

appropriations or amounts that are available for such purpose.

(July 1, 1944, ch. 373, title XII, §1245, as added Pub. L. 102-321, title VI, §601, July 10, 1992, 106 Stat. 435; amended Pub. L. 111-148, title III, §3505(a)(5), Mar. 23, 2010, 124 Stat. 525.)

AMENDMENTS

2010—Pub. L. 111-148 amended section generally. Prior to amendment, text read as follows: “For the purpose of carrying out this part, there are authorized to be appropriated \$100,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994. Such authorization of appropriations is in addition to any other authorization of appropriations or amounts that are available for such purpose.”

EFFECTIVE DATE

Section effective July 10, 1992, with programs making awards providing financial assistance in fiscal year 1993 and subsequent years effective for awards made on or after Oct. 1, 1992, see section 801(b), (d)(1) of Pub. L. 102-321, set out as an Effective Date of 1992 Amendment note under section 236 of this title.

§ 300d-46. Definition

In this part, the term “uncompensated care costs” means unreimbursed costs from serving self-pay, charity, or Medicaid patients, without regard to payment under section 1396r-4 of this title, all of which are attributable to emergency care and trauma care, including costs related to subsequent inpatient admissions to the hospital.

(July 1, 1944, ch. 373, title XII, §1246, as added Pub. L. 111-148, title III, §3505(a)(6), Mar. 23, 2010, 124 Stat. 525.)

PART E—MISCELLANEOUS PROGRAMS

§ 300d-51. Residency training programs in emergency medicine

(a) In general

The Secretary may make grants to public and nonprofit private entities for the purpose of planning and developing approved residency training programs in emergency medicine.

(b) Identification and referral of domestic violence

The Secretary may make a grant under subsection (a) only if the applicant involved agrees that the training programs under subsection (a) will provide education and training in identifying and referring cases of domestic violence.

(c) Authorization of appropriations

For the purpose of carrying out this section, there is authorized to be appropriated \$400,000 for each of the fiscal years 2008 through 2012.

(July 1, 1944, ch. 373, title XII, §1251, as added Pub. L. 102-408, title III, §304, Oct. 13, 1992, 106 Stat. 2084; amended Pub. L. 110-23, §13, May 3, 2007, 121 Stat. 98.)

AMENDMENTS

2007—Pub. L. 110-23 amended section generally. Prior to amendment, section related to residency training programs in emergency medicine and authorized appropriations for fiscal years 1993 through 1995.

§ 300d-52. State grants for projects regarding traumatic brain injury

(a) In general

The Secretary, acting through the Administrator for the Administration for Community Living, may make grants to States and American Indian consortia for the purpose of carrying out projects to improve access to rehabilitation and other services regarding traumatic brain injury.

(b) State advisory board

(1) In general

The Secretary may make a grant under subsection (a) only if the State or American Indian consortium involved agrees to establish an advisory board within the appropriate health department of the State or American Indian consortium or within another department as designated by the chief executive officer of the State or American Indian consortium.

(2) Functions

An advisory board established under paragraph (1) shall advise and make recommendations to the State or American Indian consortium on ways to improve services coordination regarding traumatic brain injury. Such advisory boards shall encourage citizen participation through the establishment of public hearings and other types of community outreach programs. In developing recommendations under this paragraph, such boards shall consult with Federal, State, and local governmental agencies and with citizens groups and other private entities.

(3) Composition

An advisory board established under paragraph (1) shall be composed of—

(A) representatives of—

(i) the corresponding State or American Indian consortium agencies involved;

(ii) public and nonprofit private health related organizations;

(iii) other disability advisory or planning groups within the State or American Indian consortium;

(iv) members of an organization or foundation representing individuals with traumatic brain injury in that State or American Indian consortium; and

(v) injury control programs at the State or local level if such programs exist; and

(B) a substantial number of individuals with traumatic brain injury, or the family members of such individuals.

(c) Matching funds

(1) In general

With respect to the costs to be incurred by a State or American Indian consortium in carrying out the purpose described in subsection (a), the Secretary may make a grant under such subsection only if the State or American Indian consortium agrees to make available non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$2 of Federal funds provided under the grant.

(2) Determination of amount contributed

Non-Federal contributions under paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized by any significant extent by the Federal Government, may not be included in determining the amount of such contributions.

