

(3) may, in accordance with section 289e of this title, and in consultation with the National Advisory Council on Drug Abuse, acquire, construct, improve, repair, operate, and maintain pharmacotherapeutic research centers, laboratories, and other necessary facilities and equipment, and such other real or personal property as the Director determines necessary, and may, in consultation with such Advisory Council, make grants for the construction or renovation of facilities to carry out the purposes of this section;

(4) may accept voluntary and uncompensated services;

(5) may accept gifts, or donations of services, money, or property, real, personal, or mixed, tangible or intangible; and

(6) shall take necessary action to ensure that all channels for the dissemination and exchange of scientific knowledge and information are maintained between the Institute and the other scientific, medical, and biomedical disciplines and organizations nationally and internationally.

**(c) Report**

**(1) In general**

Not later than December 31, 1992, and each December 31 thereafter, the Director of the Institute shall submit to the Office of National Drug Control Policy established under section 1501<sup>1</sup> of title 21 a report, in accordance with paragraph (3), that describes the objectives and activities of the program assisted under this section.

**(2) National Drug Control Strategy**

The Director of National Drug Control Policy shall incorporate, by reference or otherwise, each report submitted under this subsection in the National Drug Control Strategy submitted the following February 1 under section 1504<sup>1</sup> of title 21.

**(d) "Pharmacotherapeutics" defined**

For purposes of this section, the term "pharmacotherapeutics" means medications used to treat the symptoms and disease of drug abuse, including medications to—

- (1) block the effects of abused drugs;
- (2) reduce the craving for abused drugs;
- (3) moderate or eliminate withdrawal symptoms;
- (4) block or reverse the toxic effect of abused drugs; or
- (5) prevent relapse in persons who have been detoxified from drugs of abuse.

(July 1, 1944, ch. 373, title IV, §464P, as added Pub. L. 102-321, title I, §123(b), July 10, 1992, 106 Stat. 362; amended Pub. L. 103-43, title XX, §2008(b)(10), June 10, 1993, 107 Stat. 211; Pub. L. 109-482, title I, §103(b)(35), Jan. 15, 2007, 120 Stat. 3688.)

REFERENCES IN TEXT

Sections 1501 and 1504 of title 21, referred to in subsec. (c), were repealed by Pub. L. 100-690, title I, §1009, Nov. 18, 1988, 102 Stat. 4188, as amended.

AMENDMENTS

2007—Subsec. (e). Pub. L. 109-482 struck out heading and text of subsec. (e). Text read as follows: "For the

purpose of carrying out this section, there are authorized to be appropriated \$85,000,000 for fiscal year 1993, and \$95,000,000 for fiscal year 1994."

1993—Subsec. (b)(6). Pub. L. 103-43 substituted "Institute" for "Administration".

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.

EFFECTIVE DATE

Section effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102-321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

REPORT BY INSTITUTE ON MEDICINE

Section 701 of Pub. L. 102-321 directed Secretary of Health and Human Services to enter into a contract with a public or nonprofit private entity to conduct a study concerning (1) role of the private sector in development of anti-addiction medications, including legislative proposals designed to encourage private sector development of such medications, (2) process by which anti-addiction medications receive marketing approval from Food and Drug Administration, including an assessment of feasibility of expediting marketing approval process in a manner consistent with maintaining safety and effectiveness of such medications, (3) with respect to pharmacotherapeutic treatments for drug addiction (A) recommendations with respect to a national strategy for developing such treatments and improvements in such strategy, (B) state of the scientific knowledge concerning such treatments, and (C) assessment of progress toward development of safe, effective pharmacological treatments for drug addiction, and (4) other related information determined appropriate by the authors of the study, and to submit to Congress a report of the results of such study not later than 18 months after July 10, 1992.

SUBPART 16—NATIONAL INSTITUTE OF MENTAL HEALTH

**§ 285p. Purpose of Institute**

**(a) In general**

The general purpose of the National Institute of Mental Health (hereafter in this subpart referred to as the "Institute") is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the cause, diagnosis, treatment, control and prevention of mental illness.

**(b) Research program**

The research program established under this subpart shall include support for biomedical and behavioral neuroscience and shall be designed to further the treatment and prevention of mental illness, the promotion of mental health, and the study of the psychological, social and legal factors that influence behavior.

