For effective date, savings, and transitional provisions relating to the repeal of this section by section 2193(b) of Pub. L. 97–35, see section 2194 of Pub. L. 97–35, set out as a note under section 701 of this title.

**SUBCHAPTER IX—GENETIC DISEASES, HEMOPHILIA PROGRAMS, AND SUDDEN INFANT DEATH SYNDROME**

**AMENDMENTS**


**PART A—GENETIC DISEASES**

**AMENDMENTS**


**EFFECTIVE DATE OF 1981 AMENDMENT AND REPEAL, SAVINGS, AND TRANSITIONAL PROVISIONS**

For effective date, savings, and transitional provisions relating to the amendment and repeal of this section by Pub. L. 97–35–35, see section 2194 of Pub. L. 97–35, set out as a note under section 701 of this title.

**§ 300b–1. Research project grants and contracts**

In carrying out section 241 of this title, the Secretary may make grants to public and nonprofit private entities, and may enter into contracts with public and private entities and individuals for projects for (1) basic or applied research leading to the understanding, diagnosis, treatment, and control of genetic diseases, (2) planning, establishing, demonstrating, and developing special programs for the training of genetic counselors, social and behavioral scientists, and other health professionals, (3) the development of programs to educate practicing physicians, other health professionals, and the public regarding the nature of genetic processes, the inheritance patterns of genetic diseases, and the means, methods, and facilities available to diagnose, control, counsel, and treat genetic diseases, and (4) the development of counseling and testing programs and other programs for the diagnosis, control, and treatment of genetic diseases. In making grants and entering into contracts for projects described in clause (1) of the preceding sentence, the Secretary shall give priority to applications for such grants or contracts which are submitted for research on sickle cell anemia and for research on Cooley’s anemia.

(July 1, 1944, ch. 373, title XI, § 1102, as added Pub. L. 94–278, title IV, § 403(a), Apr. 22, 1976, 90 Stat. 408.)

**PRIOR PROVISIONS**

A prior section 300b–1, act July 1, 1944, ch. 373, title XI, § 1102, as added May 16, 1972, Pub. L. 92–294, § 3(c), 86 Stat. 138, authorized Secretary to make grants and enter contracts with public and private entities and individuals for projects concerned with research, research training in diagnosis, treatment and control of sickle cell anemia, informational and educational programs with respect to sickle cell anemia and development of counseling and testing programs, prior to repeal by Pub. L. 94–278, title IV, § 403(a), Apr. 22, 1976, 90 Stat. 407.

**EFFECTIVE DATE**

Section 403(c) of Pub. L. 94–278 provided that: ‘‘The amendments made by subsections (a) and (b) [see section 401 of Pub. L. 94–278, set out as a Short Title of 1976 Amendment note under section 201 of this title] shall take effect July 1, 1976.’’

**SHORT TITLE OF 1976 AMENDMENT**

For short title of title IV of Pub. L. 94–278, which enacted this part, omitted former part B of this subchapter, redesignated former parts C and D of this subchapter as parts B and C of this subchapter, respectively, as the ‘‘National Sickle Cell Anemia, Cooley’s Anemia, Tay-Sachs, and Genetic Diseases Act’’, see section 401 of Pub. L. 94–278, set out as a note under section 201 of this title.

**CONGRESSIONAL DECLARATION OF PURPOSE**

Section 402 of Pub. L. 94–278, as amended by Pub. L. 95–626, title II, § 206(a), Nov. 10, 1978, 92 Stat. 3583, provided that: ‘‘In order to preserve and protect the health and welfare of all citizens, it is the purpose of this title [see section 401 of Pub. L. 94–278, set out as a Short Title of 1976 Amendment note under section 201 of this title] to establish a national program to provide for basic and applied research, research training, testing, counseling, and information and education programs with respect to genetic diseases, and genetic conditions, such as Sickle Cell anemia, Cooley’s Anemia, Tay-Sachs disease, cystic fibrosis, dysautonomia, hemophilia, retinitis pigmentosa, Huntington’s chorea, muscular dystrophy, and genetic conditions leading to mental retardation or genetically caused mental disorders.”

**SECTION REFERRED TO IN OTHER SECTIONS**

This section is referred to in section 300b–3 of this title.

