



Patient Protection and Affordable Care Act

Prevention and Wellness Provisions

Title IV

Subtitle A-Modernizing Disease Prevention and Public Health Systems

National Prevention, Health Promotion and Public Health Council

Section 4001 establishes a National Prevention, Health Promotion, and Public Health Council, which is designed to provide coordination and leadership at the Federal level, on prevention, wellness, and health promotion practices through the public health system and through integrative health care. Chaired by the Surgeon General and composed of at least 12 members from Federal agencies such as the Secretary of the Department of Health and Human Services (HHS), the Council will work to improve the health status of Americans and reduce the incidence of preventable illness and disability by implementing specific science-based initiatives to achieve measurable goals of Healthy People 2010 regarding nutrition, exercise, and smoking cessation, and targeting the five leading disease killers in the United States.

In addition to this Council, an Advisory Group will be established to the Council that will develop policy and program recommendations and give advice on lifestyle-based chronic disease prevention and integrative health care practices and health promotion. The Group will be made up of no more than 25 non-Federal members to be appointed by the U.S. President.

The Council and Advisory Group have up to one year from the passage of PPACA to develop and set specific goals and objectives for improving health, health promotion, and public health programs. In addition, the Council will be required to report to the President by July 1, 2010, and then annually thereafter through January 1, 2015, on relevant activities and efforts.

Prevention and Public Health Fund

Section 4002 establishes a Prevention and Public Health Fund, which is administered through HHS and will provide an expanded and sustained investment for prevention, wellness, and public health activities including research and health screenings, such as the Community Transformation grant program, the Education and Outreach Campaign for Preventive Benefits, and immunization programs. These funds should be used for transformational investments, helping lead the nation into a more community-oriented, accountable approach to public health. The following funds will be authorized to be appropriated:

- FY 2010, \$500,000,000;
- FY 2011, \$750,000,000;
- FY 2012, \$1,000,000,000;
- FY 2013, \$1,250,000,000;
- FY 2014, \$1,500,000,000; and
- FY 2015, and each fiscal year thereafter, \$2,000,000,000.

Clinical and Community Preventative Services

Section 4003 amends Section 915 of the Public Health Service Act (42 U.S.C. 299b–4) by striking subsection (a) and adding that through the responsibility of the Director of the CDC, a Clinical and Community Preventive Services Task Force will be established to review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of community preventive interventions. This Task Force will develop recommendations and interventions on the health and disease of sub-populations and age groups. Grants will be awarded such sums as necessary for each fiscal year.

Education and Outreach Campaign Regarding Preventative Benefits

Section 4004 authorizes the Secretary of HHS to plan and implement a prevention and health promotion campaign beginning in 2010. This campaign will be designed to raise public awareness of health improvement across the life span including proper nutrition, regular exercise, smoking cessation, obesity reduction, and the five leading disease killers in the United States. The campaign will be implemented through a national science-based media promotion and carried out through competitively bid contracts. Outreach will also consist of developing a Federal Internet website designed to enable an individual to determine their disease risk and obtain personalized suggestions for preventing diseases. Up to \$500,000,000 will be used on campaigns and activities.

Subtitle B-Increasing Access to Clinical Preventative Services

School-Based Health Centers

SEC 4101 authorizes the Secretary of HHS to establish a program to award grants to support the operation of school-based health centers that serve a large population of children in communities that have barriers to primary health care and mental health and substance use disorder prevention services, and are eligible for medical assistance under a State Medicaid plan. Grants will be used only for equipment as well as the acquisition, construction, expansion, or replacement of a facility. \$50,000,000 will be appropriated for each of fiscal years 2010 through 2013.

Oral Healthcare Prevention Activities

Section 4102 amends Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) as amended by Section 3025, by adding that upon the availability of appropriations, the Secretary of HHS will charge the Director of the CDC to establish a five-year public education campaign focused on oral healthcare prevention and education targeting specific populations such as children, pregnant women, parents, the elderly, individuals with disabilities, and ethnic and racial minority populations. The Secretary has up to two years from the passage of PPACA to conduct planning activities and implement this campaign. Grants will be available to community-based dental providers, Federally-qualified health centers, local departments of health, private providers of dental services, nutrition educational institutions, and national organizations involved in improving children's oral health. Appropriations will also be available for States to increase their participation in the National Oral Health Surveillance System for each of fiscal years 2010 through 2014.

