(July 1, 1944, ch. 373, title III, §399NN, as added Pub. L. 111–148, title X, §10413(b), Mar. 23, 2010, 124 Stat. 991; amended Pub. L. 113–265, §2, Dec. 18, 2014, 128 Stat. 2942; Pub. L. 116–260, div. BB, title III, §316, Dec. 27, 2020, 134 Stat. 2932.)

Editorial Notes

AMENDMENTS

2020—Subsec. (h). Pub. L. 116–260 substituted “\$9,000,000 for each of fiscal years 2022 through 2026” for “\$4,900,000 for each of fiscal years 2015 through 2019”.

2014—Subsec. (h). Pub. L. 113–265 substituted “\$4,900,000 for each of fiscal years 2015 through 2019” for “\$9,000,000 for each of the fiscal years 2010 through 2014”.

PART W—PARKINSON'S AND RELATED DISORDERS

§ 280n. National Parkinson's Project

(a) Definition of Parkinson's

In this section, the term “Parkinson's” means—

(1) Parkinson's disease; and

(2) all other neurodegenerative Parkinsonisms, including multiple system atrophy, corticobasal degeneration, progressive supranuclear palsy, and Parkinson's-related dementia.

(b) Establishment

The Secretary shall carry out a national project, to be known as the National Parkinson's Project (referred to in this section as the “Project”), to prevent, diagnose, treat, and cure Parkinson's.

(c) Activities carried out through Project

In carrying out the Project, the Secretary shall—

(1) create, maintain, and periodically update an integrated national plan to prevent, diagnose, treat, and cure Parkinson's, ameliorate symptoms, and slow or stop progression;

(2) carry out the annual assessment under subsection (d);

(3) provide information, including—

(A) an estimate of the level of current Federal investment in preventing, diagnosing, treating, and curing Parkinson's, ameliorating symptoms, and slowing or stopping progression; and

(B) if applicable, an estimate of the investment necessary to prevent, diagnose, treat, and cure Parkinson's, ameliorate symptoms, and slow or stop progression;

(4) coordinate research and services across all Federal agencies related to Parkinson's;

(5) encourage the development of safe and effective treatments, strategies, and other approaches to prevent, diagnose, treat, and cure Parkinson's, ameliorate symptoms, and slow or stop progression;

(6) improve the—

(A) early diagnosis of Parkinson's; and

(B) coordination of the care and treatment of individuals with Parkinson's;

(7) review the impact of Parkinson's on the physical, mental, and social health of individuals living with Parkinson's and their caregivers and families;

(8) coordinate with international bodies, to the extent possible, to integrate and inform the mission to prevent, diagnose, treat, and cure Parkinson's, ameliorate symptoms, and slow or stop progression globally; and

(9) to the extent practicable, collaborate with other entities to prevent duplication of existing research activities for related disorders.

(d) Annual assessment

Not later than 24 months after July 2, 2024, and annually thereafter, the Secretary shall carry out an assessment of the Nation's progress in preparing for, and responding to, the escalating burden of Parkinson's, including—

(1) recommendations for priority actions based on the assessment;

(2) a description of any steps that are planned or have already been taken to implement such recommendations, including whether such recommendations can be implemented under existing law; and

(3) such other items as the Secretary determines appropriate.

(e) Advisory Council

(1) In general

The Secretary shall establish and maintain an Advisory Council on Parkinson's Research, Care, and Services (referred to in this section as the "Advisory Council") to advise the Secretary on Parkinson's-related issues.

(2) Membership

(A) Federal members

The Advisory Council shall be comprised of experts, to be appointed by the Secretary, who collectively are from various backgrounds and perspectives, including at least one member from each of—

(i) the Centers for Disease Control and Prevention;

(ii) the Administration on Community Living;

(iii) the Centers for Medicare & Medicaid Services;

(iv) the National Institutes of Health;

(v) the Agency for Healthcare Research and Quality;

(vi) the Department of Veterans Affairs;

(vii) the Food and Drug Administration;

(viii) the National Science Foundation;

(ix) the Department of Defense;

(x) the Environmental Protection Agency;

(xi) the Office of Minority Health;

(xii) the Indian Health Service;

(xiii) the Office of the Surgeon General of the Public Health Service; and

(xiv) other relevant Federal departments and agencies as determined by the Secretary.

