

Effective Date of 2007 Amendment note under section 281 of this title.

§ 283a. Annual reporting to increase interagency collaboration and coordination

(a) Collaboration with other HHS agencies

On an annual basis, the Director of NIH shall submit to the Secretary a report on the activities of the National Institutes of Health involving collaboration with other agencies of the Department of Health and Human Services.

(b) Clinical trials

Each calendar year, the Director of NIH shall submit to the Commissioner of Food and Drugs a report that identifies each clinical trial that is registered during such calendar year in the databank of information established under section 282(i) of this title.

(c) Human tissue samples

On an annual basis, the Director of NIH shall submit to the Congress a report that describes how the National Institutes of Health and its agencies store and track human tissue samples.

(d) First report

The first report under subsections (a), (b), and (c) shall be submitted not later than 1 year after January 15, 2007.

(July 1, 1944, ch. 373, title IV, §403A, as added Pub. L. 109-482, title I, §104(a)(3), Jan. 15, 2007, 120 Stat. 3691.)

Editorial Notes

PRIOR PROVISIONS

A prior section 403A of act July 1, 1944, was renumbered section 403D and is classified to section 283a-3 of this title.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section 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.

§ 283a-1. Annual reporting to prevent fraud and abuse

(a) Whistleblower complaints

(1) In general

On an annual basis, the Director of NIH shall submit to the Inspector General of the Department of Health and Human Services, the Secretary, the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate a report summarizing the activities of the National Institutes of Health relating to whistleblower complaints.

(2) Contents

For each whistleblower complaint pending during the year for which a report is submitted under this subsection, the report shall identify the following:

(A) Each agency of the National Institutes of Health involved.

(B) The status of the complaint.

(C) The resolution of the complaint to date.

(b) First report

The first report under subsection (a) shall be submitted not later than 1 year after January 15, 2007.

(July 1, 1944, ch. 373, title IV, §403B, as added Pub. L. 109-482, title I, §104(a)(3), Jan. 15, 2007, 120 Stat. 3691; amended Pub. L. 114-255, div. A, title II, §2042(b), Dec. 13, 2016, 130 Stat. 1073.)

Editorial Notes

AMENDMENTS

2016—Subsecs. (b), (c). Pub. L. 114-255 redesignated subsec. (c) as (b), substituted “subsection (a)” for “subsections (a) and (b)”, and struck out former subsec. (b), which related to annual report by the Director of NIH on experts and consultants whose services were obtained by the National Institutes of Health or its agencies.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section 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.

§ 283a-2. Annual reporting regarding training of graduate students for doctoral degrees

(a) In general

Each institution receiving an award under this subchapter for the training of graduate students for doctoral degrees shall annually report to the Director of NIH, with respect to graduate students supported by the National Institutes of Health at such institution—

(1) the percentage of such students admitted for study who successfully attain a doctoral degree; and

(2) for students described in paragraph (1), the average time between the beginning of graduate study and the receipt of a doctoral degree.

(3)¹ Provision of information to applicants

Each institution described in subsection (a) shall provide to each student submitting an application for a program of graduate study at such institution the information described in paragraphs (1) and (2) of such subsection with respect to the program or programs to which such student has applied.

(July 1, 1944, ch. 373, title IV, §403C, as added Pub. L. 109-482, title I, §104(a)(3), Jan. 15, 2007, 120 Stat. 3692; amended Pub. L. 110-85, title XI, §1104(5), Sept. 27, 2007, 121 Stat. 975; Pub. L. 114-255, div. A, title II, §2042(c), Dec. 13, 2016, 130 Stat. 1073.)

Editorial Notes

PRIOR PROVISIONS

A prior section 403C of act July 1, 1944, was renumbered section 403D and is classified to section 283a-3 of this title.

¹ So in original. Probably should be “(b)”.

AMENDMENTS

2016—Subsec. (a)(2). Pub. L. 114-255 struck out “(not including any leaves of absence)” after “time”.

