

ferred to as the “Institute”) is to characterize the structure and function of the human genome, including the mapping and sequencing of individual genes. Such purpose includes—

- (1) planning and coordinating the research goal of the genome project;
- (2) reviewing and funding research proposals;
- (3) developing training programs;
- (4) coordinating international genome research;
- (5) communicating advances in genome science to the public; and
- (6) reviewing and funding proposals to address the ethical and legal issues associated with the genome project (including legal issues regarding patents).

**(b) Research training**

The Director of the Institute may conduct and support research training—

- (1) for which fellowship support is not provided under section 288 of this title; and
- (2) that is not residency training of physicians or other health professionals.

**(c) Amount available for ethical and legal issues**

(1) Except as provided in paragraph (2), of the amounts appropriated to carry out subsection (a) for a fiscal year, the Director of the Institute shall make available not less than 5 percent for carrying out paragraph (6) of such subsection.

(2) With respect to providing funds under subsection (a)(6) for proposals to address the ethical issues associated with the genome project, paragraph (1) shall not apply for a fiscal year if the Director of the Institute certifies to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, that the Director has determined that an insufficient number of such proposals meet the applicable requirements of sections 289 and 289a of this title.

(July 1, 1944, ch. 373, title IV, § 464z–1, formerly § 485B, as added Pub. L. 103–43, title XV, § 1521(2), June 10, 1993, 107 Stat. 180; renumbered § 464z–1 and amended Pub. L. 109–482, title I, § 101(c)(4), Jan. 15, 2007, 120 Stat. 3681.)

**Editorial Notes**

**CODIFICATION**

Section was formerly classified to section 287c of this title prior to renumbering by Pub. L. 109–482.

**AMENDMENTS**

2007—Pub. L. 109–482, § 101(c)(4)(C), substituted “Institute” for “Center” wherever appearing in section catchline and text.

Subsec. (a). Pub. L. 109–482, § 101(c)(4)(B), substituted “National Human Genome Research Institute” for “National Center for Human Genome Research” in introductory provisions.

**Statutory Notes and Related Subsidiaries**

**CHANGE OF NAME**

Committee on Labor and Human Resources of Senate changed to Committee on Health, Education, Labor, and Pensions of Senate by Senate Resolution No. 20, One Hundred Sixth Congress, Jan. 19, 1999.

Committee on Energy and Commerce of House of Representatives treated as referring to Committee on

Commerce of House of Representatives by section 1(a) of Pub. L. 104–14, set out as a note preceding section 21 of Title 2. The Congress. Committee on Commerce of House of Representatives changed to Committee on Energy and Commerce of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred to Committee on Financial Services of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

**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.

**SUBPART 20—NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES**

**Editorial Notes**

**CODIFICATION**

Pub. L. 111–148, title X, § 10334(c)(1)(A)–(C), (D)(ii), Mar. 23, 2010, 124 Stat. 973, redesignated subpart 6 of part E of this subchapter as this subpart and substituted “National Institute on Minority Health and Health Disparities” for “National Center on Minority Health and Health Disparities” in heading.

**§ 285t. Purpose of Institute**

**(a) In general**

The general purpose of the National Institute on Minority Health and Health Disparities (in this subpart referred to as the “Institute”) is the conduct and support of research, training, dissemination of information, and other programs with respect to minority health conditions and other populations with health disparities.

**(b) Priorities**

The Director of the Institute shall in expending amounts appropriated under this subpart give priority to conducting and supporting minority health disparities research.

**(c) Minority health disparities research**

For purposes of this subpart:

(1) The term “minority health disparities research” means basic, clinical, and behavioral research on minority health conditions (as defined in paragraph (2)), including research to prevent, diagnose, and treat such conditions.

