

States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(July 1, 1944, ch. 373, title XII, §1253, as added Pub. L. 106-310, div. A, title XIII, §1305, Oct. 17, 2000, 114 Stat. 1141; amended Pub. L. 110-206, §6(b), Apr. 28, 2008, 122 Stat. 717.)

REFERENCES IN TEXT

The Developmental Disabilities Assistance and Bill of Rights Act of 2000, referred to in subsec. (k), is Pub. L. 106-402, Oct. 30, 2000, 114 Stat. 1677. Subtitle C of the Act probably means subtitle C of title I of the Act, which is classified generally to part C (§15041 et seq.) of subchapter I of chapter 144 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 15001 of this title and Tables.

The Developmental Disabilities Assistance and Bill of Rights Act, referred to in subsec. (m)(1), (2), is title I of Pub. L. 88-164, as added by Pub. L. 98-527, §2, Oct. 19, 1984, 98 Stat. 2662, which was repealed by Pub. L. 106-402, title IV, §401(a), Oct. 30, 2000, 114 Stat. 1737. Part C of the Act was classified generally to subchapter III (§6041 et seq.) of chapter 75 of this title. For complete classification of this Act to the Code, see Tables.

AMENDMENTS

2008—Subsecs. (d), (e). Pub. L. 110-206, §6(b)(1), substituted “subsection (l)” for “subsection (i)” wherever appearing.

Subsec. (g). Pub. L. 110-206, §6(b)(2), inserted “each fiscal year not later than October 1,” before “the Administrator shall pay”.

Subsecs. (i) to (k). Pub. L. 110-206, §6(b)(4), added subsecs. (i) to (k). Former subsecs. (i) and (j) redesignated (l) and (m), respectively.

Subsec. (l). Pub. L. 110-206, §6(b)(3), (5), redesignated subsec. (i) as (l) and substituted “2009 through 2012” for “2002 through 2005”.

Subsec. (m). Pub. L. 110-206, §6(b)(3), redesignated subsec. (j) as (m).

PART F—INTERAGENCY PROGRAM FOR TRAUMA RESEARCH

§ 300d-61. Establishment of Program

(a) In general

The Secretary, acting through the Director of the National Institutes of Health (in this section referred to as the “Director”), shall establish a comprehensive program of conducting basic and clinical research on trauma (in this section referred to as the “Program”). The Program shall include research regarding the diagnosis, treatment, rehabilitation, and general management of trauma.

(b) Plan for Program

(1) In general

The Director, in consultation with the Trauma Research Interagency Coordinating Committee established under subsection (g) of this section, shall establish and implement a plan for carrying out the activities of the Program, including the activities described in subsection (d) of this section. All such activities shall be carried out in accordance with the plan. The plan shall be periodically reviewed, and revised as appropriate.

(2) Submission to Congress

Not later than December 1, 1993, the Director shall submit the plan required in paragraph (1)

to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Health, Education, Labor, and Pensions of the Senate, together with an estimate of the funds needed for each of the fiscal years 1994 through 1996 to implement the plan.

(c) Participating agencies; coordination and collaboration

The Director—

(1) shall provide for the conduct of activities under the Program by the Directors of the agencies of the National Institutes of Health involved in research with respect to trauma;

(2) shall ensure that the activities of the Program are coordinated among such agencies; and

(3) shall, as appropriate, provide for collaboration among such agencies in carrying out such activities.

(d) Certain activities of Program

The Program shall include—

(1) studies with respect to all phases of trauma care, including prehospital, resuscitation, surgical intervention, critical care, infection control, wound healing, nutritional care and support, and medical rehabilitation care;

(2) basic and clinical research regarding the response of the body to trauma and the acute treatment and medical rehabilitation of individuals who are the victims of trauma;

(3) basic and clinical research regarding trauma care for pediatric and geriatric patients; and

(4) the authority to make awards of grants or contracts to public or nonprofit private entities for the conduct of basic and applied research regarding traumatic brain injury, which research may include—

(A) the development of new methods and modalities for the more effective diagnosis, measurement of degree of brain injury, post-injury monitoring and prognostic assessment of head injury for acute, subacute and later phases of care;

(B) the development, modification and evaluation of therapies that retard, prevent or reverse brain damage after acute head injury, that arrest further deterioration following injury and that provide the restitution of function for individuals with long-term injuries;

(C) the development of research on a continuum of care from acute care through rehabilitation, designed, to the extent practicable, to integrate rehabilitation and long-term outcome evaluation with acute care research;

(D) the development of programs that increase the participation of academic centers of excellence in brain injury treatment and rehabilitation research and training; and

(E) carrying out subparagraphs (A) through (D) with respect to cognitive disorders and neurobehavioral consequences arising from traumatic brain injury, including the development, modification, and evaluation of therapies and programs of rehabilitation toward reaching or restoring normal capabilities in areas such as reading, comprehension, speech, reasoning, and deduction.

