

the appropriate committees of Congress a report describing the services and activities carried out under this section during the period for which the report is being prepared.

(i) Data collection

The Secretary shall facilitate agreements to coordinate the collection of data by agencies within the Department of Health and Human Services regarding protection and advocacy services.

(j) Training and technical assistance

(1) Grants

For any fiscal year for which the amount appropriated to carry out this section is \$6,000,000 or greater, the Secretary shall use 2 percent of such amount to make a grant to an eligible national association for providing for training and technical assistance to protection and advocacy systems.

(2) Definition

In this subsection, the term “eligible national association” means a national association with demonstrated experience in providing training and technical assistance to protection and advocacy systems.

(k) System authority

In providing services under this section, a protection and advocacy system shall have the same authorities, including access to records, as such system would have for purposes of providing services under subtitle C of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15041 et seq.).

(l) Authorization of appropriations

There are authorized to be appropriated to carry out this section \$3,100,000 for each of the fiscal years 2015 through 2019.

(m) Definitions

In this section:

(1) American Indian consortium

The term “American Indian consortium” means a consortium established under subtitle C of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15041 et seq.).

(2) Protection and advocacy system

The term “protection and advocacy system” means a protection and advocacy system established under subtitle C of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15041 et seq.).

(3) State

The term “State”, unless otherwise specified, means the several States of the United 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; Pub. L. 113-196, §4, Nov. 26, 2014, 128 Stat. 2053.)

REFERENCES IN TEXT

The Developmental Disabilities Assistance and Bill of Rights Act of 2000, referred to in subsecs. (k) and (m)(1), (2), is Pub. L. 106-402, Oct. 30, 2000, 114 Stat. 1677. Subtitle C of title I of the Act 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.

AMENDMENTS

2014—Subsec. (a). Pub. L. 113-196, §4(1), struck out “, acting through the Administrator of the Health Resources and Services Administration (referred to in this section as the ‘Administrator’),” after “The Secretary”.

Subsecs. (c), (d)(1), (e)(1), (4), (g). Pub. L. 113-196, §4(2), substituted “Secretary” for “Administrator” wherever appearing.

Subsec. (h). Pub. L. 113-196, §4(2), (3), substituted “Reporting” for “Annual report” in heading; designated existing provisions as par. (1), inserted heading, and substituted “Secretary” for “Administrator”; and added par. (2).

Subsec. (i). Pub. L. 113-196, §4(4), substituted “The Secretary shall facilitate agreements to coordinate the collection of data by agencies within the Department of Health and Human Services regarding” for “The Administrator of the Health Resources and Services Administration and the Commissioner of the Administration on Developmental Disabilities shall enter into an agreement to coordinate the collection of data by the Administrator and the Commissioner regarding”.

Subsec. (j)(1). Pub. L. 113-196, §4(2), substituted “Secretary” for “Administrator”.

Subsec. (k). Pub. L. 113-196, §4(5), substituted “subtitle C of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15041 et seq.)” for “subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000”.

Subsec. (l). Pub. L. 113-196, §4(6), substituted “\$3,100,000 for each of the fiscal years 2015 through 2019” for “\$5,000,000 for fiscal year 2001, and such sums as may be necessary for each the fiscal years 2009 through 2012”.

Subsec. (m)(1). Pub. L. 113-196, §4(7)(A), substituted “subtitle C of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15041 et seq.)” for “part C of the Developmental Disabilities Assistance Bill of Rights Act (42 U.S.C. 6042 et seq.)”.

Subsec. (m)(2). Pub. L. 113-196, §4(7)(B), substituted “subtitle C of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15041 et seq.)” for “part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6042 et seq.)”.

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 an injury resulting from exposure to—

(A) a mechanical force; or

(B) another extrinsic agent, including an extrinsic agent that is thermal, electrical, chemical, or radioactive.

(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; Pub. L. 113-152, §2(b), Aug. 8, 2014, 128 Stat. 1825.)

AMENDMENTS

2014—Subsec. (h)(3). Pub. L. 113-152 amended par. (3) generally. Prior to amendment, text read as follows: “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.”

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 number, and the maintenance of such number, to be used to access such centers.

(b) Authorization of appropriations

There is authorized to be appropriated to carry out this section, \$700,000 for each of fiscal years 2015 through 2019 for the maintenance of the nationwide toll free phone number under subsection (a).

(July 1, 1944, ch. 373, title XII, §1271, as added Pub. L. 108-194, §3, Dec. 19, 2003, 117 Stat. 2889; amended Pub. L. 110-377, §3, Oct. 8, 2008, 122 Stat. 4064; Pub. L. 113-77, §2, Jan. 24, 2014, 128 Stat. 644.)

AMENDMENTS

2014—Subsec. (b). Pub. L. 113-77 added subsec. (b) and struck out former subsec. (b). Prior to amendment, text read as follows: “There is authorized to be appropriated \$2,000,000 for fiscal year 2009 to carry out this section, and \$700,000 for each of fiscal years 2010 through 2014 for the maintenance of the nationwide toll free phone number under subsection (a).”

2008—Pub. L. 110-377 amended section generally. Prior to amendment, section required the Secretary to coordinate and assist in establishment of nationwide poison control center toll-free phone number, allowed for establishment and continued operation of privately funded nationwide toll-free numbers, and authorized appropriations for fiscal years 2000 through 2009.

FINDINGS

Pub. L. 110-377, §2, Oct. 8, 2008, 122 Stat. 4063, provided that: “Congress makes the following findings:

“(1) Poison control centers are the primary defense of the United States against injury and deaths from poisoning. Twenty-four hours a day, the general public as well as health care practitioners contact their local poison control centers for help in diagnosing and treating victims of poisoning. In 2007, more than 4,000,000 calls were managed by poison control centers providing ready and direct access for all people of the United States, including many underserved popu-