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.)

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§ 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-