

the Indian Health Service or through tribal contracts, compacts, grants, or cooperative agreements with the Indian Health Service and which are determined appropriate to raising the health status of Indians.

**(d) Grant and contract authority**

Entities receiving a grant under subsection (b) of this section may expend the grant to carry out the purpose described in such subsection.

**(e) Health coverage unaffected**

Nothing in this section shall be construed to affect any coverage obligation of a governmental or private health plan or program relating to an individual referred to under subsection (b)(1) of this section.

(July 1, 1944, ch. 373, title IV, §417C, as added Pub. L. 106-245, §4, July 10, 2000, 114 Stat. 508; amended Pub. L. 109-482, title I, §103(b)(16), 104(b)(1)(F), Jan. 15, 2007, 120 Stat. 3687, 3693.)

REFERENCES IN TEXT

Sections 4 and 5 of the Radiation Exposure Compensation Act, referred to in subsec. (b)(1) and (4), are sections 4 and 5 of Pub. L. 101-426, which are set out as a note under section 2210 of this title.

AMENDMENTS

2007—Subsec. (f). Pub. L. 109-482, §104(b)(1)(F), struck out heading and text of subsec. (f). Text read as follows: “Beginning on October 1 of the year following the date on which amounts are first appropriated to carry out this section and annually on each October 1 thereafter, the Secretary shall submit a report to the Committee on the Judiciary and the Committee on Health, Education, Labor, and Pensions of the Senate and to the Committee on the Judiciary and the Committee on Commerce of the House of Representatives. Each report shall summarize the expenditures and programs funded under this section as the Secretary determines to be appropriate.”

Subsec. (g). Pub. L. 109-482, §103(b)(16), struck out heading and text of subsec. (g). Text read as follows: “There are authorized to be appropriated for the purpose of carrying out this section \$20,000,000 for fiscal year 1999 and such sums as may be necessary for each of the fiscal years 2000 through 2009.”

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.

**§ 285a-10. Research, information, and education with respect to blood cancer**

**(a) Joe Moakley Research Excellence Program**

**(1) In general**

The Director of NIH shall expand, intensify, and coordinate programs for the conduct and support of research with respect to blood cancer, and particularly with respect to leukemia, lymphoma, and multiple myeloma.

**(2) Administration**

The Director of NIH shall carry out this subsection through the Director of the National Cancer Institute and in collaboration with any other agencies that the Director determines to be appropriate.

**(b) Geraldine Ferraro Cancer Education Program**

**(1) In general**

The Secretary shall direct the appropriate agency within the Department of Health and

Human Services, in collaboration with the Director of NIH, to establish and carry out a program to provide information and education for patients and the general public with respect to blood cancer, and particularly with respect to the treatment of leukemia, lymphoma, and multiple myeloma.

**(2) Administration**

The Agency determined by the Secretary under paragraph (1) shall carry out this subsection in collaboration with private health organizations that have national education and patient assistance programs on blood-related cancers.

(July 1, 1944, ch. 373, title IV, §417D, as added Pub. L. 107-172, §3, May 14, 2002, 116 Stat. 541; amended Pub. L. 109-482, title I, §103(b)(17), Jan. 15, 2007, 120 Stat. 3688.)

CODIFICATION

Section 3 of Pub. L. 107-172, which directed that section 417D (this section) be inserted after section 419C of part C of title IV of the Public Health Service Act, was executed by adding section 417D to part C of title IV of the Public Health Service Act, to reflect the probable intent of Congress, notwithstanding that part C does not contain a section 419C.

AMENDMENTS

2007—Subsec. (a)(3). Pub. L. 109-482, §103(b)(17)(A), struck out heading and text of par. (3). Text read as follows: “For the purpose of carrying out this subsection, there is authorized to be appropriated such sums as may be necessary for fiscal year 2002 and each subsequent fiscal year. Such authorizations of appropriations are in addition to other authorizations of appropriations that are available for such purpose.”

Subsec. (b)(3). Pub. L. 109-482, §103(b)(17)(B), struck out heading and text of par. (3). Text read as follows: “For the purpose of carrying out this subsection, there is authorized to be appropriated such sums as may be necessary for fiscal year 2002 and each subsequent fiscal year. Such authorizations of appropriations are in addition to other authorizations of appropriations that are available for such purpose.”

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.

CONGRESSIONAL FINDINGS

Pub. L. 107-172, §2, May 14, 2002, 116 Stat. 541, provided that: “Congress finds that:

“(1) An estimated 109,500 people in the United States will be diagnosed with leukemia, lymphoma, and multiple myeloma in 2001.

“(2) New cases of the blood cancers described in paragraph (1) account for 8.6 percent of new cancer cases.

