

Subsec. (b)(1). Pub. L. 103-183, §203(a)(2)(C), substituted “the prevention and control of injuries” for “injuries and injury control”.

Subsec. (b)(2). Pub. L. 103-183, §203(b)(1), substituted “to promote activities regarding the prevention and control of injuries; and” for “to promote injury control. In carrying out the preceding sentence, the Secretary shall disseminate such information to the public, including through elementary and secondary schools; and”.

1992—Pub. L. 102-531, §312(d)(4), substituted “Centers for Disease Control and Prevention” for “Centers for Disease Control” in introductory provisions of subsecs. (a) and (b).

Subsec. (b)(1). Pub. L. 102-531, §301(1), struck out “and” after semicolon at end.

Subsec. (b)(2). Pub. L. 102-531, §301(2), inserted sentence requiring Secretary to disseminate information on injury control to the public, including through elementary and secondary schools and substituted “; and” for period at end.

Subsec. (b)(3). Pub. L. 102-531, §301(3), added par. (3). 1990—Subsec. (b)(2). Pub. L. 101-558 amended par. (2) generally. Prior to amendment, par. (2) read as follows: “work in cooperation with Federal, State, and local agencies to promote injury control.”

### § 280b-1a. Interpersonal violence within families and among acquaintances

(a) With respect to activities that are authorized in sections 280b and 280b-1 of this title, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out such activities with respect to interpersonal violence within families and among acquaintances. Activities authorized in the preceding sentence include the following:

- (1) Collecting data relating to the incidence of such violence.
- (2) Making grants to public and nonprofit private entities for the evaluation of programs whose purpose is to prevent such violence, including the evaluation of demonstration projects under paragraph (6).
- (3) Making grants to public and nonprofit private entities for the conduct of research on identifying effective strategies for preventing such violence.
- (4) Providing to the public information and education on such violence, including information and education to increase awareness of the public health consequences of such violence.
- (5) Training health care providers as follows:
  - (A) To identify individuals whose medical conditions or statements indicate that the individuals are victims of such violence.
  - (B) To routinely determine, in examining patients, whether the medical conditions or statements of the patients so indicate.
  - (C) To refer individuals so identified to entities that provide services regarding such violence, including referrals for counseling, housing, legal services, and services of community organizations.
- (6) Making grants to public and nonprofit private entities for demonstration projects with respect to such violence, including with respect to prevention.

(b) For purposes of this part, the term “interpersonal violence within families and among acquaintances” includes behavior commonly referred to as domestic violence, sexual assault,

spousal abuse, woman battering, partner abuse, elder abuse, and acquaintance rape.

(July 1, 1944, ch. 373, title III, §393, as added Pub. L. 103-183, title II, §201(2), Dec. 14, 1993, 107 Stat. 2231.)

#### PRIOR PROVISIONS

A prior section 393 of act July 1, 1944, was renumbered section 394 and is classified to section 280b-2 of this title.

Another prior section 393 of act July 1, 1944, was renumbered section 394 and was classified to section 280b-4 of this title.

### § 280b-1b. Prevention of traumatic brain injury

#### (a) In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may carry out projects to reduce the incidence of traumatic brain injury. Such projects may be carried out by the Secretary directly or through awards of grants or contracts to public or nonprofit private entities. The Secretary may directly or through such awards provide technical assistance with respect to the planning, development, and operation of such projects.

#### (b) Certain activities

Activities under subsection (a) of this section may include—

- (1) the conduct of research into identifying effective strategies for the prevention of traumatic brain injury;
- (2) the implementation of public information and education programs for the prevention of such injury and for broadening the awareness of the public concerning the public health consequences of such injury; and
- (3) the implementation of a national education and awareness campaign regarding such injury (in conjunction with the program of the Secretary regarding health-status goals for 2010, commonly referred to as Healthy People 2010), including—
  - (A) the national dissemination of information on—
    - (i) incidence and prevalence; and
    - (ii) information relating to traumatic brain injury and the sequelae of secondary conditions arising from traumatic brain injury upon discharge from hospitals and trauma centers; and
  - (B) the provision of information in primary care settings, including emergency rooms and trauma centers, concerning the availability of State level services and resources.

#### (c) Coordination of activities

The Secretary shall ensure that activities under this section are coordinated as appropriate with other agencies of the Public Health Service that carry out activities regarding traumatic brain injury.