(2) The term “minority health conditions”, with respect to individuals who are members of minority groups, means all diseases, disorders, and conditions (including with respect to mental health and substance abuse)—

(A) unique to, more serious, or more prevalent in such individuals;

(B) for which the factors of medical risk or types of medical intervention may be different for such individuals, or for which it is unknown whether such factors or types are different for such individuals; or

(C) with respect to which there has been insufficient research involving such individuals as subjects or insufficient data on such individuals.

(3) The term “minority group” has the meaning given the term “racial and ethnic minority group” in section 300u–6 of this title.

(4) The terms “minority” and “minorities” refer to individuals from a minority group.

**(d) Health disparity populations**

For purposes of this subpart:

(1) A population is a health disparity population if, as determined by the Director of the Institute after consultation with the Director of the Agency for Healthcare Research and Quality, there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.

(2) The Director shall give priority consideration to determining whether minority groups qualify as health disparity populations under paragraph (1).

(3) The term “health disparities research” means basic, clinical, and behavioral research on health disparity populations (including individual members and communities of such populations) that relates to health disparities as defined under paragraph (1), including the causes of such disparities and methods to prevent, diagnose, and treat such disparities.

**(e) Coordination of activities**

The Director of the Institute shall act as the primary Federal official with responsibility for coordinating all minority health disparities research and other health disparities research conducted or supported by the National Institutes of Health, and—

(1) shall represent the health disparities research program of the National Institutes of Health, including the minority health disparities research program, at all relevant Executive branch task forces, committees and planning activities; and

(2) shall maintain communications with all relevant Public Health Service agencies, including the Indian Health Service, and various other departments of the Federal Government to ensure the timely transmission of information concerning advances in minority health disparities research and other health disparities research between these various agencies for dissemination to affected communities and health care providers.

**(f) Collaborative comprehensive plan and budget**

**(1) In general**

Subject to the provisions of this section and other applicable law, the Director of NIH, the Director of the Institute, and the directors of the other agencies of the National Institutes of Health in collaboration (and in consultation with the advisory council for the Institute) shall—

(A) establish a comprehensive plan and budget for the conduct and support of all minority health disparities research and other health disparities research activities of the agencies of the National Institutes of Health (which plan and budget shall be first established under this subsection not later than 12 months after November 22, 2000);

(B) ensure that the plan and budget establish priorities among the health disparities research activities that such agencies are authorized to carry out;

(C) ensure that the plan and budget establish objectives regarding such activities, describes the means for achieving the objectives, and designates the date by which the objectives are expected to be achieved;

(D) ensure that, with respect to amounts appropriated for activities of the Institute, the plan and budget give priority in the expenditure of funds to conducting and supporting minority health disparities research;

(E) ensure that all amounts appropriated for such activities are expended in accordance with the plan and budget;

(F) review the plan and budget not less than annually, and revise the plan and budget as appropriate;

(G) ensure that the plan and budget serve as a broad, binding statement of policies regarding minority health disparities research and other health disparities research activities of the agencies, but do not remove the responsibility of the heads of the agencies for the approval of specific programs or projects, or for other details of the daily administration of such activities, in accordance with the plan and budget; and

(H) promote coordination and collaboration among the agencies conducting or supporting minority health or other health disparities research.

**(2) Certain components of plan and budget**

With respect to health disparities research activities of the agencies of the National Institutes of Health, the Director of the Institute shall ensure that the plan and budget under paragraph (1) provide for—

(A) basic research and applied research, including research and development with respect to products;

(B) research that is conducted by the agencies;

(C) research that is supported by the agencies;

(D) proposals developed pursuant to solicitations by the agencies and for proposals developed independently of such solicitations; and

(E) behavioral research and social sciences research, which may include cultural and linguistic research in each of the agencies.

**(3) Minority health disparities research**

The plan and budget under paragraph (1) shall include a separate statement of the plan and budget for minority health disparities research.

**(g) Participation in clinical research**

The Director of the Institute shall work with the Director of NIH and the directors of the agencies of the National Institutes of Health to carry out the provisions of section 289a-2 of this title that relate to minority groups.