**§ 300b–2. Voluntary participation by individuals**

The participation by any individual in any program or portion thereof under this part shall be wholly voluntary and shall not be a prerequisite to eligibility for or receipt of any other service or assistance from, or to participation in, any other program.
§ 300b-3. Application; special consideration to prior sickle cell anemia grant recipients

(a) Manner of submission; contents

A grant or contract under this part may be made upon submission to the Secretary and require, including assurances for an evaluation whether performed by the applicant or by the Secretary. Such grant or contract may be made available on less than a statewide or regional basis. Each applicant shall—

(1) provide that the programs and activities for which assistance under this part is sought will be administered by or under the supervision of the applicant;

(2) provide for strict confidentiality of all test results, medical records, and other information regarding testing, diagnosis, counseling, or treatment of any person treated, except for (A) such information as the patient (or his guardian) gives informed consent to be released, or (B) statistical data compiled without reference to the identity of any such patient;

(3) provide for community representation where appropriate in the development and operation of voluntary genetic testing or counseling programs funded by a grant or contract under this part; and

(4) establish fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of and accounting of Federal funds paid to the applicant under this part.

(b) Considerations for grants and contracts under section 300b–1 of this title

In making grants and entering into contracts for any fiscal year under section 241 of this title for projects described in section 300b–1 of this title the Secretary shall give special consideration to applications from entities that received grants from, or entered into contracts with, the Secretary for the preceding fiscal year for the conduct of comprehensive sickle cell centers or sickle cell screening and education clinics.

§ 300b-4. Public Health Service facilities

The Secretary shall establish a program within the Service to provide voluntary testing, diagnosis, counseling, and treatment of individuals respecting genetic diseases. Services under such program shall be made available through facilities of the Service to persons requesting such services, and the program shall provide appropriate publicity of the availability and voluntary nature of such services.

§ 300b–6. Applied technology
The Secretary, acting through an identifiable administrative unit, shall—
(1) conduct epidemiological assessments and surveillance of genetic diseases to define the scope and extent of such diseases and the need for programs for the diagnosis, treatment, and control of such diseases, screening for such diseases, and the counseling of persons with such diseases;
(2) on the basis of the assessments and surveillance described in paragraph (1), develop for use by the States programs which combine in an effective manner diagnosis, treatment, and control of such diseases, screening for such diseases, and counseling of persons with such diseases; and
(3) on the basis of the assessments and surveillance described in paragraph (1), provide technical assistance to States to implement the programs developed under paragraph (2) and train appropriate personnel for such programs.

In carrying out this section, the Secretary may, from funds allotted for use under section 702(a) of this title, make grants to or contracts with public or nonprofit private entities (including grants and contracts for demonstration projects).

(July 1, 1944, ch. 373, title XI, § 1107, as added Pub. L. 97–35, § 2194, title XXI, set out as a note under section 701 of this title.)

§ 300b–7. Tourette Syndrome
(a) In general
The Secretary shall develop and implement outreach programs to educate the public, health care providers, educators and community based organizations about the etiology, symptoms, diagnosis and treatment of Tourette Syndrome, with a particular emphasis on children with Tourette Syndrome. Such programs may be carried out by the Secretary directly and through awards of grants or contracts to public or nonprofit private entities.

(b) Certain activities
Activities under subsection (a) of this section shall include—
(1) the production and translation of educational materials, including public service announcements;
(2) the development of training material for health care providers, educators and community based organizations; and
(3) outreach efforts directed at the misdiagnosis and underdiagnosis of Tourette Syndrome in children and in minority groups.

(c) Authorization of appropriations
For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.


§ 300b–8. Improved newborn and child screening for heritable disorders
(a) In general
The Secretary shall award grants to eligible entities to enhance, improve or expand the ability of State and local public health agencies to provide screening, counseling or health care services to newborns and children having or at risk for heritable disorders.

(b) Use of funds
Amounts provided under a grant awarded under subsection (a) of this section shall be used to—
(1) establish, expand, or improve systems or programs to provide screening, counseling, testing or specialty services for newborns and children at risk for heritable disorders;
(2) establish, expand, or improve programs or services to reduce mortality or morbidity from heritable disorders;
(3) establish, expand, or improve systems or programs to provide information and counseling on available therapies for newborns and children with heritable disorders;
(4) improve the access of medically underserved populations to screening, counseling, testing and specialty services for newborns and children having or at risk for heritable disorders; or
(5) conduct such other activities as may be necessary to enable newborns and children having or at risk for heritable disorders to receive screening, counseling, testing or specialty services, regardless of income, race, color, religion, sex, national origin, age, or disability.

