AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 1222

OFFERED BY MR. BILIRAKIS OF FLORIDA

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the "Congenital Heart Fu-3 tures Reauthorization Act of 2017".

4 SEC. 2. NATIONAL CONGENITAL HEART DISEASE SURVEIL5 LANCE SYSTEM.
6 Section 399V–2 of the Public Health Service Act (42)
7 U.S.C. 280g–13) is amended to read as follows:
8 "SEC. 399V–2. NATIONAL CONGENITAL HEART DISEASE RE9 SEARCH, SURVEILLANCE, AND AWARENESS.

10 "(a) IN GENERAL.—The Secretary shall—

"(1) enhance and expand research and surveillance infrastructure to study and track the epidemiology of congenital heart disease (in this section referred to as 'CHD'); and

15 "(2) award grants to eligible entities to under-16 take the activities described in this section.

17 "(b) NATIONAL CONGENITAL HEART DISEASE18 STUDY.—

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1	"(1) IN GENERAL.—The Secretary shall plan,
2	develop, implement, and submit one or more reports
3	to the Congress on a study to improve under-
4	standing of the epidemiology of CHD across the life-
5	span, from birth to adulthood, with particular inter-
6	est in the following:
7	"(A) Health care utilization of those af-
8	fected by CHD.
9	"(B) Demographic factors associated with
10	CHD, such as age, race, ethnicity, gender, and
11	family history of individuals who are diagnosed
12	with the disease.
13	"(C) Outcome measures, such that analysis
14	of the outcome measures will allow derivation of
15	evidence-based best practices and guidelines for
16	CHD patients.
17	"(2) PERMISSIBLE CONSIDERATIONS.—The
18	study under this subsection may—
19	"(A) gather data on the health outcomes of
20	a diverse population of those affected by CHD;
21	"(B) consider health disparities among
22	those affected by CHD, which may include the
23	consideration of prenatal exposures; and

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1	"(C) incorporate behavioral, emotional,
2	and educational outcomes of those affected by
3	CHD.
4	"(3) Public Access.—Data generated from
5	the study under this subsection shall be made avail-
6	able—
7	"(A) for purposes of CHD research, sub-
8	ject to appropriate protections of personal pri-
9	vacy, including protections required by para-
10	graph (4) ; and
11	"(B) to the public, subject to paragraph
12	(4) and with appropriate exceptions for protec-
13	tion of personal privacy.
14	"(4) PATIENT PRIVACY.—The Secretary shall
15	ensure that the study under this subsection is car-
16	ried out in a manner that complies with the require-
17	ments applicable to a covered entity under the regu-
18	lations promulgated pursuant to section 264(c) of
19	the Health Insurance Portability and Accountability
20	Act of 1996.
21	"(c) ELIGIBILITY FOR GRANTS.—To be eligible to re-
22	ceive a grant under subsection (a)(2), an entity shall—
23	"(1) be a public or private nonprofit entity with
24	specialized experience in CHD; and

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"(2) submit to the Secretary an application at
 such time, in such manner, and containing such in formation as the Secretary may require.

4 "(d) AUTHORIZATION OF APPROPRIATIONS.—To
5 carry out this section, there is authorized to be appro6 priated \$4,000,000 for each of fiscal years 2018 through
7 2022.".

8 SEC. 3. CONGENITAL HEART DISEASE RESEARCH.

9 Section 425 of the Public Health Service Act (42
10 U.S.C. 285b-8) is amended to read as follows:

11 "SEC. 425. CONGENITAL HEART DISEASE.

12 "(a) IN GENERAL.—The Director of the Institute 13 may expand, intensify, and coordinate research and re-14 lated activities of the Institute with respect to congenital 15 heart disease, which may include congenital heart disease 16 research with respect to—

17 "(1) causation of congenital heart disease, in-18 cluding genetic causes;

19 "(2) long-term outcomes in individuals with
20 congenital heart disease, including infants, children,
21 teenagers, adults, and elderly individuals;

22 "(3) diagnosis, treatment, and prevention;

23 "(4) studies using longitudinal data and retro24 spective analysis to identify effective treatments and

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outcomes for individuals with congenital heart dis ease; and

3 "(5) identifying barriers to lifelong care for in4 dividuals with congenital heart disease.

5 "(b) COORDINATION OF RESEARCH ACTIVITIES.—
6 The Director of the Institute may coordinate research ef7 forts related to congenital heart disease among multiple
8 research institutions and may develop research networks.
9 "(c) MINORITY AND MEDICALLY UNDERSERVED

9 "(c) MINORITY AND MEDICALLY UNDERSERVED 10 COMMUNITIES.—In carrying out the activities described in 11 this section, the Director of the Institute shall consider 12 the application of such research and other activities to mi-13 nority and medically underserved communities.

"(d) REPORT FROM NIH.—Not later than one year
after the date of the enactment of the Congenital Heart
Futures Reauthorization Act of 2017, the Director of
NIH, acting through the Director of the Institute, shall
provide a report to Congress—

19 "(1) outlining the ongoing research efforts of
20 the National Institutes of Health regarding con21 genital heart disease; and

22 "(2) identifying—

23 "(A) future plans for research regarding24 congenital heart disease; and

1 "(B) the areas of greatest need for such 2 research.".

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