**(h) Research endowments**

**(1) In general**

The Director of the Institute may carry out a program to facilitate minority health disparities research and other health disparities research by providing for research endowments—

- (A) at current or former centers of excellence under section 293 of this title; and
- (B) at current or former centers of excellence under section 285t-1 of this title.

### (2) Eligibility

The Director of the Institute may provide for a research endowment under paragraph (1) only if the institution involved meets the following conditions:

- (A) The institution does not have an endowment that is worth in excess of an amount equal to 50 percent of the national median of endowment funds at institutions that conduct similar biomedical research or training of health professionals.
- (B) The application of the institution under paragraph (1) regarding a research endowment has been recommended pursuant to technical and scientific peer review and has been approved by the advisory council under subsection (j).

### (i) Certain activities

In carrying out subsection (a), the Director of the Institute—

- (1) shall assist the Director of NIH in carrying out section 283k(c)(2) of this title and in committing resources for construction at Institutions of Emerging Excellence under such section;
- (2) shall establish projects to promote cooperation among Federal agencies, State, local, tribal, and regional public health agencies, and private entities in health disparities research; and
- (3) may utilize information from previous health initiatives concerning minorities and other health disparity populations.

### (j) Advisory council

#### (1) In general

The Secretary shall, in accordance with section 284a of this title, establish an advisory council to advise, assist, consult with, and make recommendations to the Director of the Institute on matters relating to the activities described in subsection (a), and with respect to such activities to carry out any other functions described in section 284a of this title for advisory councils under such section. Functions under the preceding sentence shall include making recommendations on budgetary allocations made in the plan under subsection (f), and shall include reviewing reports under subsection (k) before the reports are submitted under such subsection.

#### (2) Membership

With respect to the membership of the advisory council under paragraph (1), a majority of the members shall be individuals with demonstrated expertise regarding minority health disparity and other health disparity issues; representatives of communities impacted by minority and other health disparities shall be included; and a diversity of health professionals shall be represented. The membership shall in addition include a representative of the Office of Behavioral and Social Sciences Research under section 283c of this title.

### (k) Intra-National Institutes of Health coordination

The Director of the Institute, as the primary Federal official with responsibility for coordinating all research and activities conducted or supported by the National Institutes of Health on minority health and health disparities, shall plan, coordinate, review, and evaluate research and other activities conducted or supported by the national research institutes and national centers. The Director of the Institute may foster partnerships between the national research institutes and national centers and may encourage the funding of collaborative research projects to achieve the goals of the National Institutes of Health that are related to minority health and health disparities.

(July 1, 1944, ch. 373, title IV, § 464z-3, formerly § 485E, as added Pub. L. 106-525, title I, § 101(a), Nov. 22, 2000, 114 Stat. 2497; amended Pub. L. 109-482, title I, §§ 103(b)(44), 104(b)(1)(N), Jan. 15, 2007, 120 Stat. 3688, 3693; renumbered § 464z-3 and amended Pub. L. 111-148, title X, § 10334(c)(1)(D), (2), Mar. 23, 2010, 124 Stat. 973; Pub. L. 112-74, div. F, title II, § 221(d)(3), Dec. 23, 2011, 125 Stat. 1090; Pub. L. 114-255, div. A, title II, § 2038(f), Dec. 13, 2016, 130 Stat. 1066; Pub. L. 117-104, § 2, Mar. 18, 2022, 136 Stat. 1117.)

### Editorial Notes

#### CODIFICATION

Section was formerly classified to section 287c-31 of this title prior to renumbering by Pub. L. 111-148.

#### AMENDMENTS

2022—Subsec. (h)(1). Pub. L. 117-104 amended par. (1) generally. Prior to amendment, text read as follows: “The Director of the Institute may carry out a program to facilitate minority health disparities research and other health disparities research by providing for research endowments—

“(1) at centers of excellence under section 293 of this title; and

“(2) at centers of excellence under section 285t-1 of this title.”

