Subsec. (b). Pub. L. 115–180, § 202, added subsec. (b) and struck out former subsec. (b) which related to public awareness of pediatric cancers and available treatments and research.

Subsec. (c). Pub. L. 115–180, § 101(3), struck out ''(42 U.S.C. 202 note)'' before period at end.

Subsec. (d). Pub. L. 115–180, § 102(b), substituted ''2019 through 2023'' for ''2009 through 2013'' and struck out ''Such authorization of appropriations is in addition to the authorization of appropriations established in section 282a of this title with respect to such purpose.'' before ''Funds appropriated''.

Statutory Notes and Related Subsidiaries

REPORTING ON CHILDHOOD CANCER RESEARCH PROJECTS

Pub. L. 115–180, title I, § 121, June 5, 2018, 132 Stat. 1387, provided that: ''The Director of the National Institutes of Health shall ensure that childhood cancer research projects conducted or supported by the National Institutes of Health are included in appropriate reports to Congress, which may include the Pediatric Research Initiative report.''

§ 285a–11a. Cancer survivorship programs

(a) Research to evaluate model systems of care for pediatric cancer survivors

(1) In general

The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall, as appropriate, make awards to eligible entities to conduct or support research to develop, study, or evaluate approaches for monitoring and caring for childhood and adolescent cancer survivors throughout their lifespan, including transition to adult care and care coordination.

(2) Awards

(A) Types of entities

In making awards under this subsection, the Secretary shall, to the extent practicable, within the existing peer review process, include—

(i) small, medium, and large-sized eligible entities; and

(ii) sites located in different geographic areas, including rural and urban areas.

(B) Eligible entities

In this subsection, the term ''eligible entity'' means—

(i) a medical school;

(ii) a children's hospital;

(iii) a cancer center;

(iv) a community-based medical facility; or

(v) any other entity with significant experience and expertise in carrying out the activities described in paragraph (1).

(3) Use of funds

Funds awarded under this subsection may be used—

(A) to develop, study, or evaluate one or more models for monitoring and caring for cancer survivors; and

(B) in developing, studying, and evaluating such models, to give special emphasis to—

(i) design of models of follow-up care, monitoring, and other survivorship programs (including peer support and mentoring programs);

(ii) development of models for providing multidisciplinary care;

(iii) dissemination of information to health care providers about culturally and linguistically appropriate follow-up care for cancer survivors and their families, as appropriate and practicable;

(iv) development of psychosocial and support programs to improve the quality of life of cancer survivors and their families, which may include peer support and mentoring programs;

(v) design tools to support the secure electronic transfer of treatment information and care summaries between health care providers or, as applicable and appropriate, longitudinal childhood cancer survivorship cohorts (including risk factors and a plan for recommended follow-up care);

(vi) dissemination of the information and programs described in clauses (i) through (v) to other health care providers (including primary care physicians and internists) and to cancer survivors and their families, where appropriate and in accordance with Federal and State law; and

(vii) development of initiatives that promote the coordination and effective transition of care between cancer care providers, primary care physicians, mental health professionals, and other health care professionals, as appropriate, including models that use a team-based or multi-disciplinary approach to care.

(b) Workforce development for health care providers on medical and psychosocial care for childhood cancer survivors

(1) In general

The Secretary shall, not later than 1 year after January 5, 2023, conduct a review of the activities of the Department of Health and Human Services related to workforce development for health care providers who treat pediatric cancer patients and survivors. Such review shall include—

(A) identification of existing models relevant to providing medical and psychosocial services to individuals surviving pediatric cancers, and programs related to training for health professionals who provide such services to individuals surviving pediatric cancers; and

(B) recommendations for enhancing or promoting activities of the Department of Health and Human Services related to workforce development for health care providers who provide psychosocial care to pediatric cancer patients and survivors.

(2) Report

Not later than 2 years after January 5, 2023, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and Committee on Energy and Commerce of the House of Representatives, a report concerning the findings and recommendations from the review conducted under paragraph (1).

(Pub. L. 115–180, title II, § 201, June 5, 2018, 132 Stat. 1387; Pub. L. 117–350, § 2(b), Jan. 5, 2023, 136 Stat. 6263.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Childhood Cancer Survivorship, Treatment, Access, and Research Act of 2018, also known as the Childhood Cancer STAR Act, and not as part of the Public Health Service Act which comprises this chapter.

AMENDMENTS

2023—Subsec. (a). Pub. L. 117–350, §2(b)(1)(A), substituted ''Research to evaluate'' for ''Pilot programs to explore'' in heading.