Medicare Coverage of Annual Wellness Visit Providing a Personalized Prevention Plan

Section 4103 amends Section 1861(s) (2) of the Social Security Act (42 U.S.C. 1395x(s) (2)) by authorizing Medicare to provide each beneficiary beginning on or after January 1, 2011, an annual wellness visit and development of a personalized prevention plan with no co-payments or deductibles. Each plan will list risk factors and conditions for which prevention interventions and treatment options are explained to the beneficiary.

Removal of Barriers to Preventive Services in Medicare

Section 4104 amends Section 1861(ddd) of the Social Security Act (42 U.S.C. 1395x (ddd)) to mandate that Medicare will waive co-payments and deductibles for most preventive services and will cover 100 percent of the costs beginning on or after January 1, 2011.

Evidence-Based Coverage of Preventive Services in Medicare

Section 4105 amends Section 1834 of the Social Security Act (42 U.S.C. 1395m) by adding this new subsection, which authorizes the Secretary to modify Medicare-covered preventive services to be consistent with the Preventive Services Task Force recommendations beginning on January 1, 2010.

Improving Access to Preventative Services for Eligible Adults in Medicaid

Section 4106 amends Section 1905(a) (13) of the Social Security Act (42 U.S.C. 1396d (a) (13)) to increase the Federal medical assistance percentage (FMAP) by one percent (1%) beginning on January 1, 2013, for States if the State Medicaid program covers clinical preventive services recommended with a grade of A or B by the Preventive Services Task Force and adult immunizations recommended by the Advisory Committee on Immunization Practices without cost sharing.

Coverage of Comprehensive Tobacco Cessation Services for Pregnant Women in Medicaid

Section 4107 amends Section 1905 of the Social Security Act (42 U.S.C. 1396d), as amended by sections 2001(a) (3) (B) and 2303, to authorize Medicaid to cover counseling and pharmacotherapy to pregnant women for cessation of tobacco use beginning on October 1, 2010.

Incentives for Prevention of Chronic Diseases in Medicaid

Section 4108 authorizes the Secretary of HHS to award grants to States to carry out initiatives to provide incentives to Medicaid beneficiaries who successfully participate in a program that help individuals achieve Ceasing use of tobacco products, controlling or reducing their weight, lowering their cholesterol, lowering their blood pressure, avoiding the onset of diabetes or, in the case of a person with diabetes, improving the management of that condition. Grants to States will be awarded beginning on January 1, 2011, or beginning on the date on which the Secretary develops program criteria, whichever is earlier.

Subtitle C-Creating Healthier Communities

Community Transformation Grants

Section 4201 authorizes the Secretary of HHS to charge the Director of the CDC to award competitive grants to State and local governmental agencies and community-based organizations for the implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming.

Eligible entities that receive funding will be required to submit a detailed plan that includes the policy, environmental, programmatic, and as appropriate infrastructure changes needed to promote healthy living and reduce disparities. Activities within the plan may focus on (but not be limited to):

- Creating healthier school environments, including increasing healthy food options, physical activity opportunities, promotion of healthy lifestyle, emotional wellness, and prevention curricula, and activities to prevent chronic diseases;
- Creating the infrastructure to support active living and access to nutritious foods in a safe environment;
- Developing and promoting programs targeting a variety of age levels to increase access to nutrition, physical activity and smoking cessation, improve social and emotional wellness, enhance safety in a community, or address any other chronic disease priority area identified by the grantee;
- Assessing and implementing worksite wellness programming and incentives;
- Working to highlight healthy options at restaurants and other food venues;
- Prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health; and
- Addressing special populations needs, including all age groups and individuals with disabilities, and individuals in both urban and rural areas.

Eligible entities that receive funding will be required to conduct activities to measure changes in the prevalence of chronic disease risk factors among community members participating in preventive health activities such as

- Changes in weight;
- Changes in proper nutrition;
- Changes in physical activity;
- Changes in tobacco use prevalence;
- Changes in emotional well-being and overall mental health;
- Other factors using community specific data from the Behavioral Risk Factor Surveillance Survey; and
- Other factors as determined by the Secretary.