(d) Application for grant

The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

(e) Use of State and American Indian consortium grants**(1) Community services and supports**

A State or American Indian consortium shall (directly or through awards of contracts to nonprofit private entities) use amounts received under a grant under this section for the following:

(A) To develop, change, or enhance community-based service delivery systems that include timely access to comprehensive appropriate services and supports. Such service and supports—

(i) shall promote full participation by individuals with traumatic brain injury and their families in decision making regarding the services and supports; and

(ii) shall be designed for children, youth, and adults with traumatic brain injury.

(B) To focus on outreach to underserved and inappropriately served individuals, such as individuals in institutional settings, individuals with low socioeconomic resources, individuals in rural communities, and individuals in culturally and linguistically diverse communities.

(C) To award contracts to nonprofit entities for consumer or family service access training, consumer support, peer mentoring, and parent to parent programs.

(D) To develop individual and family service coordination or case management systems.

(E) To support other needs identified by the advisory board under subsection (b) for the State or American Indian consortium involved.

(2) Best practices**(A) In general**

State or American Indian consortium services and supports provided under a grant under this section shall reflect the best practices in the field of traumatic brain injury, shall be in compliance with title II of the Americans with Disabilities Act of 1990 [42 U.S.C. 12131 et seq.], and shall be supported by quality assurance measures as well as state-of-the-art health care and integrated community supports, regardless of the severity of injury.

(B) Demonstration by State agency

The State or American Indian consortium agency responsible for administering amounts received under a grant under this section shall demonstrate that it has obtained knowledge and expertise of traumatic brain injury and the unique needs associated with traumatic brain injury.

(3) State capacity building

A State or American Indian consortium may use amounts received under a grant under this section to—

(A) educate consumers and families;

(B) train professionals in public and private sector financing (such as third party payers, State agencies, community-based providers, schools, and educators);

(C) develop or improve case management or service coordination systems;

(D) develop best practices in areas such as family or consumer support, return to work, housing or supportive living personal assistance services, assistive technology and devices, behavioral health services, substance abuse services, and traumatic brain injury treatment and rehabilitation;

(E) tailor existing State or American Indian consortium systems to provide accommodations to the needs of individuals with traumatic brain injury (including systems administered by the State or American Indian consortium departments responsible for health, mental health, labor/employment, education, intellectual disabilities or developmental disorders, transportation, and correctional systems);

(F) improve data sets coordinated across systems and other needs identified by a State or American Indian consortium plan supported by its advisory council; and

(G) develop capacity within targeted communities.

(f) Coordination of activities

The Secretary shall ensure that activities under this section are coordinated as appropriate with other Federal agencies that carry out activities regarding traumatic brain injury.

(g) Report

Not less than biennially, the Secretary shall submit 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, a report describing the findings and results of the programs established under this section and section 300d-53 of this title, including measures of outcomes and consumer and surrogate satisfaction.

(h) Definitions

For purposes of this section:

(1) The terms “American Indian consortium” and “State” have the meanings given to those terms in section 300d-53 of this title.

(2) 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 \$7,321,000 for each of fiscal years 2020 through 2024.

(July 1, 1944, ch. 373, title XII, §1252, as added Pub. L. 104-166, §3, July 29, 1996, 110 Stat. 1446; amended Pub. L. 106-310, div. A, title XIII, §1304, Oct. 17, 2000, 114 Stat. 1139; Pub. L. 110-23, §14, May 3, 2007, 121 Stat. 99; Pub. L. 110-206, §6(a), Apr. 28, 2008, 122 Stat. 716; Pub. L. 111-256, §2(f)(6), Oct. 5, 2010, 124 Stat. 2644; Pub. L. 113-196, §3, Nov. 26, 2014, 128 Stat. 2052; Pub. L. 115-377, §3, Dec. 21, 2018, 132 Stat. 5114.)

REFERENCES IN TEXT

The Americans with Disabilities Act of 1990, referred to in subsec. (e)(2)(A), is Pub. L. 101-336, July 26, 1990, 104 Stat. 327, as amended. Title II of the Act is classified generally to subchapter II (§12131 et seq.) of chapter 126 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 12101 of this title and Tables.

AMENDMENTS

2018—Subsec. (a). Pub. L. 115-377, §3(1), inserted “, acting through the Administrator for the Administration for Community Living,” after “The Secretary”.

Subsecs. (e) to (j). Pub. L. 115-377, §3(2)-(4), redesignated subsecs. (f) to (j) as (e) to (i), respectively, in subsec. (i), substituted “\$7,321,000 for each of fiscal years 2020 through 2024” for “\$5,500,000 for each of the fiscal years 2015 through 2019”, and struck out subsec. (e) which provided for continuation of previously awarded demonstration projects.