(c) Eligible entities
To be eligible to receive a grant under subsection (a) of this section an entity shall—
(1) be a State or political subdivision of a State, or a consortium of two or more States or political subdivisions of States; and
(2) prepare and submit to the Secretary an application that includes—
(A) a plan to use amounts awarded under the grant to meet specific health status goals and objectives relative to heritable disorders, including attention to needs of medically underserved populations;
(B) a plan for the collection of outcome data or other methods of evaluating the de-
gree to which amounts awarded under this grant will be used to achieve the goals and objectives identified under subparagraph (A);
(C) a plan for monitoring and ensuring the quality of services provided under the grant;
(D) an assurance that amounts awarded under the grant will be used only to implement the approved plan for the State;
(E) an assurance that the provision of services under the plan is coordinated with services provided under programs implemented in the State under title V, XVIII, XIX, XX, or XXI of the Social Security Act (42 U.S.C. 701 et seq., 1395 et seq., 1396 et seq., 1397 et seq., 1397aa et seq.) (subject to Federal regulations applicable to such programs) so that the coverage of services under such titles is not substantially diminished by the use of granted funds; and
(F) such other information determined by the Secretary to be necessary.

(d) Limitation
An eligible entity may not use amounts received under this section to—
(1) provide cash payments to or on behalf of affected individuals;
(2) provide inpatient services;
(3) purchase land or make capital improvements to property; or
(4) provide for proprietary research or training.

(e) Voluntary participation
The participation by any individual in any program or portion thereof established or operated with funds received under this section shall be wholly voluntary and shall not be a prerequisite to eligibility for or receipt of any other service or assistance from, or to participation in, another Federal or State program.

(f) Supplement not supplant
Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities of the type described in this section.

(g) Publication
(1) In general
An application submitted under subsection (c)(2) of this section shall be made public by the State in such a manner as to facilitate comment from any person, including through hearings and other methods used to facilitate comments from the public.
(2) Comments
Comments received by the State after the publication described in paragraph (1) shall be addressed in the application submitted under subsection (c)(2) of this section.

(h) Technical assistance
The Secretary shall provide to entities receiving grants under subsection (a) of this section such technical assistance as may be necessary to ensure the quality of programs conducted under this section.

(i) Authorization of appropriations
There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2001 through 2005.


REFERENCES IN TEXT
The Social Security Act, referred to in subsec. (c)(2)(E), is act Aug. 14, 1935, ch. 531, 49 Stat. 620, as amended. Titles V, XVIII, XIX, XX, and XXI of the Act are classified generally to subchapters V (§701 et seq.), XVIII (§1395 et seq.), XIX (§1396 et seq.), XX (§1397 et seq.), and XXI (§1397aa et seq.), respectively, of chapter 7 of this title. For complete classification of this Act to the Code, see section 1385 of this title and Tables.

SECTION REFERRED TO IN OTHER SECTIONS
This section is referred to in section 300b–10 of this title.

§300b–9. Evaluating the effectiveness of newborn and child screening programs

(a) In general
The Secretary shall award grants to eligible entities to provide for the conduct of demonstration programs to evaluate the effectiveness of screening, counseling or health care services in reducing the morbidity and mortality caused by heritable disorders in newborns and children.

(b) Demonstration programs
A demonstration program conducted under a grant under this section shall be designed to evaluate and assess, within the jurisdiction of the entity receiving such grant—
(1) the effectiveness of screening, counseling, testing or specialty services for newborns and children at risk for heritable disorders in reducing the morbidity and mortality associated with such disorders;
(2) the effectiveness of screening, counseling, testing or specialty services in accurately and reliably diagnosing heritable disorders in newborns and children; or
(3) the availability of screening, counseling, testing or specialty services for newborns and children at risk for heritable disorders.

(c) Eligible entities
To be eligible to receive a grant under subsection (a) of this section an entity shall be a State or political subdivision of a State, or a consortium of two or more States or political subdivisions of States.


§300b–10. Advisory Committee on Heritable Disorders in Newborns and Children

(a) Establishment
The Secretary shall establish an advisory committee to be known as the “Advisory Committee on Heritable Disorders in Newborns and Children” (referred to in this section as the “Advisory Committee”).

