

§§ 201(a), (b), 202(a), 88 Stat. 371, 372; Aug. 1, 1977, Pub. L. 95-83, title II, § 202, 91 Stat. 386; Nov. 9, 1978, Pub. L. 95-622, title II, § 211, 92 Stat. 3420; Aug. 13, 1981, Pub. L. 97-35, title IX, § 925(a), 95 Stat. 569, set forth findings and declaration of policy and authorized appropriations with regard to assistance to medical libraries, prior to repeal by Pub. L. 99-158, § 3(b), Nov. 20, 1985, 99 Stat. 879.

A prior section 391 of act July 1, 1944, ch. 373, title III, as added Oct. 22, 1965, Pub. L. 89-291, § 2, 79 Stat. 1059; amended Mar. 13, 1970, Pub. L. 91-212, § 10(b)(3), 84 Stat. 66; July 23, 1974, Pub. L. 93-353, title II, § 202(b), 88 Stat. 372, which defined "sciences related to health", "National Medical Libraries Assistance Advisory Board", "Board", and "medical library", was classified to section 280b-1 of this title, prior to repeal by Pub. L. 99-158, § 3(b), Nov. 20, 1985, 99 Stat. 879.

#### AMENDMENTS

1993—Subsec. (b). Pub. L. 103-183 inserted at end "In carrying out the preceding sentence, the Secretary shall disseminate such information to the public, including through elementary and secondary schools."

1992—Pub. L. 102-531 substituted "Centers for Disease Control and Prevention" for "Centers for Disease Control" in subssecs. (a) and (b).

1990—Subsec. (a)(2). Pub. L. 101-558, § 2(a)(1), inserted ", or enter into cooperative agreements or contracts with." after "grants to".

Subsec. (a)(3). Pub. L. 101-558, § 2(a)(2), added par. (3).

#### Statutory Notes and Related Subsidiaries

##### FINDINGS AND PURPOSES

Pub. L. 99-649, § 2, Nov. 10, 1986, 100 Stat. 3633, provided that:

"(a) The Congress finds and declares that:

"(1) Injury is one of the principal public health problems in America, and causes over 140,000 deaths per year.

"(2) Injury rates are particularly high for children and the elderly.

"(3) Injury causes 50 percent of all deaths for children over the age of one year and two-thirds of all deaths for children over the age of 15 years, and is the leading cause of death for individuals under the age of 44 years. Individuals over the age of 65 years have the highest fatality rates for many injuries.

"(4) Injury control has not been given high priority in the United States, and the research being conducted on injury control and the number of personnel involved in injury control activities are not adequate.

"(b) The purposes of this Act [enacting this part] are—

"(1) to promote research into the causes, diagnosis, treatment, prevention, and control of injuries and rehabilitation from injuries;

"(2) to promote cooperation between specialists in fields involved in injury research; and

"(3) to promote coordination between Federal, State, and local governments and public and private entities in order to achieve a reduction in deaths from injuries."

#### § 280b-0. Prevention and control activities

(a) The Secretary, through the Director of the Centers for Disease Control and Prevention, shall—

(1) assist States and political subdivisions of States in activities for the prevention and control of injuries; and

(2) encourage regional activities between States designed to reduce injury rates.

(b) The Secretary, through the Director of the Centers for Disease Control and Prevention, may—

(1) enter into agreements between the Service and public and private community health

agencies which provide for cooperative planning of activities to deal with problems relating to the prevention and control of injuries;

(2) work in cooperation with other Federal agencies, and with public and nonprofit private entities, to promote activities regarding the prevention and control of injuries; and

(3) make grants to States and, after consultation with State health agencies, to other public or nonprofit private entities for the purpose of carrying out demonstration projects for the prevention and control of injuries at sites that are not subject to the Occupational Safety and Health Act of 1970 [29 U.S.C. 651 et seq.], including homes, elementary and secondary schools, and public buildings.

(July 1, 1944, ch. 373, title III, § 392, as added Pub. L. 99-649, § 3, Nov. 10, 1986, 100 Stat. 3634; amended Pub. L. 101-558, § 2(b), Nov. 15, 1990, 104 Stat. 2772; Pub. L. 102-531, title III, §§ 301, 312(d)(4), Oct. 27, 1992, 106 Stat. 3482, 3504; Pub. L. 103-183, title II, § 203(a)(2), (b)(1), Dec. 14, 1993, 107 Stat. 2232.)

#### Editorial Notes

##### REFERENCES IN TEXT

The Occupational Safety and Health Act of 1970, referred to in subsec. (b)(3), is Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590, as amended, which is classified principally to chapter 15 (§ 651 et seq.) of Title 29, Labor. For complete classification of this Act to the Code, see Short Title note set out under section 651 of Title 29 and Tables.

##### CODIFICATION

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

##### PRIOR PROVISIONS

A prior section 392 of act July 1, 1944, ch. 373, title III, as added Oct. 22, 1965, Pub. L. 89-291, § 2, 79 Stat. 1060; amended Mar. 13, 1970, Pub. L. 91-212, § 10(b)(4), (d)(2)(A), 84 Stat. 66, 67; July 23, 1974, Pub. L. 93-353, title II, § 202(c), 88 Stat. 372, which related to composition, functions, etc., of the National Medical Libraries Assistance Advisory Board, was classified to section 280b-2 of this title, prior to repeal by Pub. L. 99-158, § 3(b), Nov. 20, 1985, 99 Stat. 879.