2014—Subsec. (a). Pub. L. 113-196, §3(1), struck out “, acting through the Administrator of the Health Resources and Services Administration,” after “The Secretary”.

Subsec. (f)(1)(A)(i), (3)(E). Pub. L. 113-196, §3(2), substituted “traumatic brain injury” for “brain injury”.

Subsec. (h). Pub. L. 113-196, §3(3), substituted “under this section and section 300d-53 of this title, including” for “under this section, and section 300d-53 of this title including”.

Subsec. (j). Pub. L. 113-196, §3(4), substituted “\$5,500,000 for each of the fiscal years 2015 through 2019” for “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”.

2010—Subsec. (f)(3)(E). Pub. L. 111-256 substituted “intellectual disabilities or developmental disorders,” for “mental retardation/developmental disorders,”.

2008—Subsec. (a). Pub. L. 110-206, §6(a)(1), substituted “may make grants to States and American Indian consortia” for “may make grants to States” and “rehabilitation and other services” for “health and other services”.

Subsec. (b)(1). Pub. L. 110-206, §6(a)(2)(A), substituted “State or American Indian consortium” for “State” wherever appearing.

Subsec. (b)(2). Pub. L. 110-206, §6(a)(2)(B), substituted “recommendations to the State or American Indian consortium” for “recommendations to the State”.

Subsec. (b)(3)(A)(i), (iii), (iv). Pub. L. 110-206, §6(a)(2)(A), substituted “State or American Indian consortium” for “State”.

Subsec. (c)(1). Pub. L. 110-206, §6(a)(3), substituted “State or American Indian consortium” for “State” in two places.

Subsec. (e). Pub. L. 110-206, §6(a)(4), added text of subsec. (e) and struck out former text of subsec. (e) which

read as follows: “A State that received a grant under this section prior to October 17, 2000, may compete for new project grants under this section after October 17, 2000.”

Subsec. (f). Pub. L. 110-206, §6(a)(5)(A), (B), inserted “and American Indian consortium” after “State” in heading and substituted in text “State or American Indian consortium” for “State” wherever appearing, except in par. (3)(B).

Subsec. (f)(1)(A)(ii). Pub. L. 110-206, §6(a)(5)(C), substituted “children, youth, and adults” for “children and other individuals”.

Subsec. (h). Pub. L. 110-206, §6(a)(6), substituted “Not less than biennially, the Secretary” for “Not later than 2 years after July 29, 1996, the Secretary” and “Energy and Commerce of the House of Representatives, and to the Committee on Health, Education, Labor, and Pensions” for “Commerce of the House of Representatives, and to the Committee on Labor and Human Resources” and inserted “and section 300d-53 of this title” after “programs established under this section.”

Subsec. (i). Pub. L. 110-206, §6(a)(7), amended subsec. (i) generally. Prior to amendment, text read as follows: “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.”

Subsec. (j). Pub. L. 110-206, §6(a)(8), inserted “, and such sums as may be necessary for each of the fiscal years 2009 through 2012” before period at end.

2007—Pub. L. 110-23, which directed amendment of section by striking “demonstration” in section catchline, could not be executed because the word “demonstration” did not appear after amendment by Pub. L. 106-310, §1304(1). See 2000 Amendment note below.

2000—Pub. L. 106-310, §1304(1), struck out “demonstration” before “projects” in section catchline.

Subsec. (a). Pub. L. 106-310, §1304(2), struck out “demonstration” before “projects”.

Subsec. (b)(3)(A)(iv). Pub. L. 106-310, §1304(3)(A), substituted “representing individuals with traumatic brain injury” for “representing traumatic brain injury survivors”.

Subsec. (b)(3)(B). Pub. L. 106-310, §1304(3)(B), substituted “with traumatic brain injury” for “who are survivors of traumatic brain injury”.

Subsec. (c)(1). Pub. L. 106-310, §1304(4)(A), struck out “, in cash,” before “non-Federal contributions”.

Subsec. (c)(2). Pub. L. 106-310, §1304(4)(B), reenacted heading without change and amended text generally. Prior to amendment, text read as follows: “In determining the amount of non-Federal contributions in cash that a State has provided pursuant to paragraph (1), the Secretary may not include any amounts provided to the State by the Federal Government.”

Subsecs. (e), (f). Pub. L. 106-310, §1304(6), added subsecs. (e) and (f). Former subsecs. (e) and (f) redesignated (g) and (h), respectively.

Subsec. (g). Pub. L. 106-310, §1304(5), (7), redesignated subsec. (e) as (g) and substituted “Federal agencies” for “agencies of the Public Health Service”. Former subsec. (g) redesignated (i).