Eligible entities that receive funding will be required to meet at least annually in regional or national meetings to discuss challenges, best practices, and lessons learned with respect to activities carried out under the grant, and develop models for the replication of successful programs and activities and the mentoring of other eligible entities. In addition, the Director will provide a literature review and framework for the evaluation of programs conducted as part of the grant program, in addition to working with academic institutions or other entities with expertise in outcome evaluation. Grants will be awarded such sums as necessary for each fiscal year 2010 through 2014.

Healthy Aging, Living Well; Evaluation of Community-Based Prevention and Wellness for Medicare Beneficiaries

Section 4202 authorizes the Secretary of HHS to charge the Director of the CDC to award grants to State or local health departments and Indian tribes to carry out five-year pilot programs to provide public health community interventions, screenings, and where necessary, clinical referrals for individuals who are between 55 and 64 years of age. In developing and implementing activities, a grantee will be required to collaborate with the Centers for Disease Control and Prevention and the Administration on Aging, as well as relevant local agencies and organizations.

Intervention activities may include efforts to improve nutrition, increase physical activity, reduce tobacco use and substance abuse, improve mental health, and promote healthy lifestyles among the target population. In addition, State or local health departments can conduct ongoing health screenings such as mental health/behavioral health and substance use disorders, physical activity, smoking, and nutrition. Grants will be awarded such sums as necessary for each fiscal year 2010 through 2014.

Removing Barriers and Improving Access to Wellness for Individuals with Disabilities

Section 4203 amends Title V of the Rehabilitation Act of 1973 (29 U.S.C.15 791 et seq.) in regard to accessibility of medical diagnostic equipment. Section 4203 mandates that the Architectural and Transportation Barriers Compliance Board in consultation with the Commissioner of the Food and Drug Administration will have up to two years from the passage of PPACA to disseminate minimum technical regulatory standards for medical diagnostic equipment used in (or in conjunction with) a physician's offices, clinics, emergency rooms, hospitals, and other medical settings. These standards will ensure that such equipment is accessible to and usable by individuals with accessibility needs, and will allow independent entry to use of and exit from the equipment by such individuals to the maximum extent possible. Equipment covered under this Section includes examination tables, examination chairs (including chairs used for eye examinations or procedures, and dental examinations or procedures,

weight scales, mammography equipment, x-ray machines, and other radiological equipment commonly used for diagnostic purposes by health professionals.

Immunizations

Section 4204 amends Section 317 of the Public Health Service Act (42 U.S.C. 247b) by adding that the Secretary of HHS will award demonstration grants to States to improve the recommended immunizations for children, adolescents, and adults through the use of evidence-based, population-based interventions for high risk populations. States will purchase vaccines under CDC contracts and within three years of receiving funds will submit an evaluation of progress made toward improving immunization coverage rates among high-risk populations. Within four years of the passage of PPACA, the Secretary will submit to Congress a report concerning the effectiveness of the demonstration program along with recommendations on whether to continue and expand the program. Grants will be awarded such sums as necessary for each fiscal year 2010 through 2014.

Finally, a Government Accountability Office (GAO) study will be conducted on the ability of Medicare beneficiaries who were 65 years of age or older to access routinely recommended vaccines covered under the prescription drug program under part D of title XVIII of the Social Security Act. \$1,000,000 will be appropriated for fiscal year 2010 to carry out the study and a report containing the results of the study will be due to the appropriate House & Senate Committees no later than June 1, 2011.

Nutrition Labeling of Standard Menu Items at Chain Restaurants

Section 4205 amends technical amendments of Section 403(q) (5) (A) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C.343 (q) (5) (A)) by mandating that restaurants or similar retail food establishments, which are part of a chain of 20 or more locations doing business under the same name, must disclose calories of food items (minus condiments and other items placed on the table or counter for general use) on the menu board and in written form. In addition, vending machine operators with 20 or more vending machines will have to provide a sign in close proximity to each article of food that includes a statement disclosing the number of calories contained in each item of food.

