

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; Pub. L. 113-196, § 2(a), Nov. 26, 2014, 128 Stat. 2052.)

#### 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

2014—Subsec. (b)(3). Pub. L. 113-196 substituted “2020, commonly referred to as Healthy People 2020” for “2010, commonly referred to as Healthy People 2010” in introductory provisions.

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 brain injury to services and supports, and to link such individuals with academic institutions to conduct applied research that will support the development of such surveillance systems and registries as may be necessary. A surveillance system or registry under this section shall provide for the collection of 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.

#### (b) Report

Not later than 18 months after April 28, 2008, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health and in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall submit to the relevant committees of Congress a report that contains the findings derived from an evaluation concerning activities and procedures that can be implemented by the Centers for Disease Control and Prevention to improve the collection and dissemination of compatible epidemiological studies on the incidence and prevalence of traumatic brain injury in individuals who were formerly in the military. The report shall include recommendations on the manner in which such agencies can further collaborate on the development and improvement of traumatic brain injury diagnostic tools and treatments.

(July 1, 1944, ch. 373, title III, § 393C, formerly § 393B, as added Pub. L. 106-310, div. A, title XIII, § 1301(b), Oct. 17, 2000, 114 Stat. 1137; renumbered § 393C and amended Pub. L. 110-206, §§ 2(3), 3(b), (c), Apr. 28, 2008, 122 Stat. 714, 715.)

#### PRIOR PROVISIONS

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

#### AMENDMENTS

2008—Pub. L. 110-206, § 3(b)(1), inserted “surveillance and” after “National program for traumatic brain injury” in section catchline.

Subsec. (a). Pub. L. 110-206, § 3(b)(2), in introductory provisions, substituted “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 brain injury to services and supports, and to link such individuals with academic institutions to conduct applied research that will support the development of such surveillance systems and registries as may be necessary. A surveillance system or registry under this section shall provide for the collection of data concerning—” for “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—”.

Subsec. (b). Pub. L. 110-206, § 3(c), added subsec. (b).

### § 280b-1e. Study on traumatic brain injury

#### (a) Study

The Secretary, acting through the Director of the Centers for Disease Control and Prevention with respect to paragraph (1) and in consultation with the Director of the National Institutes of Health and other appropriate entities with respect to paragraphs (2), (3), and (4), may conduct a study with respect to traumatic brain injury for the purpose of carrying out the following:

- (1) In collaboration with appropriate State and local health-related agencies—
  - (A) determining the incidence of traumatic brain injury and prevalence of traumatic