

sources that are relevant to programs that promote healthy lifestyles and reduce risk factors for the Medicare population. The Secretary may determine the scope of the evidence review and such issues to be considered, which shall include, at a minimum—

- (I) physical activity, nutrition, and obesity;
- (II) falls;
- (III) chronic disease self-management; and
- (IV) mental health.

(ii) Independent evaluation of evidence-based community prevention and wellness programs

The Administrator of the Centers for Medicare & Medicaid Services, in consultation with the Assistant Secretary for Aging, shall, to the extent feasible and practicable, conduct an evaluation of existing community prevention and wellness programs that are sponsored by the Administration on Aging to assess the extent to which Medicare beneficiaries who participate in such programs—

- (I) reduce their health risks, improve their health outcomes, and adopt and maintain healthy behaviors;
- (II) improve their ability to manage their chronic conditions; and
- (III) reduce their utilization of health services and associated costs under the Medicare program for conditions that are amenable to improvement under such programs.

(3) Report

Not later than September 30, 2013, the Secretary shall submit to Congress a report that includes—

- (A) recommendations for such legislation and administrative action as the Secretary determines appropriate to promote healthy lifestyles and chronic disease self-management for Medicare beneficiaries;
- (B) any relevant findings relating to the evidence review under paragraph (2)(B)(i); and
- (C) the results of the evaluation under paragraph (2)(B)(ii).

(4) Funding

For purposes of carrying out this subsection, the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) and the Federal Supplemental³ Medical Insurance Trust Fund under section 1841 of such Act (42 U.S.C. 1395t), in such proportion as the Secretary determines appropriate, of \$50,000,000 to the Centers for Medicare & Medicaid Services Program Management Account. Amounts transferred under the preceding sentence shall remain available until expended.

(5) Administration

Chapter 35 of title 44 shall not apply to the⁴ this subsection.

(6) Medicare beneficiary

In this subsection, the term “Medicare beneficiary” means an individual who is entitled to benefits under part A of title XVIII of the Social Security Act [42 U.S.C. 1395c et seq.] and enrolled under part B of such title [42 U.S.C. 1395j et seq.].

(Pub. L. 111-148, title IV, § 4202, Mar. 23, 2010, 124 Stat. 566.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (b)(6), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Parts A and B of title XVIII of the Act are classified generally to parts A (§1395c et seq.) and B (§1395j et seq.), respectively, of subchapter XVIII of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

CODIFICATION

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Public Health Service Act which comprises this chapter.

§ 300u-15. Research on optimizing the delivery of public health services

(a) In general

The Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Director of the Centers for Disease Control and Prevention, shall provide funding for research in the area of public health services and systems.

(b) Requirements of research

Research supported under this section shall include—

- (1) examining evidence-based practices relating to prevention, with a particular focus on high priority areas as identified by the Secretary in the National Prevention Strategy or Healthy People 2020, and including comparing community-based public health interventions in terms of effectiveness and cost;
- (2) analyzing the translation of interventions from academic settings to real world settings; and
- (3) identifying effective strategies for organizing, financing, or delivering public health services in real world community settings, including comparing State and local health department structures and systems in terms of effectiveness and cost.

(c) Existing partnerships

Research supported under this section shall be coordinated with the Community Preventive Services Task Force and carried out by building on existing partnerships within the Federal Government while also considering initiatives at the State and local levels and in the private sector.

(d) Annual report

The Secretary shall, on an annual basis, submit to Congress a report concerning the activities and findings with respect to research supported under this section.

(Pub. L. 111-148, title IV, § 4301, Mar. 23, 2010, 124 Stat. 578.)

³ So in original. Probably should be “Supplementary”.

⁴ So in original. The word “the” probably should not appear.

Editorial Notes**CODIFICATION**

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Public Health Service Act which comprises this chapter.