Demonstration Project Concerning Individualized Wellness Plan

Section 4206 amends Section 330 of the Public Health Service Act (42 U.S.C. 245b) by adding that the Secretary of HHS will establish a pilot program to test the impact of providing at-risk populations who utilize community health centers an individualized wellness plan that is designed to reduce risk factors for preventable conditions as identified by a comprehensive risk-factor assessment. HHS will enter into agreements with a maximum of 10 community health centers. An individualized wellness plan may include one or more of the following as appropriate to the individual's identified risk factors:

- Nutritional counseling
- A physical activity plan
- Alcohol and smoking cessation counseling and services.
- Stress management
- Dietary supplements that have health claims approved by the Secretary.

- Compliance assistance provided by a community health center employee.

Appropriations will be awarded such sums as necessary.

Reasonable Break Time for Nursing Mothers

SEC 4207 amends Section 7 of the Fair Labor Standards Act of 1938 (29 U.S.C. 207) by adding that an employer will provide a reasonable break time for an employee to provide breast milk for her nursing child for one year after the child's birth each time an employee has a need to provide the milk. The employer will also provide a place other than a bathroom that is free from intrusion from coworkers and the public. Employers with less than 50 employees will not be subject to these requirements.

Subtitle D- Support Prevention and Public Health Innovation

Research on Optimizing the Delivery of Public Health Services

Section 4301 authorizes the Secretary of HHS to charge the Director of the CDC to provide funding for research in the area of public health services and systems. Research will include examining evidence-based practices relating to prevention, Healthy People 2020, and including comparing community-based public health interventions in terms of effectiveness and cost, analyzing the translation of interventions from academic settings to real world settings, and identifying effective strategies for organizing, financing, or delivering public health services in community settings. Research will be coordinated with the Community Preventive Services Task Force and carried out by building on existing partnerships within the Federal Government while also considering initiatives at the State and local levels and in the private sector. The Secretary will submit to Congress a report concerning the activities and findings with respect to research supported on an annual basis.

Understanding Health Disparities: Data Collection and Analysis

Section 4302 amends Section 3101 Data Collection, Analysis, and Quality Data Collection of the Public Service Act by mandating that within two years of the passage of PPACA, the Secretary of HHS will ensure that any federally supported health care or public health program, activity, or survey will collect and report data on race, ethnicity, sex, primary language, and disability status for applicants. The Secretary or designee will use the Office of Management and Budget standards for race and ethnicity measures, and to develop standards for the measurement of sex, primary language, and disability status. In addition, the Secretary or designee will survey health care providers and establish procedures to assess access to care and treatment for individuals with disabilities and to identify locations where individuals with disabilities access primary, acute, intensive, and long-term care; the number of providers with accessible facilities and equipment to meet the needs of the individuals with disabilities, including medical diagnostic equipment that meets the minimum technical criteria set forth in section 510 of the Rehabilitation Act of 1973; and the number of employees of health care providers trained in disability awareness and patient care of individuals with disabilities.

In collecting this data, the Secretary, acting through the National Coordinator for Health Information Technology will develop national standards for the management of data collected and develop

interoperability and security systems for data management. All data will be made available to the Office of Minority Health, the National Center on Minority Health and Health Disparities, the Agency for Healthcare Research and Quality, the CDC, the Centers for Medicare & Medicaid Services, the Indian Health Service, the Office of Rural health and other appropriate agencies within HHS.

The Secretary will report data through public postings on HHS Internet websites and dissemination of data will not adversely affect any individual.

CDC And Employer- Based Wellness Programs

Section 4303 amends Title III of the Public Health Service Act (42 U.S.C.241 et seq.) by adding that in order to expand the utilization of evidence-based prevention and health promotion approaches in the work place, the CDC Director will provide employers with technical assistance, and other resources in employer-based wellness programs, including measuring the participation and methods to increase participation of employees, developing standardized measures that assess policy, environmental, and systems changes on health behaviors, health outcomes, health care expenditures, and evaluating such programs as they relate to changes in the health status, absenteeism, productivity, workplace injury, and medical costs incurred by employees. Within two years after the date of enactment of this part, the CDC Director will also will conduct a national worksite survey to assess employer based health policies and programs.

