

amended Pub. L. 110-237, §1(a)(4), May 27, 2008, 122 Stat. 1557; Pub. L. 113-240, §5, Dec. 18, 2014, 128 Stat. 2854.)

Editorial Notes

REFERENCES IN TEXT

The Newborn Screening Saves Lives Reauthorization Act of 2014, referred to in subsec. (b)(4)(D), is Pub. L. 113-240, Dec. 18, 2014, 128 Stat. 2851. For complete classification of this Act to the Code, see Short Title of 2014 Amendment note set out under section 201 of this title and Tables.

AMENDMENTS

2014—Subsec. (a)(3). Pub. L. 113-240, §5(1)(B)(i), substituted “information” for “data”.

Subsec. (a)(4), (5). Pub. L. 113-240, §5(1)(A), (B)(ii), (C), added pars. (4) and (5).

Subsec. (b)(4)(D). Pub. L. 113-240, §5(2), substituted “Newborn Screening Saves Lives Reauthorization Act of 2014” for “Newborn Screening Saves Lives Act of 2008”.

Subsec. (c). Pub. L. 113-240, §5(3), substituted “carrying out activities” for “developing the clearinghouse” and “activities minimize duplication and supplement, not supplant” for “clearinghouse minimizes duplication and supplements, not supplants”.

Subsec. (d). Pub. L. 113-240, §5(4), struck out subsec. (d). Text read as follows: “There are authorized to be appropriated to carry out this section, \$2,500,000 for fiscal year 2009, \$2,531,250 for fiscal year 2010, \$2,562,500 for fiscal year 2011, \$2,593,750 for fiscal year 2012, and \$2,625,000 for fiscal year 2013.”

2008—Subsec. (b)(4)(D). Pub. L. 110-237, §1(a)(4)(A), substituted “2008” for “2007”.

Subsec. (d). Pub. L. 110-237, §1(a)(4)(B), substituted “2009, \$2,531,250 for fiscal year 2010, \$2,562,500 for fiscal year 2011, \$2,593,750 for fiscal year 2012, and \$2,625,000 for fiscal year 2013.” for “2008, \$2,531,250 for fiscal year 2009, \$2,562,500 for fiscal year 2010, \$2,593,750 for fiscal year 2011, and \$2,625,000 for fiscal year 2012.”

§ 300b-12. Laboratory quality and surveillance

(a) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention and taking into consideration the expertise of the Advisory Committee on Heritable Disorders in Newborns and Children established under section 300b-10 of this title, shall provide for—

(1) quality assurance for laboratories involved in screening newborns and children for heritable disorders, including quality assurance for newborn-screening tests, timeliness for processing such tests, performance evaluation services, and technical assistance and technology transfer to newborn screening laboratories to ensure analytic validity and utility of screening tests; and

(2) appropriate quality control and other performance test materials to evaluate the performance of new screening tools.

(b) Surveillance activities

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, and taking into consideration the expertise of the Advisory Committee on Heritable Disorders in Newborns and Children established under section 300b-10 of this title, may provide, as appropriate, for the coordination of surveillance activities, including—

(1) through standardized data collection and reporting, as well as the use of electronic health records; and

(2) by promoting data sharing regarding newborn screening with State-based birth defects and developmental disabilities monitoring programs.

(July 1, 1944, ch. 373, title XI, §1113, as added Pub. L. 110-204, §6, Apr. 24, 2008, 122 Stat. 710; amended Pub. L. 110-237, §1(a)(5), May 27, 2008, 122 Stat. 1557; Pub. L. 113-240, §6, Dec. 18, 2014, 128 Stat. 2854.)

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AMENDMENTS

2014—Pub. L. 113-240, §6(1), inserted “and surveillance” after “quality” in section catchline.

Subsec. (a). Pub. L. 113-240, §6(2)(A), substituted “and taking into consideration the expertise of the Advisory Committee” for “and in consultation with the Advisory Committee” in introductory provisions.

Subsec. (a)(1). Pub. L. 113-240, §6(2)(B), inserted “timeliness for processing such tests,” after “newborn-screening tests,”.

Subsec. (b). Pub. L. 113-240, §6(3), added subsec. (b) and struck out former subsec. (b). Prior to amendment, text read as follows: “For the purpose of carrying out this section, there are authorized to be appropriated \$5,000,000 for fiscal year 2009, \$5,062,500 for fiscal year 2010, \$5,125,000 for fiscal year 2011, \$5,187,500 for fiscal year 2012, and \$5,250,000 for fiscal year 2013.”

2008—Subsec. (b). Pub. L. 110-237 substituted “2009, \$5,062,500 for fiscal year 2010, \$5,125,000 for fiscal year 2011, \$5,187,500 for fiscal year 2012, and \$5,250,000 for fiscal year 2013.” for “2008, \$5,062,500 for fiscal year 2009, \$5,125,000 for fiscal year 2010, \$5,187,500 for fiscal year 2011, and \$5,250,000 for fiscal year 2012.”

§ 300b-13. Interagency Coordinating Committee on Newborn and Child Screening

(a) Purpose

It is the purpose of this section to—

(1) assess existing activities and infrastructure, including activities on birth defects and developmental disabilities authorized under section 247b-4 of this title, in order to make recommendations for programs to collect, analyze, and make available data on the heritable disorders recommended by the Advisory Committee on Heritable Disorders in Newborns and Children under section 300b-10 of this title, including data on the incidence and prevalence of, as well as poor health outcomes resulting from, such disorders; and

(2) make recommendations for the establishment of regional centers for the conduct of applied epidemiological research on effective interventions to promote the prevention of poor health outcomes resulting from such disorders as well as providing information and education to the public on such effective interventions.