2016—Subsec. (h). Pub. L. 114-255, § 2038(f)(1), redesignated subsec. (h) relating to interagency coordination as (k).

Subsec. (k). Pub. L. 114-255 redesignated subsec. (h) relating to interagency coordination as (k), in heading substituted “Intra-National Institutes of Health” for “Interagency”, in text substituted “as the primary Federal official” for “as the primary Federal officials” and “national research institutes and national centers” for “Institutes and Centers of the National Institutes of Health”, inserted a comma after “review”, and inserted at end “The Director of the Institute may foster partnerships between the national research institutes and national centers and may encourage the funding of collaborative research projects to achieve the goals of the National Institutes of Health that are related to minority health and health disparities.”

2011—Subsec. (i)(1). Pub. L. 112-74 substituted “Director of NIH” for “Director of the National Institute for Research Resources” and “283k(c)(2)” for “287a-1(c)(3)” and inserted “under such section” after “Institutions of Emerging Excellence”.

2010—Pub. L. 111-148, § 10334(c)(1)(D)(iii), substituted “Institute” for “Center” in section catchline.

Subsec. (a). Pub. L. 111-148, § 10334(c)(1)(D)(ii), (iii), substituted “National Institute on Minority Health and Health Disparities” for “National Center on Minority Health and Health Disparities” and “Institute” for “Center”.

Subsecs. (b), (d) to (g). Pub. L. 111-148, § 10334(c)(1)(D)(iii), substituted “Institute” for “Center” wherever appearing.

Subsec. (h). Pub. L. 111-148, § 10334(c)(2)(C), added at end subsec. (h) relating to interagency coordination.

Subsec. (h)(1). Pub. L. 111-148, § 10334(c)(2)(A), in par. (1) of subsec. (h) relating to research endowments, substituted “research endowments—

“(1) at centers of excellence under section 293 of this title; and

“(2) at centers of excellence under section 285t-1 of this title.”

for “research endowments at centers of excellence under section 293 of this title.”

Pub. L. 111-148, § 10334(c)(1)(D)(iii), in par. (1) of subsec. (h) relating to research endowments, substituted “Institute” for “Center”.

Subsec. (h)(2). Pub. L. 111-148, § 10334(c)(1)(D)(iii), in par. (2) of subsec. (h) relating to research endowments, substituted “Institute” for “Center” in introductory provisions.

Subsec. (h)(2)(A). Pub. L. 111-148, § 10334(c)(2)(B), in par. (2)(A) of subsec. (h) relating to research endowments, substituted “median” for “average”.

Subsecs. (i), (j). Pub. L. 111-148, § 10334(c)(1)(D)(iii), substituted “Institute” for “Center” wherever appearing.

2007—Subsec. (k). Pub. L. 109-482, § 104(b)(1)(N), struck out heading and text of subsec. (k). Text read as follows: “The Director of the Center shall prepare an annual report on the activities carried out or to be carried out by the Center, and shall submit each such report to the Committee on Health, Education, Labor, and Pensions of the Senate, the Committee on Commerce of the House of Representatives, the Secretary, and the Director of NIH. With respect to the fiscal year involved, the report shall—

“(1) describe and evaluate the progress made in health disparities research conducted or supported by the national research institutes;

“(2) summarize and analyze expenditures made for activities with respect to health disparities research conducted or supported by the National Institutes of Health;

“(3) include a separate statement applying the requirements of paragraphs (1) and (2) specifically to minority health disparities research; and

“(4) contain such recommendations as the Director considers appropriate.”

Subsec. (l). Pub. L. 109-482, § 103(b)(44), struck out heading and text of subsec. (l). Text read as follows: “For the purpose of carrying out this subpart, there are authorized to be appropriated \$100,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 through 2005. Such authorization of appropriations is in addition to other authorizations of appropriations that are available for the conduct and support of minority health disparities research or other health disparities research by the agencies of the National Institutes of Health.”

