(B) State reports and mandatory measurements

(i) In general

Not later than 5 years after March 23, 2010, and every 5 years thereafter, a State shall submit to the Secretary a report concerning activities conducted within the State under PRAMS.

(ii) Measurements

The oral healthcare measurements developed by the Secretary for use under PRAMS shall be mandatory with respect to States for purposes of the State reports under clause (i).

(C) Funding

There is authorized to be appropriated to carry out this paragraph, such sums as may be necessary.

(2) National Health and Nutrition Examination Survey

The Secretary shall develop oral healthcare components that shall include tooth-level surveillance for inclusion in the National Health and Nutrition Examination Survey. Such components shall be updated by the Secretary at least every 6 years. For purposes of this paragraph, the term ''tooth-level surveillance'' means a clinical examination where an examiner looks at each dental surface, on each tooth in the mouth and as expanded by the Division of Oral Health of the Centers for Disease Control and Prevention.

(3) Medical Expenditures Panel Survey

The Secretary shall ensure that the Medical Expenditures Panel Survey by the Agency for Healthcare Research and Quality includes the verification of dental utilization, expenditure, and coverage findings through conduct of a look-back analysis.

(4) National Oral Health Surveillance System

(A) Appropriations

There is authorized to be appropriated, such sums as may be necessary for each of fiscal years 2010 through 2014 to increase the participation of States in the National Oral Health Surveillance System from 16 States to all 50 States, territories, and District of Columbia.

(B) Requirements

The Secretary shall ensure that the National Oral Health Surveillance System include the measurement of early childhood caries.

(Pub. L. 111–148, title IV, § 4102(d), Mar. 23, 2010, 124 Stat. 552.)

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.

PART U—EMPLOYER-BASED WELLNESS PROGRAM

§ 280*l*. Technical assistance for employer-based wellness programs

In order to expand the utilization of evidence-based prevention and health promotion approaches in the workplace, the Director shall—

(1) provide employers (including small, medium, and large employers, as determined by the Director) with technical assistance, consultation, tools, and other resources in evaluating such employers' employer-based wellness programs, including—

(A) measuring the participation and methods to increase participation of employees in such programs;

(B) developing standardized measures that assess policy, environmental and systems changes necessary to have a positive health impact on employees' health behaviors, health outcomes, and health care expenditures; and

(C) evaluating such programs as they relate to changes in the health status of employees, the absenteeism of employees, the productivity of employees, the rate of workplace injury, and the medical costs incurred by employees; and

(2) build evaluation capacity among workplace staff by training employers on how to evaluate employer-based wellness programs and ensuring evaluation resources, technical assistance, and consultation are available to workplace staff as needed through such mechanisms as web portals, call centers, or other means.

(July 1, 1944, ch. 373, title III, § 399MM, as added and amended Pub. L. 111–148, title IV, § 4303, title X, § 10404, Mar. 23, 2010, 124 Stat. 583, 975.)

AMENDMENTS

2010—Par. (2). Pub. L. 111–148, § 10404, substituted ''and ensuring'' for ''by ensuring''.

GRANTS FOR SMALL BUSINESSES TO PROVIDE COMPREHENSIVE WORKPLACE WELLNESS PROGRAMS

Pub. L. 111–148, title X, § 10408, Mar. 23, 2010, 124 Stat. 977, provided that:

''(a) ESTABLISHMENT.—The Secretary shall award grants to eligible employers to provide their employees with access to comprehensive workplace wellness programs (as described under subsection (c)).

''(b) SCOPE.—

''(1) DURATION.—The grant program established under this section shall be conducted for a 5-year period.

''(2) ELIGIBLE EMPLOYER.—The term 'eligible employer' means an employer (including a non-profit employer) that—

''(A) employs less than 100 employees who work 25 hours or greater per week; and

''(B) does not provide a workplace wellness program as of the date of enactment of this Act [Mar. 23, 2010].

''(c) COMPREHENSIVE WORKPLACE WELLNESS PROGRAMS.—

''(1) CRITERIA.—The Secretary shall develop program criteria for comprehensive workplace wellness programs under this section that are based on and consistent with evidence-based research and best practices, including research and practices as provided in the Guide to Community Preventive Services, the Guide to Clinical Preventive Services, and the National Registry for Effective Programs.