##### AMENDMENTS

1993—Pub. L. 103-183, § 203(a)(2)(A), substituted "Prevention and control activities" for "Control activities" in section catchline.

Subsec. (a)(1). Pub. L. 103-183, § 203(a)(2)(B), inserted "and control" after "prevention".

Subsec. (b)(1). Pub. L. 103-183, § 203(a)(2)(C), substituted "the prevention and control of injuries" for "injuries and injury control".

Subsec. (b)(2). Pub. L. 103-183, § 203(b)(1), substituted "to promote activities regarding the prevention and control of injuries; and" for "to promote injury control. In carrying out the preceding sentence, the Secretary shall disseminate such information to the public, including through elementary and secondary schools; and".

1992—Pub. L. 102-531, § 312(d)(4), substituted "Centers for Disease Control and Prevention" for "Centers for Disease Control" in introductory provisions of subssecs. (a) and (b).

Subsec. (b)(1). Pub. L. 102-531, § 301(1), struck out "and" after semicolon at end.

Subsec. (b)(2). Pub. L. 102-531, § 301(2), inserted sentence requiring Secretary to disseminate information

on injury control to the public, including through elementary and secondary schools and substituted “; and” for period at end.

Subsec. (b)(3). Pub. L. 102-531, §301(3), added par. (3). 1990—Subsec. (b)(2). Pub. L. 101-558 amended par. (2) generally. Prior to amendment, par. (2) read as follows: “work in cooperation with Federal, State, and local agencies to promote injury control.”

### § 280b-1. Preventing overdoses of controlled substances

#### (a) Evidence-based prevention grants

##### (1) In general

The Director of the Centers for Disease Control and Prevention may—

(A) to the extent practicable, carry out and expand any evidence-based prevention activities described in paragraph (2);

(B) provide training and technical assistance to States, localities, and Indian tribes for purposes of carrying out such activity; and

(C) award grants to States, localities, and Indian tribes for purposes of carrying out such activity.

##### (2) Evidence-based prevention activities

An evidence-based prevention activity described in this paragraph is any of the following activities:

(A) Improving the efficiency and use of a new or currently operating prescription drug monitoring program, including by—

(i) encouraging all authorized users (as specified by the State or other entity) to register with and use the program;

(ii) enabling such users to access any updates to information collected by the program in as close to real-time as possible;

(iii) improving the ease of use of such program;

(iv) providing for a mechanism for the program to notify authorized users of any potential misuse or abuse of controlled substances and any detection of inappropriate prescribing or dispensing practices relating to such substances;

(v) encouraging the analysis of prescription drug monitoring data for purposes of providing de-identified, aggregate reports based on such analysis to State public health agencies, State substance abuse agencies, State licensing boards, and other appropriate State agencies, as permitted under applicable Federal and State law and the policies of the prescription drug monitoring program and not containing any protected health information, to prevent inappropriate prescribing, drug diversion, or abuse and misuse of controlled substances, and to facilitate better coordination among agencies;

(vi) enhancing interoperability between the program and any health information technology (including certified health information technology), including by integrating program data into such technology;

(vii) updating program capabilities to respond to technological innovation for purposes of appropriately addressing the oc-

currence and evolution of controlled substance overdoses;

(viii) facilitating and encouraging data exchange between the program and the prescription drug monitoring programs of other States;

(ix) enhancing data collection and quality, including improving patient matching and proactively monitoring data quality;

(x) providing prescriber and dispenser practice tools, including prescriber practice insight reports for practitioners to review their prescribing patterns in comparison to such patterns of other practitioners in the specialty; and

(xi) meeting the purpose of the program established under section 280g-3 of this title, as described in section 280g-3(a) of this title.

(B) Promoting community or health system interventions.

(C) Evaluating interventions to prevent controlled substance overdoses.

(D) Implementing projects to advance an innovative prevention approach with respect to new and emerging public health crises and opportunities to address such crises, such as enhancing public education and awareness on the risks associated with opioids.

##### (3) Additional grants

The Director may award grants to States, localities, and Indian Tribes—

(A) to carry out innovative projects for grantees to rapidly respond to controlled substance misuse, abuse, and overdoses, including changes in patterns of controlled substance use; and

(B) for any other evidence-based activity for preventing controlled substance misuse, abuse, and overdoses as the Director determines appropriate.

##### (4) Research

The Director, in coordination with the Assistant Secretary for Mental Health and Substance Use and the National Mental Health and Substance Use Policy Laboratory established under section 290aa-0 of this title, as appropriate and applicable, may conduct studies and evaluations to address substance use disorders, including preventing substance use disorders or other related topics the Director determines appropriate.

#### (b) Enhanced controlled substance overdose data collection, analysis, and dissemination grants

##### (1) In general

The Director of the Centers for Disease Control and Prevention may—

(A) to the extent practicable, carry out any controlled substance overdose data collection activities described in paragraph (2);

(B) provide training and technical assistance to States, localities, and Indian tribes for purposes of carrying out such activity;

(C) award grants to States, localities, and Indian tribes for purposes of carrying out such activity; and

(D) coordinate with the Assistant Secretary for Mental Health and Substance Use