(B) Non-federal members

In addition to the members listed in subparagraph (A), the Advisory Council shall include 10 expert members, to be appointed by the Secretary, who shall include representatives of minority communities, communities disproportionately affected by Parkinson's, and communities underrepresented in Parkinson's research, who shall each be from outside the Federal Government, and who shall include—

(i) 2 Parkinson's patient advocates, at least 1 of whom is living with young-onset Parkinson's;

(ii) 1 Parkinson's family caregiver;

(iii) 1 health care provider;

(iv) 2 biomedical researchers with Parkinson's-related expertise in basic, translational, clinical, or drug development science;

(v) 1 movement disorder specialist who treats Parkinson's patients;

(vi) 1 dementia specialist who treats Parkinson's patients; and

(vii) 2 representatives from nonprofit organizations that have demonstrated experience in Parkinson's-related research or Parkinson's-related patient care and other services.

(C) Representation

The Secretary shall ensure that the members of the Advisory Council are collectively representative of agencies, professions, individuals, and entities concerned with, or affected by, activities under this section.

(3) Meetings

(A) Frequency

The Advisory Council shall meet—

(i) at least once each quarter during the 2-year period beginning on the date on which the Advisory Council is established; and

(ii) at the Secretary's discretion after such period.

(B) Annual research meeting

Not later than 24 months after July 2, 2024, and every year thereafter, the Advisory Council shall convene a meeting of Federal and non-Federal organizations to discuss Parkinson's research.

(C) Open meetings

The meetings under subparagraphs (A) and (B) shall be open to the public.

(4) Annual report

Not later than 18 months after July 2, 2024, and every year thereafter, the Advisory Council shall provide to the Secretary and Congress a report containing—

(A) a list of all federally-funded efforts in Parkinson's research, prevention, diagnosis, treatment, clinical care, and institutional-, home-, and community-based programs and the outcomes of such efforts;

(B) recommendations for priority actions to expand, eliminate, coordinate, refocus, streamline, or condense Federal programs based on each program's performance, mission, scope, and purpose;

(C) recommendations to—

(i) reduce the financial impact of Parkinson's on families living with Parkinson's;

(ii) improve health outcomes for, and the quality of life of, individuals living with Parkinson's;

(iii) prevent Parkinson's, ameliorate symptoms, and slow or stop progression;

(iv) improve the quality of care provided to beneficiaries with Parkinson's who receive coverage through a federally-funded health care program, such as the Medicare program under title XVIII of the Social Security Act [42 U.S.C. 1395 et seq.] or the Medicaid program under title XIX of such Act [42 U.S.C. 1396 et seq.];

(v) research the association between environmental triggers and Parkinson's to help reduce exposure to potential triggers; and

(vi) research and better understand the underlying factors contributing to Parkinson's;

(D) priority actions to improve all federally-funded efforts in Parkinson's research, prevention, diagnosis, treatment, clinical care, and institutional-, home-, and community-based programs;

(E) an evaluation of the implementation, including outcomes, of the national plan under subsection (c)(1); and

(F) implementation steps to address the recommendations and priority actions under subparagraphs (B), (C), and (D), based in part on the evaluation under subparagraph (E).

(5) Termination

The Advisory Council shall terminate at the end of calendar year 2035.

(f) Information sharing

Each Federal department and agency that has information relating to Parkinson's shall share such information with the Secretary consistent with the statutory obligations of such department or agency regarding disclosure of information, as necessary to enable the Secretary to complete a report under subsection (e)(4).

(g) Sunset

The section shall cease to be effective at the end of calendar year 2035.