The Secretary of HHS will charge the Director of the CDC to establish an Epidemiology and Laboratory Capacity Grant Program to award grants to State health departments, local health departments, and tribal jurisdictions. Academic centers that assist eligible health departments may also be eligible for funding. Grants will be awarded to assist public health agencies in improving surveillance for, and response to, infectious diseases by strengthening epidemiologic capacity to identify and monitor the occurrence of infectious diseases and other conditions of public health importance, enhancing laboratory practice as well as systems to report test orders and results electronically, improving information, and developing and implementing prevention and control strategies. The following funds will be authorized to be appropriated: \$190,000,000 for each of fiscal years 2010 through 2013.

Epidemiology-Laboratory Capacity Grants

Section 4304 amends Title XXVIII of the Public Health Service Act (42 U.S.C. 300hh et seq.) by adding Subtitle C—Strengthening Public Health Surveillance Systems: SEC. 2821 Epidemiology-Laboratory Capacity Grants

Subject to the availability of appropriations, Section 4304 authorizes the Secretary of HHS to charge the Director of the CDC to establish an Epidemiology and Laboratory Capacity Grant Program to award grants to State health departments as well as local health departments and tribal jurisdictions that meet criteria as the Director determines appropriate. Academic centers that assist State and eligible local and tribal health departments may also be eligible for funding under this section as the Director determines appropriate.

Grants shall be awarded under this section to assist public health agencies in improving surveillance for, and response to, infectious diseases and other conditions of public health importance by strengthening epidemiologic capacity to identify and monitor the occurrence of infectious diseases and other

conditions of public health importance; enhance laboratory practice as well as systems to report test orders and results electronically; improve information systems including developing and maintaining an information exchange using national guidelines and complying with capacities and functions determined by an advisory council established and appointed by the Director; and develop and implement prevention and control strategies.

There are authorized to be appropriated to carry out this section \$190,000,000 for each of fiscal years 2010 through 2013, of which not less than \$95,000,000 shall be made available each fiscal year for activities.

Advancing Research and Treatment for Pain Care Management

Section 4305 mandates that no later than one year after funds are appropriated for the Section; the Secretary of HHS will enter into an agreement with the Institute of Medicine of the National Academies to convene a Conference on Pain. The conference will be designed to increase the recognition of pain as a significant public health problem in the U.S. A report summarizing the Conference's findings and recommendations will be submitted to the Congress not later than June 30, 2011. Appropriations will be awarded such sums as necessary for fiscal years 2010 and 2011.

Funding for Childhood Obesity Demonstration Project

Section 4305 amends Section 1139A (e) (8) of the Social Security Act (42 U.S.C. 1320b-9a (e) (8)) by authorizing the Secretary of HHS to initiate a demonstration project to develop a comprehensive and systematic model for reducing childhood obesity. Appropriations will be awarded \$25,000,000 that adjusts the demonstration time period for fiscal years 2010 through 2014.

Pain Research

Section 409J encourages the Director of NIH to continue and expand, through the Pain Consortium, an aggressive program of basic and clinical research on the causes of and potential treatments for pain. Each year, the Pain Consortium, in consultation with the Division of Program Coordination, Planning, and Strategic Initiatives, will develop and submit a report to the Director of NIH on recommendations and appropriate pain research initiatives that could be undertaken with funds reserved under section 402A(c)(1).

Within one year from the time this Section is enacted, the Secretary will establish an Interagency Pain Research Coordinating Committee to coordinate all efforts within HHS that relate to pain research. Members of this Committee will include voting and nonvoting members.

The Secretary may make awards of grants, cooperative agreements, and contracts to health schools, hospices, and other public and private entities for the development and implementation of programs to provide education and training to health care professionals in pain care. Programs and topics should include information and education on recognized means for assessing, diagnosing, treating, and

engaging pain and related signs and symptoms, including the medically appropriate use of controlled substances, applicable laws, regulations, rules, and policies on controlled substances, including the degree to which misconceptions and concerns may create barriers to patient access to appropriate and effective pain care, interdisciplinary approaches to the delivery of pain care, including delivery through specialized centers providing comprehensive pain care treatment, and other barriers to care in underserved populations.

Sense of the Senate Concerning CBO Scoring

Section 4401 expresses the sense that Congress should work with CBO to develop better methodologies for scoring progress to be made in prevention and wellness programs.