(b) Duties
The Advisory Committee shall—
(1) provide advice and recommendations to the Secretary concerning grants and projects...
awarded or funded under section 300b–8 of this title;
(2) provide technical information to the Secretary for the development of policies and priorities for the administration of grants under section 300b–8 of this title; and
(3) provide such recommendations, advice or information as may be necessary to enhance, expand or improve the ability of the Secretary to reduce the mortality or morbidity from heritable disorders.

c) Membership

(1) In general

The Secretary shall appoint not to exceed 15 members to the Advisory Committee. In appointing such members, the Secretary shall ensure that the total membership of the Advisory Committee is an odd number.

(2) Required members

The Secretary shall appoint to the Advisory Committee under paragraph (1)—
(A) the Administrator of the Health Resources and Services Administration;
(B) the Director of the Centers for Disease Control and Prevention;
(C) the Director of the National Institutes of Health;
(D) the Director of the Agency for Healthcare Research and Quality;
(E) medical, technical, or scientific professionals with special expertise in heritable disorders, or in providing screening, counseling, testing or specialty services for newborns and children at risk for heritable disorders;
(F) members of the public having special expertise about or concern with heritable disorders; and
(G) representatives from such Federal agencies, public health constituencies, and medical professional societies as determined to be necessary by the Secretary, to fulfill the duties of the Advisory Committee, as established under subsection (b) of this section.

(July 1, 1944, ch. 373, title XI, §1111, as added Pub. L. 94–278, Oct. 22, 1976, 90 Stat. 409, redesignated part C heading as part B.

§ 300c–11. TITLE 42—THE PUBLIC HEALTH AND WELFARE

§ 300c–11. The Public Health Service Act; grants

(a) In general

Prior to section 300c–11, Pub. L. 94–278, title IV, §403(a), Apr. 22, 1976, 90 Stat. 407, provided for the Public Health Service to provide for screening, counseling, and treatment with respect to Cooley's Anemia.

Section 300c–4, as added Pub. L. 94–278, title IV, §403(a), Apr. 22, 1976, 90 Stat. 407, provided for Secretary's submission of a report to President for transmission to Congress annually.

Termination of Advisory Committee

Advisory committees established after Jan. 5, 1973, to terminate not later than the expiration of the 2-year period beginning on the date of their establishment, unless, in the case of a committee established by the President or an officer of the Federal Government, such committee is renewed by appropriate action prior to the expiration of such 2-year period, or in the case of a committee established by the Congress, its duration is otherwise provided by law. See section 14 of Pub. L. 92–463, Oct. 6, 1972, 86 Stat. 776, set out in the Appendix to Title 5, Government Organization and Employees.

Pub. L. 93–641, §6, Jan. 4, 1974, 88 Stat. 2275, set out as a note under section 217a of this title, provided that an advisory committee established pursuant to the Public Health Service Act shall terminate at such time as may be specifically prescribed by an Act of Congress enacted after Jan. 4, 1975.

Part B—Sudden Infant Death Syndrome

Amendments


Effective Date of 1961 Amendment and Repeal, Savings, and Transitional Provisions

For effective date, savings, and transitional provisions relating to the amendment and repeal of this section by Pub. L. 97–35, see section 2194 of Pub. L. 97–35, set out as a note under section 701 of this title.

§ 300c–12. Sudden infant death syndrome research and research reports

(a) Adequate amounts for identification and prevention progress

From the sums appropriated to the National Institute of Child Health and Human Development, the Secretary shall assure that there are applied to research of the type described in subparagraphs (A) and (B) of subsection (b)(1) of this section such amounts each year as will be adequate, given the leads and findings then available from such research, in order to make maximum feasible progress toward identification of infants at risk of sudden infant death syndrome and prevention of sudden infant death syndrome.