(July 1, 1944, ch. 373, title III, § 3990O, as added Pub. L. 118-66, § 2, July 2, 2024, 138 Stat. 1443.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (e)(4)(C)(iv), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles XVIII and XIX of the Act are classified generally to subchapters XVIII (§1395 et seq.) and XIX (§1396 et seq.), respectively, of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

SUBCHAPTER III—NATIONAL RESEARCH INSTITUTES**Editorial Notes**

CODIFICATION

Title IV of the Public Health Service Act, comprising this subchapter, was originally enacted by act July 1, 1944, ch. 373, 58 Stat. 707, at which time title IV related solely to the National Cancer Institute. Because of the extensive amendments, reorganization of the subject matter, and expansion of title IV by the acts listed below, title IV is shown herein as having been added by Pub. L. 99-158, without reference to intervening amendments.

The provisions of title IV as originally enacted were subsequently redesignated as part A of title IV and amended, and parts B to I of title IV were added and amended by the following acts: June 16, 1948, ch. 481, 62 Stat. 464; June 24, 1948, ch. 621, 62 Stat. 598; Aug. 15, 1950, ch. 714, 64 Stat. 443; Oct. 5, 1961, Pub. L. 87-395, 75 Stat. 824; Oct. 17, 1962, Pub. L. 87-838, 76 Stat. 1072; Aug. 16, 1968, Pub. L. 90-489, 82 Stat. 771; Oct. 30, 1970, Pub. L. 91-515, 84 Stat. 1297; Dec. 23, 1971, Pub. L. 92-218, 85 Stat. 778; May 19, 1972, Pub. L. 92-305, 86 Stat. 162; Sept. 19, 1972, Pub. L. 92-423, 86 Stat. 679; Apr. 22, 1974, Pub. L. 93-270, 88 Stat. 90; May 14, 1974, Pub. L. 93-282, 88 Stat. 126; May 31, 1974, Pub. L. 93-296, 88 Stat. 184; July 12, 1974, Pub. L. 93-348, 88 Stat. 342; July 23, 1974, Pub. L. 93-352, 88 Stat. 358; July 23, 1974, Pub. L. 93-354, 88 Stat. 373; Jan. 4, 1975, Pub. L. 93-640, 88 Stat. 2217; July 29, 1975, Pub. L. 94-63, 89 Stat. 304; Nov. 28, 1975, Pub. L. 94-135, 89 Stat. 713; Apr. 21, 1976, Pub. L. 94-273, 90 Stat. 375; Apr. 22, 1976, Pub. L. 94-278, 90 Stat. 401; Oct. 19, 1976, Pub. L. 94-562, 90 Stat. 2645; Aug. 1, 1977, Pub. L. 95-83, 91 Stat. 383; Nov. 9, 1978, Pub. L. 95-622, 92 Stat. 3412; Nov. 9, 1978, Pub. L. 95-623, 92 Stat. 3443; July 10, 1979, Pub. L. 96-32, 93 Stat. 82; Oct. 7, 1980, Pub. L. 96-398, 94 Stat. 1564; Dec. 17, 1980, Pub. L. 96-538, 94 Stat. 3183; Aug. 13, 1981, Pub. L. 97-35, 95 Stat. 358; Apr. 26, 1984, Pub. L. 98-24, 97 Stat. 175.

Title IV was subsequently amended generally and completely reorganized by Pub. L. 99-158, § 2, Nov. 20, 1985, 99 Stat. 822.

PART A—NATIONAL INSTITUTES OF HEALTH**§ 281. Organization of National Institutes of Health****(a) Relation to Public Health Service**

The National Institutes of Health is an agency of the Service.

(b) National research institutes and national centers

The following agencies of the National Institutes of Health are national research institutes or national centers:

(1) The National Cancer Institute.

(2) The National Heart, Lung, and Blood Institute.

(3) The National Institute of Diabetes and Digestive and Kidney Diseases.

(4) The National Institute of Arthritis and Musculoskeletal and Skin Diseases.