''(2) REQUIREMENTS.—A comprehensive workplace wellness program shall be made available by an eligible employer to all employees and include the following components:

''(A) Health awareness initiatives (including health education, preventive screenings, and health risk assessments).

''(B) Efforts to maximize employee engagement (including mechanisms to encourage employee participation).

''(C) Initiatives to change unhealthy behaviors and lifestyle choices (including counseling, seminars, online programs, and self-help materials).

''(D) Supportive environment efforts (including workplace policies to encourage healthy lifestyles, healthy eating, increased physical activity, and improved mental health).

''(d) APPLICATION.—An eligible employer desiring to participate in the grant program under this section shall submit an application to the Secretary, in such manner and containing such information as the Secretary may require, which shall include a proposal for a comprehensive workplace wellness program that meet [sic] the criteria and requirements described under subsection (c).

''(e) AUTHORIZATION OF APPROPRIATION.—For purposes of carrying out the grant program under this section, there is authorized to be appropriated $200,000,000 for the period of fiscal years 2011 through 2015. Amounts appropriated pursuant to this subsection shall remain available until expended.''

§ 280*l*–1. National worksite health policies and programs study

(a) In general

In order to assess, analyze, and monitor over time data about workplace policies and programs, and to develop instruments to assess and evaluate comprehensive workplace chronic disease prevention and health promotion programs, policies and practices, not later than 2 years after March 23, 2010, and at regular intervals (to be determined by the Director) thereafter, the Director shall conduct a national worksite health policies and programs survey to assess employer-based health policies and programs.

(b) Report

Upon the completion of each study under subsection (a), the Director shall submit to Congress a report that includes the recommendations of the Director for the implementation of effective employer-based health policies and programs.

(July 1, 1944, ch. 373, title III, § 399MM–1, as added Pub. L. 111–148, title IV, § 4303, Mar. 23, 2010, 124 Stat. 583.)

§ 280*l*–2. Prioritization of evaluation by Secretary

The Secretary shall evaluate, in accordance with this part, all programs funded through the Centers for Disease Control and Prevention before conducting such an evaluation of privately funded programs unless an entity with a privately funded wellness program requests such an evaluation.

(July 1, 1944, ch. 373, title III, § 399MM–2, as added Pub. L. 111–148, title IV, § 4303, Mar. 23, 2010, 124 Stat. 583.)

§ 280*l*–3. Prohibition of Federal workplace wellness requirements

Notwithstanding any other provision of this part, any recommendations, data, or assessments carried out under this part shall not be used to mandate requirements for workplace wellness programs.

(July 1, 1944, ch. 373, title III, § 399MM–3, as added Pub. L. 111–148, title IV, § 4303, Mar. 23, 2010, 124 Stat. 583.)

PART V—PROGRAMS RELATING TO BREAST HEALTH AND CANCER

§ 280m. Young women's breast health awareness and support of young women diagnosed with breast cancer

(a) Public education campaign

(1) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall conduct a national evidence-based education campaign to increase awareness of young women's knowledge regarding—

(A) breast health in young women of all racial, ethnic, and cultural backgrounds;

(B) breast awareness and good breast health habits;

(C) the occurrence of breast cancer and the general and specific risk factors in women who may be at high risk for breast cancer based on familial, racial, ethnic, and cultural backgrounds such as Ashkenazi Jewish populations;

(D) evidence-based information that would encourage young women and their health care professional to increase early detection of breast cancers; and

(E) the availability of health information and other resources for young women diagnosed with breast cancer.

(2) Evidence-based, age appropriate messages

The campaign shall provide evidence-based, age-appropriate messages and materials as developed by the Centers for Disease Control and Prevention and the Advisory Committee established under paragraph (4).

(3) Media campaign

In conducting the education campaign under paragraph (1), the Secretary shall award grants to entities to establish national multimedia campaigns oriented to young women that may include advertising through television, radio, print media, billboards, posters, all forms of existing and especially emerging social networking media, other Internet media, and any other medium determined appropriate by the Secretary.

(4) Advisory committee

(A) Establishment

Not later than 60 days after March 23, 2010, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish an advisory committee to assist in creating and conducting the education campaigns under paragraph (1) and subsection (b)(1).

(B) Membership

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall appoint to the advisory committee under subparagraph (A) such members as deemed necessary to properly advise the Secretary, and shall include organizations and individuals with expertise in breast cancer, disease prevention, early detection, diagnosis, public health, social marketing, genetic screening and counseling,