#### 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.

##### FINDINGS

Pub. L. 106-525, § 2, Nov. 22, 2000, 114 Stat. 2495, provided that: “The Congress finds as follows:

“(1) Despite notable progress in the overall health of the Nation, there are continuing disparities in the burden of illness and death experienced by African Americans, Hispanics, Native Americans, Alaska Natives, and Asian Pacific Islanders, compared to the United States population as a whole.

“(2) The largest numbers of the medically underserved are white individuals, and many of them have

the same health care access problems as do members of minority groups. Nearly 20,000,000 white individuals live below the poverty line with many living in nonmetropolitan, rural areas such as Appalachia, where the high percentage of counties designated as health professional shortage areas (47 percent) and the high rate of poverty contribute to disparity outcomes. However, there is a higher proportion of racial and ethnic minorities in the United States represented among the medically underserved.

“(3) There is a national need for minority scientists in the fields of biomedical, clinical, behavioral, and health services research. Ninety percent of minority physicians educated at Historically Black Medical Colleges live and serve in minority communities.

“(4) Demographic trends inspire concern about the Nation’s ability to meet its future scientific, technological, and engineering workforce needs. Historically, non-Hispanic white males have made up the majority of the United States scientific, technological, and engineering workers.

“(5) The Hispanic and Black population will increase significantly in the next 50 years. The scientific, technological, and engineering workforce may decrease if participation by underrepresented minorities remains the same.

“(6) Increasing rates of Black and Hispanic workers can help ensure a strong scientific, technological, and engineering workforce.

“(7) Individuals such as underrepresented minorities and women in the scientific, technological, and engineering workforce enable society to address its diverse needs.

“(8) If there had not been a substantial increase in the number of science and engineering degrees awarded to women and underrepresented minorities over the past few decades, the United States would be facing even greater shortages in scientific, technological, and engineering workers.

“(9) In order to effectively promote a diverse and strong 21st century scientific, technological, and engineering workforce, Federal agencies should expand or add programs that effectively overcome barriers such as educational transition from one level to the next and student requirements for financial resources.

“(10) Federal agencies should work in concert with the private nonprofit sector to emphasize the recruitment and retention of qualified individuals from ethnic and gender groups that are currently underrepresented in the scientific, technological, and engineering workforce.

“(11) Behavioral and social sciences research has increased awareness and understanding of factors associated with health care utilization and access, patient attitudes toward health services, and risk and protective behaviors that affect health and illness. These factors have the potential to then be modified to help close the health disparities gap among ethnic minority populations. In addition, there is a shortage of minority behavioral science researchers and behavioral health care professionals. According to the National Science Foundation, only 15.5 percent of behavioral research-oriented psychology doctorate degrees were awarded to minority students in 1997. In addition, only 17.9 percent of practice-oriented psychology doctorate degrees were awarded to ethnic minorities.”

##### PUBLIC AWARENESS AND DISSEMINATION OF INFORMATION ON HEALTH DISPARITIES

Pub. L. 106-525, title V, § 501, Nov. 22, 2000, 114 Stat. 2510, provided that:

“(a) PUBLIC AWARENESS ON HEALTH DISPARITIES.—The Secretary of Health and Human Services (in this section referred to as the ‘Secretary’) shall conduct a national campaign to inform the public and health care professionals about health disparities in minority and other underserved populations by disseminating information and materials available on specific diseases af-

fecting these populations and programs and activities to address these disparities. The campaign shall—

- “(1) have a specific focus on minority and other underserved communities with health disparities; and
- “(2) include an evaluation component to assess the impact of the national campaign in raising awareness of health disparities and information on available resources.