(b) Establishment

The Secretary shall establish an Interagency Coordinating Committee on Newborn and Child Screening (referred to in this section as the “Interagency Coordinating Committee”) to carry out the purpose of this section.

(c) Composition

The Interagency Coordinating Committee shall be composed of the Director of the Centers for Disease Control and Prevention, the Administrator of the Health Resources and Services

Administration, the Director of the Agency for Healthcare Research and Quality, the Commissioner of Food and Drugs, and the Director of the National Institutes of Health, or their designees.

(d) Activities

The Interagency Coordinating Committee shall—

(1) report to the Secretary and the appropriate committees of Congress on its recommendations related to the purpose described in subsection (a); and

(2) carry out other activities determined appropriate by the Secretary.

(July 1, 1944, ch. 373, title XI, §1114, as added Pub. L. 110-204, §6, Apr. 24, 2008, 122 Stat. 710; amended Pub. L. 110-237, §1(a)(6), May 27, 2008, 122 Stat. 1557; Pub. L. 113-240, §7, Dec. 18, 2014, 128 Stat. 2855.)

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2014—Subsec. (c). Pub. L. 113-240, §7(1), substituted “the Administrator of the Health Resources and Services Administration, the Director of the Agency for Healthcare Research and Quality, the Commissioner of Food and Drugs,” for “the Administrator, the Director of the Agency for Healthcare Research and Quality.”

Subsec. (e). Pub. L. 113-240, §7(2), struck out subsec. (e). Text read as follows: “For the purpose of carrying out this section, there are authorized to be appropriated \$1,000,000 for fiscal year 2009, \$1,012,500 for fiscal year 2010, \$1,025,000 for fiscal year 2011, \$1,037,500 for fiscal year 2012, and \$1,050,000 for fiscal year 2013.”

2008—Subsec. (e). Pub. L. 110-237 substituted “2009, \$1,012,500 for fiscal year 2010, \$1,025,000 for fiscal year 2011, \$1,037,500 for fiscal year 2012, and \$1,050,000 for fiscal year 2013.” for “2008, \$1,012,500 for fiscal year 2009, \$1,025,000 for fiscal year 2010, \$1,037,500 for fiscal year 2011, and \$1,050,000 for fiscal year 2012.”

§ 300b-14. National contingency plan for newborn screening

(a) In general

Not later than 180 days after April 24, 2008, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with the Administrator and State departments of health (or related agencies), shall develop a national contingency plan for newborn screening for use by a State, region, or consortium of States in the event of a public health emergency. The plan shall be updated as needed and at least every five years.

(b) Contents

The contingency plan developed under subsection (a) shall include a plan for—

(1) the collection and transport of specimens;

(2) the shipment of specimens to State newborn screening laboratories;

(3) the processing of specimens;

(4) the reporting of screening results to physicians and families;

(5) the diagnostic confirmation of positive screening results;

(6) ensuring the availability of treatment and management resources;

(7) educating families about newborn screening; and

(8) carrying out other activities determined appropriate by the Secretary.

(July 1, 1944, ch. 373, title XI, §1115, as added Pub. L. 110-204, §7, Apr. 24, 2008, 122 Stat. 711; amended Pub. L. 113-240, §8, Dec. 18, 2014, 128 Stat. 2855.)

Editorial Notes

AMENDMENTS

2014—Subsec. (a). Pub. L. 113-240 substituted “consortium” for “consortia” and inserted at end “The plan shall be updated as needed and at least every five years.”

§ 300b-15. Hunter Kelly Research Program

(a) Newborn screening activities

(1) In general

The Secretary, in conjunction with the Director of the National Institutes of Health and taking into consideration the recommendations of the Advisory Committee, may continue carrying out, coordinating, and expanding research in newborn screening (to be known as “Hunter Kelly Newborn Screening Research Program”) including—

(A) identifying, developing, and testing the most promising new screening technologies, in order to improve already existing screening tests, increase the specificity of newborn screening, and expand the number of conditions for which screening tests are available;

(B) experimental treatments and disease management strategies for additional newborn conditions, and other genetic, metabolic, hormonal, or functional conditions that can be detected through newborn screening for which treatment is not yet available;

(C) providing research findings and data for newborn conditions under review by the Advisory Committee on Heritable Disorders in Newborns and Children to be added to the recommended uniform screening panel;

(D) conducting pilot studies on conditions recommended by the Advisory Committee on Heritable Disorders in Newborns and Children to ensure that screenings are ready for nationwide implementation; and

(E) other activities that would improve newborn screening, as identified by the Director.

(2) Additional newborn condition

For purposes of this subsection, the term “additional newborn condition” means any condition that is not one of the core conditions recommended by the Advisory Committee and adopted by the Secretary.

(b) Funding

In carrying out the research program under this section, the Secretary and the Director shall ensure that entities receiving funding through the program will provide assurances, as practicable, that such entities will work in consultation with the appropriate State departments of health, and, as practicable, focus their research on screening technology not currently performed in the States in which the entities are located, and the conditions on the uniform