2007—Subsec. (a). Pub. L. 110-85, §1104(5)(A), substituted “graduate students supported by the National Institutes of Health” for “each degree-granting program” in introductory provisions.

Subsec. (a)(1). Pub. L. 110-85, §1104(5)(B), inserted “such” after “percentage of”.

Subsec. (a)(2). Pub. L. 110-85, §1104(5)(C), inserted “(not including any leaves of absence)” after “average time”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section 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.

§ 283a-3. Establishment of program regarding DES

(a) In general

The Director of NIH shall establish a program for the conduct and support of research and training, the dissemination of health information, and other programs with respect to the diagnosis and treatment of conditions associated with exposure to the drug diethylstilbestrol (in this section referred to as “DES”).

(b) Education programs

In carrying out subsection (a), the Director of NIH, after consultation with nonprofit private entities representing individuals who have been exposed to DES, shall conduct or support programs to educate health professionals and the public on the drug, including the importance of identifying and treating individuals who have been exposed to the drug.

(c) Longitudinal studies

After consultation with the Office of Research on Women's Health, the Director of NIH, acting through the appropriate national research institutes, shall in carrying out subsection (a) conduct or support one or more longitudinal studies to determine the incidence of the following diseases or disorders in the indicated populations and the relationship of DES to the diseases or disorders:

(1) In the case of women to whom (on or after January 1, 1938) DES was administered while the women were pregnant, the incidence of all diseases and disorders (including breast cancer, gynecological cancers, and impairments of the immune system, including autoimmune disease).

(2) In the case of women exposed to DES in utero, the incidence of clear cell cancer (including recurrences), the long-term health effects of such cancer, and the effects of treatments for such cancer.

(3) In the case of men and women exposed to DES in utero, the incidence of all diseases and disorders (including impairments of the reproductive and autoimmune systems).

(4) In the case of children of men or women exposed to DES in utero, the incidence of all diseases and disorders.

(d) Exposure to DES in utero

For purposes of this section, an individual shall be considered to have been exposed to DES in utero if, during the pregnancy that resulted in the birth of such individual, DES was (on or after January 1, 1938) administered to the biological mother of the individual.

(July 1, 1944, ch. 373, title IV, §403D, formerly §403A, as added Pub. L. 102-409, §2, Oct. 13, 1992, 106 Stat. 2092; amended Pub. L. 105-340, title I, §101(a), Oct. 31, 1998, 112 Stat. 3191; renumbered §403C and amended Pub. L. 109-482, title I, §§103(b)(2), 104(a)(1), Jan. 15, 2007, 120 Stat. 3687, 3689; renumbered §403D, Pub. L. 110-85, title XI, §1104(4), Sept. 27, 2007, 121 Stat. 975.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 283a of this title prior to renumbering by Pub. L. 109-482.

AMENDMENTS

2007—Subsec. (e). Pub. L. 109-482, §103(b)(2), struck out subsec. (e) which read as follows: “In addition to any other authorization of appropriations available for the purpose of carrying out this section, there are authorized to be appropriated for such purpose such sums as may be necessary for each of the fiscal years 1993 through 2003.”

1998—Subsec. (e). Pub. L. 105-340 substituted “2003” for “1996”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2007 AMENDMENT

Amendment 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 a note under section 281 of this title.

§ 283a-4. Notification to Director of personnel removed or disciplined for harassment, bullying, retaliation, or hostile working conditions

The Director of the National Institutes of Health shall hereafter require institutions that receive funds through a grant or cooperative agreement during fiscal year 2022 and in future years to notify the Director when individuals identified as a principal investigator or as key personnel in an NIH notice of award are removed from their position or are otherwise disciplined due to concerns about harassment, bullying, retaliation, or hostile working conditions. The Director may issue regulations consistent with this section.

(Pub. L. 117-103, div. H, title II, §239, Mar. 15, 2022, 136 Stat. 474.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Department of Health and Human Services Appropriations Act, 2022, and also as part of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2022, and the Consolidated Appropriations Act, 2022, and not as part of the Public Health Service Act which comprises this chapter.