

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, §393A, formerly §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; renumbered §393C, Pub. L. 110-202, §2(1), Apr. 23, 2008, 122 Stat. 697; renumbered §393A, Pub. L. 110-206, §2(1), Apr. 28, 2008, 122 Stat. 714.)

CODIFICATION

Section was formerly classified to section 280b-1c of this title. Pub. L. 110-206, which directed the renumbering of “the section 393B (42 U.S.C. 280b-1c)” of act July 1, 1944, “relating to the use of allotments for rape prevention education” as section 393A and the transfer of that section so as to appear after section 393 of that Act, was executed by renumbering section 393C of that Act as 393A and transferring the renumbered provisions to this section, to reflect the probable intent of Congress and the renumbering of section 393B as 393C by section 2(1) of Pub. L. 110-202.

PRIOR PROVISIONS

A prior section 393A of act July 1, 1944, was renumbered section 393B and is classified to section 280b-1c 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-1c. 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 emergency departments; 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, §393B, formerly §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; renumbered §393B and amended Pub. L. 110-206, §2(2), 3(a), Apr. 28, 2008, 122 Stat. 714.)

CODIFICATION

Section was formerly classified to section 280b-1b of this title.

PRIOR PROVISIONS

Prior sections 393B of act July 1, 1944, were renumbered sections 393A and 393C and are classified to sections 280b-1b and 280b-1d, respectively, of this title.

AMENDMENTS

2008—Subsec. (b)(3)(A)(ii). Pub. L. 110-206, §3(a), substituted “from hospitals and emergency departments” for “from hospitals and trauma centers”.

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-1d. National program for traumatic brain injury surveillance and registries

(a) 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 develop or operate the State’s traumatic brain injury surveillance system or registry to determine the incidence and prevalence of traumatic brain injury and related disability, to ensure the uniformity of reporting under such system or registry, to link individuals with traumatic