Subsec. (h). Pub. L. 106-310, §1304(5), redesignated subsec. (f) as (h). Former subsec. (h) redesignated (j).

Subsec. (i). Pub. L. 106-310, §1304(5), (8), redesignated subsec. (g) as (i), 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. (j). Pub. L. 106-310, §1304(9), reenacted heading without change and amended text generally. Prior to amendment, text read as follows: “For the purpose of carrying out this section, there is authorized to be appropriated \$5,000,000 for each of the fiscal years 1997 through 1999.”

Pub. L. 106-310, §1304(5), redesignated subsec. (h) as (j).

DEFINITIONS

For meaning of references to an intellectual disability and to individuals with intellectual disabilities in provisions amended by section 2 of Pub. L. 111-256, see section 2(k) of Pub. L. 111-256, set out as a note under section 1400 of Title 20, Education.

§ 300d-53. State grants for protection and advocacy services

(a) In general

The Secretary, acting through the Administrator for the Administration for Community Living, shall make grants to protection and advocacy systems for the purpose of enabling such systems to provide services to individuals with traumatic brain injury.

(b) Services provided

Services provided under this section may include the provision of—

- (1) information, referrals, and advice;
- (2) individual and family advocacy;
- (3) legal representation; and
- (4) specific assistance in self-advocacy.

(c) Application

To be eligible to receive a grant under this section, a protection and advocacy system shall submit an application to the Secretary at such time, in such form and manner, and accompanied by such information and assurances as the Secretary may require.

(d) Appropriations less than \$2,700,000

(1) In general

With respect to any fiscal year in which the amount appropriated under subsection (l) to carry out this section is less than \$2,700,000, the Secretary shall make grants from such amount to individual protection and advocacy systems within States to enable such systems to plan for, develop outreach strategies for, and carry out services authorized under this section for individuals with traumatic brain injury.

(2) Amount

The amount of each grant provided under paragraph (1) shall be determined as set forth in paragraphs (2) and (3) of subsection (e).

(e) Appropriations of \$2,700,000 or more

(1) Population basis

Except as provided in paragraph (2), with respect to each fiscal year in which the amount appropriated under subsection (l) to carry out this section is \$2,700,000 or more, the Secretary shall make a grant to a protection and advocacy system within each State.

(2) Amount

The amount of a grant provided to a system under paragraph (1) shall be equal to an amount bearing the same ratio to the total amount appropriated for the fiscal year involved under subsection (l) as the population of the State in which the grantee is located bears to the population of all States.

(3) Minimums

Subject to the availability of appropriations, the amount of a grant¹ a protection and advocacy system under paragraph (1) for a fiscal year shall—

(A) in the case of a protection and advocacy system located in American Samoa, Guam, the United States Virgin Islands, or the Commonwealth of the Northern Mariana Islands, and the protection and advocacy system serving the American Indian consortium, not be less than \$20,000; and

(B) in the case of a protection and advocacy system in a State not described in subparagraph (A), not be less than \$50,000.

(4) Inflation adjustment

For each fiscal year in which the total amount appropriated under subsection (l) to carry out this section is \$5,000,000 or more, and such appropriated amount exceeds the total amount appropriated to carry out this section in the preceding fiscal year, the Secretary shall increase each of the minimum grants amount described in subparagraphs (A) and (B) of paragraph (3) by a percentage equal to the percentage increase in the total amount appropriated under subsection (l) to carry out this section between the preceding fiscal year and the fiscal year involved.

(f) Carryover

Any amount paid to a protection and advocacy system that serves a State or the American Indian consortium for a fiscal year under this section that remains unobligated at the end of such fiscal year shall remain available to such system for obligation during the next fiscal year for the purposes for which such amount was originally provided.

(g) Direct payment

Notwithstanding any other provision of law, each fiscal year not later than October 1, the Secretary shall pay directly to any protection and advocacy system that complies with the provisions of this section, the total amount of the grant for such system, unless the system provides otherwise for such payment.

(h) Reporting

(1) Reports by systems

Each protection and advocacy system that receives a payment under this section shall submit an annual report to the Secretary concerning the services provided to individuals with traumatic brain injury by such system.

(2) Report by Secretary

Not later than 1 year after November 26, 2014, the Secretary shall prepare and submit to 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

¹ So in original. Probably should be followed by "to".

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 \$4,000,000 for each of fiscal years 2020 through 2024.

(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; Pub. L. 115-377, §4, Dec. 21, 2018, 132 Stat. 5114.)