**(c) Collaboration**

The Director of the Institute shall collaborate with the Administrator of the Substance Abuse and Mental Health Services Administration in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.

**(d) Information with respect to suicide**

**(1) In general**

The Director of the Institute shall—

<sup>1</sup> See References in Text note below.

(A) develop and publish information with respect to the causes of suicide and the means of preventing suicide; and

(B) make such information generally available to the public and to health professionals.

**(2) Youth suicide**

Information described in paragraph (1) shall especially relate to suicide among individuals under 24 years of age.

**(e) Associate Director for Special Populations**

**(1) In general**

The Director of the Institute shall designate an Associate Director for Special Populations.

**(2) Duties**

The Associate Director for Special Populations shall—

(A) develop and coordinate research policies and programs to assure increased emphasis on the mental health needs of women and minority populations;

(B) support programs of basic and applied social and behavioral research on the mental health problems of women and minority populations;

(C) study the effects of discrimination on institutions and individuals, including majority institutions and individuals;

(D) support and develop research designed to eliminate institutional discrimination; and

(E) provide increased emphasis on the concerns of women and minority populations in training programs, service delivery programs, and research endeavors of the Institute.

(July 1, 1944, ch. 373, title IV, §464R, as added Pub. L. 102-321, title I, §124(a), July 10, 1992, 106 Stat. 364; amended Pub. L. 102-352, §2(a)(5), Aug. 26, 1992, 106 Stat. 938; Pub. L. 109-482, title I, §103(b)(36), Jan. 15, 2007, 120 Stat. 3688.)

AMENDMENTS

2007—Subsec. (f). Pub. L. 109-482 struck out subsec. (f) which authorized appropriations and provided that at least 15% of the appropriated amounts were to carry out health services research relating to mental health.

1992—Subsec. (f)(1). Pub. L. 102-352 struck out “other than section 285o-4 of this title” after “this subpart”.

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.

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102-352 effective immediately upon effectuation of amendment made by Pub. L. 102-321, see section 3(1) of Pub. L. 102-352, set out as a note under section 285n of this title.

EFFECTIVE DATE

Section effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102-321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

STUDY OF BARRIERS TO INSURANCE COVERAGE OF TREATMENT FOR MENTAL ILLNESS AND SUBSTANCE ABUSE

Section 704 of Pub. L. 102-321 directed Secretary of Health and Human Services, acting through Director of

the National Institute of Mental Health and in consultation with Administrator of Health Care Financing Administration, to conduct a study of the barriers to insurance coverage for the treatment of mental illness and substance abuse and to submit a report to Congress on the results of such study not later than Oct. 1, 1993.

**§ 285p-1. Associate Director for Prevention**

**(a) In general**

There shall be in the Institute an Associate Director for Prevention who shall be responsible for the full-time coordination and promotion of the programs in the Institute concerning the prevention of mental disorder. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or expertise are experts in mental disorder and the prevention of such.

**(b) Report**

The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 284b<sup>1</sup> of this title a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

(July 1, 1944, ch. 373, title IV, §464S, as added Pub. L. 102-321, title I, §124(b), July 10, 1992, 106 Stat. 365.)

REFERENCES IN TEXT

Section 284b of this title, referred to in subsec. (b), was repealed by Pub. L. 109-482, title I, §104(b)(1)(C), Jan. 15, 2007, 120 Stat. 3693.

EFFECTIVE DATE

Section effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102-321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

**§ 285p-2. Office of Rural Mental Health Research**

**(a) In general**

There is established within the Institute an office to be known as the Office of Rural Mental Health Research (hereafter in this section referred to as the “Office”). The Office shall be headed by a director, who shall be appointed by the Director of such Institute from among individuals experienced or knowledgeable in the provision of mental health services in rural areas. The Secretary shall carry out the authorities established in this section acting through the Director of the Office.

**(b) Coordination of activities**

The Director of the Office, in consultation with the Director of the Institute and with the Director of the Office of Rural Health Policy, shall—

(1) coordinate the research activities of the Department of Health and Human Services as such activities relate to the mental health of residents of rural areas; and

(2) coordinate the activities of the Office with similar activities of public and nonprofit private entities.

<sup>1</sup> See References in Text note below.