(e) Mechanisms of support

In carrying out the Program, the Director, acting through the Directors of the agencies referred to in subsection (c)(1) of this section, may make grants to public and nonprofit entities, including designated trauma centers.

(f) Resources

The Director shall assure the availability of appropriate resources to carry out the Program, including the plan established under subsection (b) of this section (including the activities described in subsection (d) of this section).

(g) Coordinating Committee**(1) In general**

There shall be established a Trauma Research Interagency Coordinating Committee (in this section referred to as the “Coordinating Committee”).

(2) Duties

The Coordinating Committee shall make recommendations regarding—

- (A) the activities of the Program to be carried out by each of the agencies represented on the Committee and the amount of funds needed by each of the agencies for such activities; and
- (B) effective collaboration among the agencies in carrying out the activities.

(3) Composition

The Coordinating Committee shall be composed of the Directors of each of the agencies that, under subsection (c) of this section, have responsibilities under the Program, and any other individuals who are practitioners in the trauma field as designated by the Director of the National Institutes of Health.

(h) Definitions

For purposes of this section:

- (1) The term “designated trauma center” has the meaning given such term in section 300d-31(1) of this title.
- (2) The term “Director” means the Director of the National Institutes of Health.
- (3) The term “trauma” means any serious injury that could result in loss of life or in significant disability and that would meet pre-hospital triage criteria for transport to a designated trauma center.
- (4) 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.

(i) 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, and such sums as may be necessary for each of the fiscal years 2009 through 2012.

(July 1, 1944, ch. 373, title XII, § 1261, as added Pub. L. 103-43, title III, § 303(a), June 10, 1993, 107 Stat. 151; amended Pub. L. 104-166, § 2, July 29, 1996, 110 Stat. 1445; Pub. L. 106-310, div. A, title XIII, § 1303, Oct. 17, 2000, 114 Stat. 1138; Pub. L. 110-206, § 5, Apr. 28, 2008, 122 Stat. 716.)

AMENDMENTS

2008—Subsec. (b)(2). Pub. L. 110-206, § 5(1), substituted “Health, Education, Labor, and Pensions” for “Labor and Human Resources”.

Subsec. (d)(4)(D). Pub. L. 110-206, § 5(2), substituted “brain injury” for “head brain injury”.

Subsec. (i). Pub. L. 110-206, § 5(3), inserted “, and such sums as may be necessary for each of the fiscal years 2009 through 2012” before period at end.

2000—Subsec. (d)(4)(A). Pub. L. 106-310, § 1303(a)(1), substituted “degree of brain injury” for “degree of injury”.

Subsec. (d)(4)(B). Pub. L. 106-310, § 1303(a)(2), which directed amendment of subpar. (B) by substituting “acute brain injury” for “acute injury”, could not be executed because the phrase “acute injury” does not appear in text.

Subsec. (d)(4)(C). Pub. L. 106-310, § 1303(c)(1), struck out “and” after semicolon at end.

Subsec. (d)(4)(D). Pub. L. 106-310, § 1303(a)(3), (c)(2), substituted “brain injury treatment” for “injury treatment” and “; and” for period at end.

Subsec. (d)(4)(E). Pub. L. 106-310, § 1303(c)(3), added subpar. (E).

Subsec. (h)(4). Pub. L. 106-310, § 1303(b), substituted “anoxia due to trauma” for “anoxia due to near drowning” in second sentence and inserted before period at end “, after consultation with States and other appropriate public or nonprofit private entities”.

Subsec. (i). Pub. L. 106-310, § 1303(d), added subsec. (i). 1996—Subsec. (d)(4). Pub. L. 104-166, § 2(1), added par. (4).

Subsec. (h)(4). Pub. L. 104-166, § 2(2), added par. (4).

CHANGE OF NAME

Committee on Energy and Commerce of House of Representatives treated as referring to Committee on Commerce of House of Representatives by section 1(a) of Pub. L. 104-14, set out as a note preceding section 21 of Title 2. The Congress. Committee on Commerce of House of Representatives changed to Committee on Energy and Commerce of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred to Committee on Financial Services of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

TRAUMATIC BRAIN INJURY STUDY; CONSENSUS CONFERENCE

Pub. L. 104-166, § 4, July 29, 1996, 110 Stat. 1448, as amended by Pub. L. 106-310, div. A, title XIII, § 1302, Oct. 17, 2000, 114 Stat. 1138, required the Secretary of Health and Human Services to conduct a study of traumatic brain injuries, to submit a report to Congress within 18 months of July 29, 1996 on the findings of such study and a report within 3 years of that date on certain therapeutic interventions and guidelines developed in the study, and to conduct a national consensus conference on managing traumatic brain injury and related rehabilitation concerns.

PART G—POISON CONTROL

§ 300d-71. Maintenance of the national toll-free number**(a) In general**

The Secretary shall provide coordination and assistance to poison control centers for the establishment of a nationwide toll-free phone