

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. 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, territorial or tribal 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 and alcohol 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 \$50,000,000 for each of fiscal years 2014 through 2018.

##### (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).

##### (3) Baseline funding for States, the District of Columbia, and Puerto Rico

A minimum allocation of \$150,000 shall be awarded in each fiscal year for each of the States, the District of Columbia, and Puerto Rico. A minimum allocation of \$35,000 shall be awarded in each fiscal year for each Territory. Any unused or remaining funds shall be allotted to each State, the District of Columbia, and Puerto Rico on the basis of population.

#### (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).

##### (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, § 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; Pub. L. 113-4, title III, § 301, Mar. 7, 2013, 127 Stat. 84.)

#### 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

2013—Subsec. (a). Pub. L. 113-4, §301(1)(A), inserted “, territorial or tribal” after “crisis centers, State” in introductory provisions.

Subsec. (a)(6). Pub. L. 113-4, §301(1)(B), inserted “and alcohol” after “about drugs”.

Subsec. (c)(1). Pub. L. 113-4, §301(2)(A), substituted “\$50,000,000 for each of fiscal years 2014 through 2018” for “\$80,000,000 for each of fiscal years 2007 through 2011”.

Subsec. (c)(3). Pub. L. 113-4, §301(2)(B), added par. (3).  
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.

#### EFFECTIVE DATE OF 2013 AMENDMENT

Amendment by Pub. L. 113-4 not effective until the beginning of the fiscal year following Mar. 7, 2013, see section 4 of Pub. L. 113-4, set out as a note under section 2261 of Title 18, Crimes and Criminal Procedure.

### § 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) 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 2020, commonly referred to as Healthy People 2020), 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; 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