§ 300u-16. Establishment of substance use disorder information dashboard

(a) In general

Not later than 6 months after October 24, 2018, the Secretary of Health and Human Services shall, in consultation with the Director of National Drug Control Policy, establish and periodically update, on the Internet website of the Department of Health and Human Services, a public information dashboard that—

(1) provides links to information on programs within the Department of Health and Human Services related to the reduction of opioid and other substance use disorders;

(2) provides access, to the extent practicable and appropriate, to publicly available data, which may include data from agencies within the Department of Health and Human Services and—

- (A) other Federal agencies;
- (B) State, local, and Tribal governments;
- (C) nonprofit organizations;
- (D) law enforcement;
- (E) medical experts;
- (F) public health educators; and

(G) research institutions regarding prevention, treatment, recovery, and other services for opioid and other substance use disorders;

(3) provides data on substance use disorder prevention and treatment strategies in different regions of and populations in the United States;

(4) identifies information on alternatives to controlled substances for pain management, such as approaches studied by the National Institutes of Health Pain Consortium, the National Center for Complimentary and Integrative Health, and other institutes and centers at the National Institutes of Health, as appropriate; and

(5) identifies guidelines and best practices for health care providers regarding treatment of substance use disorders.

(b) Controlled substance defined

In this section, the term “controlled substance” has the meaning given that term in section 802 of title 21.

(July 1, 1944, ch. 373, title XVII, §1711, as added Pub. L. 115-271, title VII, §7021, Oct. 24, 2018, 132 Stat. 4009.)

Statutory Notes and Related Subsidiaries

NATIONAL MILESTONES TO MEASURE SUCCESS IN CURTAILING THE OPIOID CRISIS

Pub. L. 115-271, title VII, §7023, Oct. 24, 2018, 132 Stat. 4012, provided that:

“(a) **IN GENERAL.**—Not later than 180 days after the date of enactment of this Act [Oct. 24, 2018], the Secretary of Health and Human Services (referred to in this section as the ‘Secretary’), in coordination with the Administrator of the Drug Enforcement Administration and the Director of the Office of National Drug

Control Policy, shall develop or identify existing national indicators (referred to in this section as the ‘national milestones’) to measure success in curtailing the opioid crisis, with the goal of significantly reversing the incidence and prevalence of opioid misuse and abuse, and opioid-related morbidity and mortality in the United States within 5 years of such date of enactment.

“(b) **NATIONAL MILESTONES TO END THE OPIOID CRISIS.**—The national milestones under subsection (a) shall include the following:

“(1) Not fewer than 10 indicators or metrics to accurately and expeditiously measure progress in meeting the goal described in subsection (a), which shall, as appropriate, include, indicators or metrics related to—

“(A) the number of fatal and non-fatal opioid overdoses;

“(B) the number of emergency room visits related to opioid misuse and abuse;

“(C) the number of individuals in sustained recovery from opioid use disorder;

“(D) the number of infections associated with illicit drug use, such as HIV, viral hepatitis, and infective endocarditis, and available capacity for treating such infections;

“(E) the number of providers prescribing medication-assisted treatment for opioid use disorders, including in primary care settings, community health centers, jails, and prisons;

“(F) the number of individuals receiving treatment for opioid use disorder; and

“(G) additional indicators or metrics, as appropriate, such as metrics pertaining to specific populations, including women and children, American Indians and Alaskan Natives, individuals living in rural and non-urban areas, and justice-involved populations, that would further clarify the progress made in addressing the opioid crisis.

“(2) A reasonable goal, such as a percentage decrease or other specified metric, that signifies progress in meeting the goal described in subsection (a), and annual targets to help achieve that goal.

“(c) **CONSIDERATION OF OTHER SUBSTANCE USE DISORDERS.**—In developing the national milestones under subsection (b), the Secretary shall, as appropriate, consider other substance use disorders in addition to opioid use disorder.

“(d) **EXTENSION OF PERIOD.**—If the Secretary determines that the goal described in subsection (a) will not be achieved with respect to any indicator or metric established under subsection (b)(2) within 5 years of the date of enactment of this Act, the Secretary may extend the timeline for meeting such goal with respect to that indicator or metric. The Secretary shall include with any such extension a rationale for why additional time is needed and information on whether significant changes are needed in order to achieve such goal with respect to the indicator or metric.

“(e) **ANNUAL STATUS UPDATE.**—Not later than one year after the date of enactment of this Act, the Secretary shall make available on the Internet website of the Department of Health and Human Services, and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, an update on the progress, including expected progress in the subsequent year, in achieving the goals detailed in the national milestones. Each such update shall include the progress made in the first year or since the previous report, as applicable, in meeting each indicator or metric in the national milestones.”