“(b) **DISSEMINATION OF INFORMATION ON HEALTH DISPARITIES.**—The Secretary shall develop and implement a plan for the dissemination of information and findings with respect to health disparities under titles I, II, III, and IV of this Act [see Tables for classification]. The plan shall—

- “(1) include the participation of all agencies of the Department of Health and Human Services that are responsible for serving populations included in the health disparities research; and
- “(2) have agency-specific strategies for disseminating relevant findings and information on health disparities and improving health care services to affected communities.”

#### TERMINATION OF ADVISORY COUNCILS

Advisory councils established after Jan. 5, 1973, to terminate not later than the expiration of the 2-year period beginning on the date of their establishment, unless, in the case of a council established by the President or an officer of the Federal Government, such council is renewed by appropriate action prior to the expiration of such 2-year period, or in the case of a council established by Congress, its duration is otherwise provided by law. See sections 1001(2) and 1013 of Title 5, Government Organization and Employees.

Pub. L. 93-641, §6, Jan. 4, 1975, 88 Stat. 2275, set out as a note under section 217a of this title, provided that an advisory committee established pursuant to the Public Health Service Act shall terminate at such time as may be specifically prescribed by an Act of Congress enacted after Jan. 4, 1975.

### § 285t-1. Centers of excellence for research education and training

#### (a) In general

The Director of the Institute shall make awards of grants or contracts to designated biomedical and behavioral research institutions under paragraph (1) of subsection (c), or to consortia under paragraph (2) of such subsection, for the purpose of assisting the institutions in supporting programs of excellence in biomedical and behavioral research training for individuals who are members of minority health disparity populations or other health disparity populations.

#### (b) Required use of funds

An award may be made under subsection (a) only if the applicant involved agrees that the grant will be expended—

- (1) to train members of minority health disparity populations or other health disparity populations as professionals in the area of biomedical or behavioral research or both; or
- (2) to expand, remodel, renovate, or alter existing research facilities or construct new research facilities for the purpose of conducting minority health disparities research and other health disparities research.

#### (c) Centers of excellence

##### (1) In general

For purposes of this section, a designated biomedical and behavioral research institution is a biomedical and behavioral research institution that—

(A) has a significant number of members of minority health disparity populations or other health disparity populations enrolled as students in the institution (including individuals accepted for enrollment in the institution);

(B) has been effective in assisting such students of the institution to complete the program of education or training and receive the degree involved;

(C) has made significant efforts to recruit minority students to enroll in and graduate from the institution, which may include providing means-tested scholarships and other financial assistance as appropriate; and

(D) has made significant recruitment efforts to increase the number of minority or other members of health disparity populations serving in faculty or administrative positions at the institution.

#### (2) Consortium

Any designated biomedical and behavioral research institution involved may, with other biomedical and behavioral institutions (designated or otherwise), including tribal health programs, form a consortium to receive an award under subsection (a).

#### (3) Application of criteria to other programs

In the case of any criteria established by the Director of the Institute for purposes of determining whether institutions meet the conditions described in paragraph (1), this section may not, with respect to minority health disparity populations or other health disparity populations, be construed to authorize, require, or prohibit the use of such criteria in any program other than the program established in this section.

#### (d) Duration of grant

The period during which payments are made under a grant under subsection (a) may not exceed 5 years. Such payments shall be subject to annual approval by the Director of the Institute and to the availability of appropriations for the fiscal year involved to make the payments.

#### (e) Maintenance of effort

##### (1) In general

With respect to activities for which an award under subsection (a) is authorized to be expended, the Director of the Institute may not make such an award to a designated research institution or consortium for any fiscal year unless the institution, or institutions in the consortium, as the case may be, agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the institutions involved for the fiscal year preceding the fiscal year for which such institutions receive such an award.

##### (2) Use of Federal funds

With respect to any Federal amounts received by a designated research institution or consortium and available for carrying out activities for which an award under subsection (a) is authorized to be expended, the Director of the Institute may make such an award only