#### (d) “Traumatic brain injury” defined

For purposes of this section, the term “traumatic brain injury” means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include

brain injuries caused by anoxia due to trauma. The Secretary may revise the definition of such term as the Secretary determines necessary, after consultation with States and other appropriate public or nonprofit private entities.

(July 1, 1944, ch. 373, title III, §393A, as added Pub. L. 104-166, §1, July 29, 1996, 110 Stat. 1445; amended Pub. L. 106-310, div. A, title XIII, §1301(a), Oct. 17, 2000, 114 Stat. 1137.)

#### AMENDMENTS

2000—Subsec. (b)(3). Pub. L. 106-310, §1301(a)(1), added par. (3).

Subsec. (d). Pub. L. 106-310, §1301(a)(2), substituted “anoxia due to trauma” for “anoxia due to near drowning” and inserted “, after consultation with States and other appropriate public or nonprofit private entities” after “Secretary determines necessary”.

### § 280b-1c. Use of allotments for rape prevention education

#### (a) Permitted use

The Secretary, acting through the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention, shall award targeted grants to States to be used for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for—

- (1) educational seminars;
- (2) the operation of hotlines;
- (3) training programs for professionals;
- (4) the preparation of informational material;
- (5) education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities;
- (6) education to increase awareness about drugs used to facilitate rapes or sexual assaults; and
- (7) other efforts to increase awareness of the facts about, or to help prevent, sexual assault, including efforts to increase awareness in underserved communities and awareness among individuals with disabilities (as defined in section 12102 of this title).

#### (b) Collection and dissemination of information on sexual assault

The Secretary shall, through the National Resource Center on Sexual Assault established under the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention, provide resource information, policy, training, and technical assistance to Federal, State, local, and Indian tribal agencies, as well as to State sexual assault coalitions and local sexual assault programs and to other professionals and interested parties on issues relating to sexual assault, including maintenance of a central resource library in order to collect, prepare, analyze, and disseminate information and statistics and analyses thereof relating to the incidence and prevention of sexual assault.

#### (c) Authorization of appropriations

##### (1) In general

There is authorized to be appropriated to carry out this section \$80,000,000 for each of fiscal years 2007 through 2011.

### (2) National sexual violence resource center allotment

Of the total amount made available under this subsection in each fiscal year, not less than \$1,500,000 shall be available for allotment under subsection (b) of this section.

#### (d) Limitations

##### (1) Supplement not supplant

Amounts provided to States under this section shall be used to supplement and not supplant other Federal, State, and local public funds expended to provide services of the type described in subsection (a) of this section.

##### (2) Studies

A State may not use more than 2 percent of the amount received by the State under this section for each fiscal year for surveillance studies or prevalence studies.

##### (3) Administration

A State may not use more than 5 percent of the amount received by the State under this section for each fiscal year for administrative expenses.

(July 1, 1944, ch. 373, title III, §393B, as added Pub. L. 106-386, div. B, title IV, §1401(a), Oct. 28, 2000, 114 Stat. 1512; amended Pub. L. 109-162, title III, §302, Jan. 5, 2006, 119 Stat. 3004.)

#### CODIFICATION

Another section 393B of act July 1, 1944, is classified to section 280b-1d of this title.

#### AMENDMENTS

2006—Subsec. (c). Pub. L. 109-162 reenacted heading without change and amended text generally. Prior to amendment, text contained provisions in par. (1) authorizing appropriations for fiscal years 2001 through 2005 and in par. (2) directing an allotment under subsec. (b) of this section.

### § 280b-1d. National program for traumatic brain injury registries

#### (a)<sup>1</sup> In general

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States or their designees to operate the State's traumatic brain injury registry, and to academic institutions to conduct applied research that will support the development of such registries, to collect data concerning—

- (1) demographic information about each traumatic brain injury;
- (2) information about the circumstances surrounding the injury event associated with each traumatic brain injury;
- (3) administrative information about the source of the collected information, dates of hospitalization and treatment, and the date of injury; and
- (4) information characterizing the clinical aspects of the traumatic brain injury, including the severity of the injury, outcomes of the injury, the types of treatments received, and the types of services utilized.

(July 1, 1944, ch. 373, title III, §393B, as added Pub. L. 106-310, div. A, title XIII, §1301(b), Oct. 17, 2000, 114 Stat. 1137.)

<sup>1</sup> So in original. No subsec. (b) has been enacted.