“(3) Those devastating blood cancers will cause the deaths of an estimated 60,300 persons in the United States in 2001. Every 9 minutes, a person in the United States dies from leukemia, lymphoma, or multiple myeloma.

“(4) While less than 5 percent of Federal funds for cancer research are spent on those blood cancers, those blood cancers cause 11 percent of all cancer deaths in the United States.

“(5) Increased Federal support of research into leukemia, lymphoma, and multiple myeloma has resulted and will continue to result in significant advances in the treatment, and ultimately the cure, of those blood cancers as well as other cancers.”

**§ 285a-11. Pediatric cancer research and awareness**

**(a) Pediatric cancer research**

**(1) Programs of research excellence in pediatric cancer**

The Secretary, in collaboration with the Director of NIH and other Federal agencies with interest in prevention and treatment of pediatric cancer, shall continue to enhance, expand, and intensify pediatric cancer research and other activities related to pediatric cancer, including therapeutically applicable research to generate effective treatments, pediatric preclinical testing, and pediatric clinical trials through National Cancer Institute-supported pediatric cancer clinical trial groups and their member institutions. In enhancing, expanding, and intensifying such research and other activities, the Secretary is encouraged to take into consideration the application of such research and other activities for minority, health disparity, and medically underserved communities. For purposes of this section, the term “pediatric cancer research” means research on the causes, prevention, diagnosis, recognition, treatment, and long-term effects of pediatric cancer.

**(2) Peer review requirements**

All grants awarded under this subsection shall be awarded in accordance with section 289a of this title.

**(b) Public awareness of pediatric cancers and available treatments and research**

**(1) In general**

The Secretary may award grants to childhood cancer professional and direct service organizations for the expansion and widespread implementation of—

(A) activities that provide available information on treatment protocols to ensure early access to the best available therapies and clinical trials for pediatric cancers;

(B) activities that provide available information on the late effects of pediatric cancer treatment to ensure access to necessary long-term medical and psychological care; and

(C) direct resource services such as educational outreach for parents, peer-to-peer and parent-to-parent support networks, information on school re-entry and post-secondary education, and resource directories or referral services for financial assistance, psychological counseling, and other support services.

In awarding grants under this paragraph, the Secretary is encouraged to take into consideration the extent to which an entity would use such grant for purposes of making activities and services described in this paragraph available to minority, health disparity, and medically underserved communities.

**(2) Performance measurement, transparency, and accountability**

For each grant awarded under this subsection, the Secretary shall develop and implement metrics-based performance measures to

assess the effectiveness of activities funded under such grant.

**(3) Informational requirements**

Any information made available pursuant to a grant awarded under paragraph (1) shall be—

(A) culturally and linguistically appropriate as needed by patients and families affected by childhood cancer; and

(B) approved by the Secretary.

**(c) Rule of construction**

Nothing in this section shall be construed as being inconsistent with the goals and purposes of the Minority Health and Health Disparities Research and Education Act of 2000 (42 U.S.C. 202 note).<sup>1</sup>

**(d) Authorization of appropriations**

For purposes of carrying out this section and section 280e-3a of this title, there are authorized to be appropriated \$30,000,000 for each of fiscal years 2009 through 2013. Such authorization of appropriations is in addition to the authorization of appropriations established in section 282a of this title with respect to such purpose. Funds appropriated under this subsection shall remain available until expended.

(July 1, 1944, ch. 373, title IV, §417E, as added Pub. L. 110-285, §4(a), July 29, 2008, 122 Stat. 2629.)

REFERENCES IN TEXT

The Minority Health and Health Disparities Research and Education Act of 2000, referred to in subsec. (c), is Pub. L. 106-525, Nov. 22, 2000, 114 Stat. 2495. For complete classification of this Act to the Code, see Short Title of 2000 Amendments note set out under section 201 of this title and Tables.

**§ 285a-12. Interagency Breast Cancer and Environmental Research Coordinating Committee**

**(a) Interagency Breast Cancer and Environmental Research Coordinating Committee**

**(1) Establishment**

Not later than 6 months after October 8, 2008, the Secretary shall establish a committee, to be known as the Interagency Breast Cancer and Environmental Research Coordinating Committee (in this section referred to as the “Committee”).

**(2) Duties**

The Committee shall—

(A) share and coordinate information on existing research activities, and make recommendations to the National Institutes of Health and other Federal agencies regarding how to improve existing research programs, that are related to breast cancer research;

(B) develop a comprehensive strategy and advise the National Institutes of Health and other Federal agencies in the solicitation of proposals for collaborative, multidisciplinary research, including proposals to evaluate environmental and genomic factors that may be related to the etiology of breast cancer that would—

(i) result in innovative approaches to study emerging scientific opportunities or

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