(b) Reports to Congressional committees; contents: data as to applications and funds for specific and general research, summary of findings and plan for taking advantage of research leads and findings

(1) Not later than ninety days after the close of the fiscal year ending September 30, 1979, and...
of each fiscal year thereafter, the Secretary shall report to the Committees on Appropriations of the Senate and the House of Representatives, the Committee on Labor and Human Resources of the Senate, and the Committee on Energy and Commerce of the House of Representatives specific information for such fiscal year on—

(A) the (i) number of applications approved by the Secretary in the fiscal year reported on for grants and contracts under this chapter for research which relates specifically to sudden infant death syndrome, (ii) total amount requested under such applications, (iii) number of such applications for which funds were provided in such fiscal year, and (iv) total amount of such funds; and

(B) the (i) number of applications approved by the Secretary in such fiscal year for grants and contracts under this chapter for research which relates generally to sudden infant death syndrome, including high-risk pregnancy and high-risk infancy research which directly relates to sudden infant death syndrome, (ii) relationship of the high-risk pregnancy and high-risk infancy research to sudden infant death syndrome, (iii) total amount requested under such applications, (iv) number of such applications for which funds were provided in such fiscal year, and (v) total amount of such funds.

(2) Each report submitted under paragraph (1) of this subsection shall—

(A) contain a summary of the findings of intramural and extramural research supported by the National Institute of Child Health and Human Development relating to sudden infant death syndrome as described in subparagraphs (A) and (B) of such paragraph (1), and the plan of such Institute for taking maximum advantage of such research leads and findings; and

(B) provide an estimate of the need for additional funds over each of the next five fiscal years for grants and contracts under this chapter for research activities described in such subparagraphs.

c) Reports to Congressional Committees; current and past estimates for research

Within five days after the Budget is transmitted to the President to the Congress for each fiscal year after fiscal year 1980, the Secretary shall transmit to the Committees on Appropriations of the Senate and the House of Representatives, the Committee on Labor and Human Resources of the Senate, and the Committee on Energy and Commerce of the House of Representatives an estimate of the amounts requested for the National Institute of Child Health and Human Development and any other Institutes of the National Institutes of Health, respectively, for research relating to sudden infant death syndrome as described in subparagraphs (A) and (B) of subsection (b)(1) of this section, and a comparison of such amounts with the amounts requested for the preceding fiscal year.

(july 1, 1944, ch. 373, title xi, §1122, as added pub. l. 96–142, title ii, §202, dec. 12, 1979, 93 stat. 1072; amended pub. l. 99–158, §3(a)(6), nov. 20, 1985, 99 stat. 879; pub. l. 103–437, §15(a)(1), nov. 2, 1994, 108 stat. 4591.)

Amendments


1985—Subsec. (a). Pub. L. 99–158 struck out “under section 289d of this title” before “, the Secretary”.

Change of Name


Part C—Hemophilia Programs

Amendments


Effective Date of 1981 Amendment and Repeal, Savings, and Transitional Provisions

For effective date, savings, and transitional provisions relating to the amendment and repeal of this section by Pub. L. 97–35, see section 2194 of Pub. L. 97–35, set out as a note under section 701 of this title.

§ 300c–22. Blood-separation centers

(a) Grants and contracts with public and non-profit private entities for projects to develop and expand existing facilities; definitions

The Secretary may make grants to and enter into contracts with public and nonprofit private entities for projects to develop and expand, within existing facilities, blood-separation centers to separate and make available for distribution blood components to providers of blood services and manufacturers of blood fractions. For purposes of this section—

(1) the term “blood components” means those constituents of whole blood which are used for therapy and which are obtained by physical separation processes which result in licensed products such as red blood cells, platelets, white blood cells, AHF-rich plasma, fresh-frozen plasma, cryoprecipitate, and single unit plasma for infusion; and

(2) the term “blood fractions” means those constituents of plasma which are used for therapy and which are obtained by licensed fractionation processes presently used in manufacturing which result in licensed products such as normal serum albumin, plasma, protein fraction, prothrombin complex, fibrino-
gen, AHP concentrate, immune serum globulin, and hyperimmune globulins.

(b) Grants for alleviation of insufficient supplies of blood fractions

In the event the Secretary finds that there is an insufficient supply of blood fractions available to meet the needs for treatment of persons suffering from hemophilia, and that public and other nonprofit private centers already engaged in the production of blood fractions could alleviate such insufficiency with assistance under this subsection, he may make grants not to exceed $500,000 to such centers for the purposes of alleviating the insufficiency.

(c) Approval of application as prerequisite for grant or contract; form, manner of submission, and contents of application

No grant or contract may be made under subsection (a) or (b) of this section unless an application therefor has been submitted to and approved by the Secretary. Such an application shall be in such form, submitted in such manner, and contain such information as the Secretary shall by regulation prescribe.