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

2018—Subsec. (a). Pub. L. 115-377, §4(1), inserted “, acting through the Administrator for the Administration for Community Living,” after “The Secretary”.

Subsec. (l). Pub. L. 115-377, §4(2), substituted “\$4,000,000 for each of fiscal years 2020 through 2024” for “\$3,100,000 for each of the fiscal years 2015 through 2019”.

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).

§ 300d-54. Stop, Observe, Ask, and Respond to Health and Wellness Training Program

(a) In general

The Secretary shall establish a program to be known as the Stop, Observe, Ask, and Respond to Health and Wellness Training Program or the SOAR to Health and Wellness Training Program (in this section referred to as the “Program”) to provide training to health care and social serv-

ice providers on human trafficking in accordance with this section.

(b) Activities

(1) In general

The Program shall include the Stop, Observe, Ask, and Respond to Health and Wellness Training Program's activities existing on the day before December 31, 2018, and the authorized initiatives described in paragraph (2).

(2) Authorized initiatives

The authorized initiatives of the Program shall include—

(A) engaging stakeholders, including victims of human trafficking and Federal, State, local, and tribal partners, to develop a flexible training module—

(i) for supporting activities under subsection (c); and

(ii) that adapts to changing needs, settings, health care providers, and social service providers;

(B) providing technical assistance to grantees related to implementing activities described in subsection (c) and reporting on any best practices identified by the grantees;

(C) developing a reliable methodology for collecting data, and reporting such data, on the number of human trafficking victims identified and served by grantees in a manner that, at a minimum, prevents disclosure of individually identifiable information consistent with all applicable privacy laws and regulations; and

(D) integrating, as appropriate, the training described in paragraphs (1) through (4) of subsection (c) with training programs, in effect on December 31, 2018, for health care and social service providers for victims of intimate partner violence, sexual assault, stalking, child abuse, child neglect, child maltreatment, and child sexual exploitation.

(c) Grants

The Secretary may award grants to appropriate entities to train health care and social service providers to—

(1) identify potential human trafficking victims;

(2) implement best practices for working with law enforcement to report and facilitate communication with human trafficking victims, in accordance with all applicable Federal, State, local, and tribal laws, including legal confidentiality requirements for patients and health care and social service providers;

(3) implement best practices for referring such victims to appropriate health care, social, or victims service agencies or organizations; and

(4) provide such victims with coordinated, age-appropriate, culturally relevant, trauma-informed, patient-centered, and evidence-based care.

(d) Consideration in awarding grants

The Secretary, in making awards under this section, shall give consideration to—

(1) geography;

(2) the demographics of the population to be served;

(3) the predominant types of human trafficking cases involved; and

(4) health care and social service provider profiles.

(e) Data collection and reporting

(1) In general

The Secretary shall collect data and report on the following:

(A) The total number of entities that received a grant under this section.

(B) The total number and geographic distribution of health care and social service providers trained through the Program.

(2) Initial report

In addition to the data required to be collected under paragraph (1), for purposes of the initial report to be submitted under paragraph (3), the Secretary shall collect data on the total number of facilities and health care professional organizations that were operating under, and the total number of health care and social service providers trained through, the Stop, Observe, Ask, and Respond to Health and Wellness Training Program existing prior to the establishment of the Program under this section.

(3) Annual report

Not later than 1 year after December 31, 2018, and annually thereafter, the Secretary shall submit an annual report to Congress on the data collected under this subsection in a manner that, at a minimum, prevents the disclosure of individually identifiable information consistent with all applicable privacy laws and regulations.

(f) Sharing best practices

The Secretary shall make available, on the Internet website of the Department of Health and Human Services, a description of the best practices and procedures used by entities that receive a grant for carrying out activities under this section.

(g) Definition

In this section, the term “human trafficking” has the meaning given the term “severe forms of trafficking in persons” as defined in section 7102 of title 22.

(h) Authorization of appropriations

There is authorized to be appropriated to carry out this section, \$4,000,000 for each of fiscal years 2020 through 2024.

(July 1, 1944, ch. 373, title XII, §1254, as added Pub. L. 115-398, §2, Dec. 31, 2018, 132 Stat. 5328.)

REFERENCES IN TEXT

This section, referred to in subsec. (h), was in the original “this Act”, and was translated, to reflect the probable intent of Congress, as meaning Pub. L. 115-398, Dec. 31, 2018, 132 Stat. 5328, which enacted this section and provisions set out as a note under section 201 of this title.

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), shall establish and implement a plan for carrying out the activities of the Program, including the activities described in subsection (d). 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), 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) (including the activities described in subsection (d)).

(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), 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.