Effectiveness of Federal Health and Wellness Initiatives

Section 4402 requires the Secretary of HHS to evaluate existing Federal health and wellness initiatives and report to Congress concerning the evaluation, including conclusions concerning the reasons that such existing programs have proven successful or not successful and what factors contributed to such conclusions.

Subtitle D- Provisions Relating to Title IV

Grants for Small Businesses to Provide Comprehensive Workplace Wellness Programs

Section 10408 authorizes the Secretary of HHS to award grants to eligible employers to provide their employees with access to comprehensive workplace wellness programs as described under Subsection C. Grants will be conducted for a five year period, awarded to eligible employers that employ less than 100 employees who work 25 hours or greater per week and does not provide a workplace wellness program.

A comprehensive workplace wellness program will include health awareness initiatives, efforts to maximize employee engagement, initiatives to change unhealthy behaviors and lifestyle choices, and supportive environment efforts.

\$200,000,000 is authorized to be appropriated for the period of fiscal years 2011 through 2015.

Cures Acceleration Network Act of 2009

Section 10409 authorizes the Cures Acceleration Network Review Board to advise and provide recommendations to the Director of NIH on policies, programs, procedures, and significant barriers to successful translation of basic science into clinical application. The Board will be comprised of 24 members who are appointed by the Secretary of HHS and have established a record of service areas of basic research, medicine, biopharmaceuticals, discovery and delivery of medical products, bioinformatics and gene therapy, medical instrumentation, and regulatory review and approval of medical products. At least 8 individuals shall represent disease advocacy organizations.

The Director of NIH will award contracts, grants, or cooperative agreements to eligible private or public research institutions, an institution of higher education, a medical center, a biotechnology company, a pharmaceutical company, a disease advocacy organization, a patient advocacy organization, or an academic research institution to promote innovation in technologies supporting research, development, and production of high need cures. Awards will be no more than \$15,000,000 per project for the first fiscal year for which the project is funded, which will be in one payment. As a condition for receiving an award, an eligible entity will contribute non-Federal funds in the amount of \$1 for every \$3 awarded. If the Director of NIH determines that the goals and objectives cannot be carried out through a contract, grant, or cooperative agreement, the Director will have authority to use other transactions to fund projects not to exceed 20 percent of the total funds appropriated for such fiscal year.

There is authorized to be appropriated \$500,000,000 for fiscal year 2010, and such sums as may be necessary for subsequent fiscal years.

Establishing a Network of Health-Advancing National Centers of Excellence for Depression Act of 2009” or the “ENHANCED Act of 2009”

Section 10410 authorizes the Secretary of HHS to award grants on a competitive basis to eligible entities to establish national centers of excellence for depression, which will engage in activities related to the treatment of depressive disorders.

If the funds authorized are appropriated, the Secretary will allocate funding no later than one year after the enactment of the ENHANCED Act of 2009. No more than 20 Centers will be established and by September 30, 2016, no more than 30 Centers may be established.

Grants awarded under this section will be for a 5 year period. A grant awarded can be renewed, on a competitive basis, for one additional 5-year period, at the discretion of the Secretary.

Institutions of higher education or public or private nonprofit research institutions will be eligible to receive a grant. Grant awardees must be able to provide, or is capable of coordinating with other entities to provide, comprehensive health services with a focus on mental health services and subspecialty expertise for depressive disorders, collaborate with other mental health providers to address co-occurring mental illnesses, and provide training of health professionals about mental health. In awarding grants, the Secretary will give priority to eligible entities that meet one or more of the following criteria:

- Demonstrated capacity and expertise to serve the targeted population.
- Existing infrastructure or expertise to provide appropriate, evidence-based and culturally and linguistically competent services.
- A location in a geographic area with disproportionate numbers of underserved and at-risk populations in medically underserved areas and health professional shortage areas.
- Proposed innovative approaches for outreach to initiate or expand services.
- Use of the most up-to-date science, practices, and interventions available.
- Demonstrated capacity to establish cooperative and collaborative agreements with community mental health centers and other community entities to provide mental health, social, and human services to individuals with depressive disorders.