(d) Nonapplicability of statutory provisions to contracts

Contracts may be entered into under subsection (a) or (b) of this section without regard to section 3324(a) and (b) of title 31 and section 5 of title 41.

(e) Authorization of appropriations

For the purpose of making payments under grants and contracts under subsections (a) and (b) of this section, there are authorized to be appropriated $4,000,000 for fiscal year 1976, $5,000,000 for the fiscal year ending September 30, 1977, $3,450,000 for the fiscal year ending September 30, 1978, $2,500,000 for the fiscal year ending September 30, 1979, $3,000,000 for the fiscal year ending September 30, 1980, and $3,500,000 for the fiscal year ending September 30, 1981.


CODIFICATION

In subsec. (d), “section 3324(a) and (b) of title 31” substituted for reference to section 398 of the Revised Statutes (31 U.S.C. 529) on authority of Pub. L. 97–258, §4(b), Sept. 13, 1982, 96 Stat. 1067, the first section of title 41.

AMENDMENTS


EFFECTIVE DATE

Section effective July 1, 1975, see section 608 of Pub. L. 94–63, set out as an Effective Date of 1975 Amendment note under section 247b of this title.

RICKY RAY HEMOPHILIA RELIEF FUND


“SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

“(a) SHORT TITLE.—This Act may be cited as the ‘Ricky Ray Hemophilia Relief Fund Act of 1998’.

“(b) TABLE OF CONTENTS.—(Omitted.)

“TITLE I—HEMOPHILIA RELIEF FUND

“SEC. 101. RICKY RAY HEMOPHILIA RELIEF FUND.

“(a) Establishment.—There is established in the Treasury of the United States a trust fund to be known as the ‘Ricky Ray Hemophilia Relief Fund’, which shall be administered by the Secretary of the Treasury.

“(b) Investment of Amounts in Fund.—Amounts in the Fund shall be invested in accordance with section 9702 of title 31, United States Code, and any interest on and proceeds from any such investment shall be credited to and become part of the Fund.

“(c) Availability of Fund.—Amounts in the Fund shall be available only for disbursement by the Secretary of Health and Human Services under section 103.

“(d) Termination.—The Fund shall terminate upon the expiration of the 5-year period, investments of amounts in the Fund shall be liquidated, the receipts of such liquidation shall be deposited in the Fund, and all funds remaining in the Fund shall be deposited in the miscellaneous receipts account in the Treasury of the United States.

“(e) Authorization of Appropriations.—There is authorized to be appropriated to the Fund to carry out this title $750,000,000. There is appropriated to the Fund $75,000,000 for fiscal year 2001, to remain available until expended.

“SEC. 102. COMPASSIONATE PAYMENT RELATING TO INDIVIDUALS WITH BLOOD-CLOTTING DISORDERS AND HIV.

“(a) In General.—If the conditions described in subsection (b) are met and if there are sufficient amounts in the Fund to make each payment, the Secretary shall make a single payment of $100,000 from the Fund to any individual who has an HIV infection and who is described in one of the following paragraphs:

“(1) The individual has any form of blood-clotting disorder, such as hemophilia, and was treated with antihemophilic factor at any time during the period beginning on July 1, 1982, and ending on December 31, 1987.

“(2) The individual—

“(A) is the lawful spouse of an individual described in paragraph (1); or

“(B) is the former lawful spouse of an individual described in paragraph (1) and was the lawful spouse of the individual at any time after a date, within the period described in such subparagraph, on which the individual was treated as described in such paragraph and through medical documentation can assert reasonable certainty of transmission of HIV from individual described in paragraph (1).

“(3) The individual acquired the HIV infection through perinatal transmission from a parent on the date beginning on July 1, 1982, and ending on December 31, 1987.

“(4) The individual has an HIV infection and was treated with antihemophilic factor at any time after a date, within the period described in such subparagraph, on which the individual was treated as described in such paragraph and through medical documentation can assert reasonable certainty of transmission of HIV from individual described in paragraph (1).

“(b) Conditions.—The conditions described in this subsection are, with respect to an individual, as follows:

“(1) Submission of Medical Documentation of HIV Infection.—The individual submits to the Secretary written medical documentation that the individual has an HIV infection.

“(2) Petition.—A petition for the payment is filed with the Secretary by or on behalf of the individual.

“(3) Determination.—The Secretary determines, in accordance with section 103(b), that the petition meets the requirements of this title.