Subsec. (a)(1). Pub. L. 117–350, §2(b)(1)(B), substituted ''shall, as appropriate, make awards to eligible entities to conduct or support research'' for ''may make awards to eligible entities to establish pilot programs'' and ''approaches'' for ''model systems'', inserted ''and adolescent'' after ''childhood'', and struck out ''evaluation of models for'' before ''transition''.

Subsec. (a)(2)(A). Pub. L. 117–350, §2(b)(1)(C)(i), inserted ''within the existing peer review process,'' after ''practicable,'' in introductory provisions.

Subsec. (a)(2)(B)(v). Pub. L. 117–350, §2(b)(1)(C)(ii), substituted ''in carrying out the activities described in paragraph (1)'' for ''in treating survivors of childhood cancers''.

Subsec. (a)(3)(B)(v). Pub. L. 117–350, §2(b)(1)(D), substituted ''design tools to support the secure electronic transfer of treatment information and care summaries between health care providers or, as applicable and appropriate, longitudinal childhood cancer survivorship cohorts'' for ''design of systems for the effective transfer of treatment information and care summaries from cancer care providers to other health care providers''.

Subsec. (b)(1). Pub. L. 117–350, §2(b)(2)(A), substituted ''January 5, 2023'' for ''June 5, 2018'' in introductory provisions.

Subsec. (b)(1)(A) to (C). Pub. L. 117–350, §2(b)(2)(B), added subpar. (B), redesignated former subpar. (B) as (A), and struck out former subpars. (A) and (C) which read as follows:

''(A) an assessment of the effectiveness of supportive psychosocial care services for pediatric cancer patients and survivors, including pediatric cancer survivorship care patient navigators and peer support programs;

''(C) recommendations for improving the provision of psychosocial care for pediatric cancer survivors and patients.''

Subsec. (b)(2). Pub. L. 117–350, §2(b)(2)(A), substituted ''January 5, 2023'' for ''June 5, 2018''.

§ 285a–11b. Best practices for long-term follow-up services for pediatric cancer survivors

The Secretary of Health and Human Services may facilitate the identification of best practices for childhood and adolescent cancer survivorship care, and, as appropriate, may consult with individuals who have expertise in late effects of disease and treatment of childhood and adolescent cancers, which may include—

(1) oncologists, which may include pediatric oncologists;

(2) primary care providers engaged in survivorship care;

(3) survivors of childhood and adolescent cancer;

(4) parents of children and adolescents who have been diagnosed with and treated for cancer and parents of long-term survivors;

(5) nurses and social workers;

(6) mental health professionals;

(7) allied health professionals, including physical therapists and occupational therapists; and

(8) others, as the Secretary determines appropriate.

(Pub. L. 115–180, title II, §203, June 5, 2018, 132 Stat. 1389.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Childhood Cancer Survivorship, Treatment, Access, and Research Act of 2018, also known as the Childhood Cancer STAR Act, and not as part of the Public Health Service Act which comprises this chapter.

§ 285a–12. Interagency Breast Cancer and Environmental Research Coordinating Committee

(a) Interagency Breast Cancer and Environmental Research Coordinating Committee

(1) Establishment

Not later than 6 months after October 8, 2008, the Secretary shall establish a committee, to be known as the Interagency Breast Cancer and Environmental Research Coordinating Committee (in this section referred to as the ''Committee'').

(2) Duties

The Committee shall—

(A) share and coordinate information on existing research activities, and make recommendations to the National Institutes of Health and other Federal agencies regarding how to improve existing research programs, that are related to breast cancer research;

(B) develop a comprehensive strategy and advise the National Institutes of Health and other Federal agencies in the solicitation of proposals for collaborative, multidisciplinary research, including proposals to evaluate environmental and genomic factors that may be related to the etiology of breast cancer that would—

(i) result in innovative approaches to study emerging scientific opportunities or eliminate knowledge gaps in research to improve the research portfolio;

(ii) outline key research questions, methodologies, and knowledge gaps;

(iii) expand the number of research proposals that involve collaboration between 2 or more national research institutes or national centers, including proposals for Common Fund research described in section 282(b)(7) of this title to improve the research portfolio; and

(iv) expand the number of collaborative, multidisciplinary, and multi-institutional research grants;

(C) develop a summary of advances in breast cancer research supported or conducted by Federal agencies relevant to the diagnosis, prevention, and treatment of cancer and other diseases and disorders; and

(D) not later than 2 years after the date of the establishment of the Committee, make recommendations to the Secretary—

(i) regarding any appropriate changes to research activities, including recommendations to improve the research portfolio of the National Institutes of Health to ensure that scientifically-based strategic planning is implemented in sup-