The Secretary, acting through the Administrator, will designate one recipient of a grant to be the coordinating center of excellence for depression. This selection will be on a competitive basis, based upon the demonstrated capacity to develop, administer, and coordinate the network of Centers, oversee and coordinate the national database, lead a strategy to disseminate the findings and activities of the Centers, and serve as a liaison with the Administration, the National Registry of Evidence-based Programs and Practices of the Administration, and any Federal interagency or interagency forum on mental health. The coordinating center will establish and maintain a national, publicly available database to improve prevention programs, evidence-based interventions, and disease management programs for depressive disorders, using data collected from the Centers. Each Center will submit data to the coordinating center regarding the prevalence and incidence of depressive disorders, the health and social outcomes of individuals with depressive disorders, the effectiveness of interventions designed, tested, and evaluated and other information, as the Secretary may require.

Matching Funds: Federal contributions toward the activities to be carried out under the grant or contract in an amount equal to \$1 for each \$5 of Federal funds provided under the grant or contract.

No later than 3 years after the date on which such a center of excellence is established and annually thereafter, the Secretary, acting through the Administrator, will issue a report card to the coordinating center to rate performance.

There are authorized to be appropriated \$100,000,000 for each of the fiscal years 2011 through 2015, and \$150,000,000 for each of the fiscal years 2016 through 2020.

Congenital Heart Futures Act

Section 10411 amends the National Congenital Heart Disease Surveillance System- Part P of Title III of the Public Health Service Act (42 U.S.C. 280g et seq.) by authorizing that the Secretary, acting through the Director of the CDC, to enhance and expand infrastructure to track the epidemiology of congenital heart disease and to organize information into a nationally-representative, population-based surveillance system that compiles data concerning congenital heart disease. The CDC will award one eligible entity to undertake developing the `National Congenital Heart Disease Surveillance System. The purpose of the Congenital Heart Disease Surveillance System will be to facilitate further research into the types of health services patients' use and to identify possible areas for educational outreach and prevention in accordance with standard practices of the CDC.

The Congenital Heart Disease Surveillance System may include information concerning the incidence and prevalence of congenital heart disease in the United States, may be used to collect and store data on congenital heart disease, including data concerning demographic factors associated with congenital heart disease, such as age, race, ethnicity, sex, and family history of individuals who are diagnosed with the disease, risk factors associated with the disease, causation of heart disease, treatment approaches, and outcome measures, guidelines for patients, and the collection and analysis of longitudinal data related to individuals of all ages with congenital heart disease. The Congenital Heart Disease Surveillance System will be made available to the public, as appropriate, including congenital heart disease researchers.

To be eligible to receive this grant, an entity will be a public or private nonprofit with specialized experience in congenital heart disease.

Young Women’s Breast Health Education and Awareness Requires Learning Young Act of 2009 or the “EARLY Act”

Section 10413 authorizes the Secretary, acting through the Director of the CDC, to conduct a national evidence-based education campaign to increase awareness of young women's (15 to 44 years of age) knowledge regarding breast health and specific risk factors in women who may be at high risk for breast cancer based on familial, racial, ethnic, and cultural backgrounds. The campaign will encourage young women and their health care professional to increase early detection of breast cancers, and the availability of health information and other resources for young women diagnosed with breast cancer. The campaign will provide evidence-based, age-appropriate messages and materials as developed by the CDC and an Advisory Committee. In conducting the education campaign, the Secretary will award grants to establish national multimedia that may include advertising through television, radio, print media, billboards, posters, all forms of existing and especially emerging social networking media, and other Internet media.

No later than 60 days after the date of the enactment of this section, the Secretary will establish an advisory committee to assist in creating and conducting the education campaigns. Members will include organizations and individuals with expertise in breast cancer, disease prevention, early detection, diagnosis, public health, social marketing, genetic screening and counseling, treatment, rehabilitation, palliative care, and survivorship in young women.

The Secretary will award grants to organizations and institutions to provide health information from credible sources and substantive assistance directed to young women diagnosed with breast cancer and pre-neoplastic breast diseases. Grants will be prioritized to applicants that deal specifically with young women diagnosed with breast cancer and pre-neoplastic breast disease.

There are authorized to be appropriated \$9,000,000 for each of the fiscal years 2010 through 2014.