“SEC. 103. DETERMINATION AND PAYMENT.

“(a) Establishment of Filing Procedures.—The Secretary of Health and Human Services shall establish
procedures under which individuals may submit petitions for payment under this title. The procedures shall include a requirement that each petition filed under this Act include written medical documentation that the relevant individual described in section 102(a)(1) has (or had) a blood-clotting disorder, such as hemophilia, and was treated as described in such section.

"(b) Determination.—For each petition filed under this title, the Secretary shall determine whether the petition meets the requirements of this title.

"(c) Payment.—

"(1) In general.—To the extent there are sufficient amounts in the Fund to cover each petition, the Secretary shall pay, from the Fund, each petition that the Secretary determines meets the requirements of this title in the order received.

"(2) Payments in case of deceased individuals.—

"(A) In general.—In the case of a petition referred to in section 102(a) who is deceased at the time that payment is made under this section on a petition filed by or on behalf of the individual, the payment shall be made as follows:

"(i) If the individual is survived by a spouse who is living at the time of payment, the payment shall be made to such surviving spouse.

"(ii) If the individual is not survived by a spouse described in clause (i) or (ii), the payment shall be made in equal shares to all children of the individual who are living at the time of the payment.

"(iii) If the individual is not survived by a person described in clause (i) or (ii), the payment shall revert back to the Fund.

"(B) Filing of petition by survivor.—If an individual eligible for payment under section 102(a) dies before filing a petition under this title, a survivor of the individual may file a petition for payment under this title on behalf of the individual if the survivor may receive payment under subparagraph (A).

"(c) Definitions.—For purposes of this paragraph:

"(i) The term 'spouse' means an individual who was lawfully married to the relevant individual at the time of death.

"(ii) The term 'child' includes a recognized natural child, a stepchild who lived with the relevant individual in a regular parent-child relationship, and an adopted child.

"(iii) The term 'parent' includes fathers and mothers through adoption.

"(d) Timing of payment.—The Secretary may not make payment on a petition under this title before the expiration of the 120-day period beginning on the date of the enactment of this Act [Nov. 12, 1998] or after the expiration of the 5-year period beginning on the date of the enactment of this Act.

"(e) Action on petitions.—The Secretary shall complete the determination required by subsection (b) regarding a petition not later than 120 days after the date the petition is filed under this title.

"(f) Humane nature of payment.—This Act does not create or admit any claim of or on behalf of the individual against the United States or against any officer, employee, or agent thereof acting within the scope of employment or agency that relate to an HIV infection arising from treatment with anthemophilic factor, at any time during the period beginning on July 1, 1982, and ending on December 31, 1987. A payment under this Act shall, however, when accepted by or on behalf of the individual, be in full satisfaction of all such claims by or on behalf of that individual.

"(g) Administrative costs not paid from Fund.—No costs incurred by the Secretary in carrying out this title may be paid from the Fund or set off against, or otherwise deducted from, any payment made under subsection (c)(1).

"(g) Termination of duties of Secretary.—The duties of the Secretary under this section shall cease when the Fund terminates.

"(h) Treatment of payments under other laws.—A payment under subsection (c)(1) to an individual—

"(1) shall be treated for purposes of the Internal Revenue Code of 1986 as damages described in section 109(a)(2) of such Code;

"(2) shall not be included as income or resources for purposes of determining the eligibility of the individual to receive benefits described in section 3607(c)(2) of title 31, United States Code, or the amount of such benefits, and such benefits shall not be secondary to, conditioned upon reimbursement from, or subject to any reduction because of receipt of, any such payment; and

"(3) shall not be treated as a third party payment or payment in relation to a legal liability with respect to such benefits and shall not be subject (whether by subrogation or otherwise) to recovery, recoupment, reimbursement, or collection with respect to such benefits (including the Federal or State governments or any entity that provides such benefits under a contract).

"(i) Regulatory authority.—The Secretary may issue regulations necessary to carry out this title.

"(j) Time of issuance of procedures.—The Secretary shall, through the promulgation of appropriate regulations, guidelines, or otherwise, first establish the procedures to carry out this title not later than 120 days after the date of the enactment of this Act [Nov. 12, 1998].

"SEC. 104. LIMITATION ON TRANSFER OF RIGHTS AND NUMBER OF PETITIONS.

"(a) Rights not assignable or transferable.—Any right under this title shall not be assignable or transferable.

"(b) One petition with respect to each victim.—With respect to each individual described in paragraph (1), (2), or (3) of section 102(a), the Secretary may not make payment with respect to more than one petition filed in respect to an individual.

"SEC. 105. TIME LIMITATION.

"The Secretary may not make any payment with respect to any petition filed under this title unless the petition is filed within 3 years after the date of the enactment of this Act [Nov. 12, 1998].

"SEC. 106. CERTAIN CLAIMS NOT AFFECTED BY PAYMENT.

"A payment made under section 103(c)(1) shall not be considered as any form of compensation, or reimbursement for a loss, for purposes of imposing liability on the individual receiving the payment, on the basis of such receipt, to repay any insurance carrier for insurance payments or to repay any person on account of worker's compensation payments. A payment under this title shall not affect any claim against an insurance carrier with respect to insurance or against any person with respect to worker's compensation.

"SEC. 107. LIMITATION ON AGENT AND ATTORNEY FEES.

"Notwithstanding any contract, the representative of an individual may not receive, for services rendered in connection with the petition of an individual under this title, more than 5 percent of a payment made under this title on the petition. Any such representative who violates this section shall be fined not more than $50,000.

"SEC. 108. DEFINITIONS.

"For purposes of this title:

"(1) The term 'AIDS' means acquired immune deficiency syndrome.

"(2) The term 'Fund' means the Ricky Ray Hemophilia Relief Fund.

"(3) The term 'HIV' means human immunodeficiency virus.
"(a) In general—The Secretary shall, with respect to trauma care—
(1) conduct and support research, training, evaluations, and demonstration projects; (2) foster the development of appropriate, modern systems of such care through the sharing of information among agencies and individuals involved in the study and provision of such care; (3) provide to State and local agencies technical assistance; and (4) sponsor workshops and conferences.

(b) Grants, cooperative agreements, and contracts

The Secretary may make grants, and enter into cooperative agreements and contracts, for the purpose of carrying out subsection (a) of this section.

(c) Administration

The Administrator of the Health Resources and Services Administration shall ensure that this subchapter is administered by the Division of Trauma and Emergency Medical Systems within such Administration. Such Division shall be headed by a director appointed by the Secretary from among individuals who are knowledgeable by training or experience in the development and operation of trauma and emergency medical systems.

(2) Grants, cooperative agreements, and contracts—

(a) In general—Notwithstanding any other provision of law, the payments described in paragraph (2) shall not be considered income or resources in determining eligibility for, or the amount of—

(A) medical assistance under title XIX of the Social Security Act [section 1396 et seq. of this title]; or

(B) supplemental security income benefits under title XVI of the Social Security Act [section 1381 et seq. of this title].

(2) Private payments described.—The payments described in this subsection are—

(A) payments made from any fund established pursuant to a class settlement in the case of Susan Walker v. Bayer Corporation, et al., 96–C–5024 (N.D. Ill.); and

(B) payments made pursuant to a release of all claims in a case—

(i) that is signed by all affected parties in such case on or before the later of—

(A) December 31, 1997; or

(B) the date that is 270 days after the date on which such release is first sent to the persons (or the legal representative of such persons) to whom the payment is to be made.

(2) Government payments—

(a) In general—Notwithstanding any other provision of law, the payments described in paragraph (2) shall not be considered income or resources in determining eligibility for, or the amount of supplemental security income benefits under title XVI of the Social Security Act [section 1381 et seq. of this title].

(2) Government payments described.—The payments described in this subsection are payments made from the Fund established pursuant to section 101 of this Act.

SUBCHAPTER X—TRAUMA CARE

PART A—GENERAL AUTHORITY AND DUTIES OF SECRETARY

PART REFERRED TO IN OTHER SECTIONS

This part is referred to in sections 300d–31, 300d–32 of this title.

§ 300d. Establishment

(a) In general

The Secretary shall, with respect to trauma care—

(1) conduct and support research, training, evaluations, and demonstration projects; (2) foster the development of appropriate, modern systems of such care through the sharing of information among agencies and individuals involved in the study and provision of such care; (3) provide to State and local agencies technical assistance; and (4) sponsor workshops and conferences.

(b) Grants, cooperative agreements, and contracts

The Secretary may make grants, and enter into cooperative agreements and contracts, for