

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 subsecs. (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 pre-

vent 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 occurrence 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 to collect data pursuant to section 290aa-4(d)(1)(A) of this title (relating to the number of individuals admitted to emergency departments as a result of the abuse of alcohol or other drugs).

(2) Controlled substance overdose data collection and analysis activities

A controlled substance overdose data collection, analysis, and dissemination activity described in this paragraph is any of the following activities:

(A) Improving the timeliness of reporting data to the public, including data on fatal and nonfatal overdoses of controlled substances.

(B) Enhancing the comprehensiveness of controlled substance overdose data by collecting information on such overdoses from appropriate sources such as toxicology reports, autopsy reports, death scene investigations, and emergency departments.

(C) Modernizing the system for coding causes of death related to controlled substance overdoses to use an electronic-based system.

(D) Using data to help identify risk factors associated with controlled substance overdoses.

(E) Supporting entities involved in providing information on controlled substance overdoses, such as coroners, medical examiners, and public health laboratories to improve accurate testing and standardized reporting of causes and contributing factors to controlled substances overdoses and analysis of various opioid analogues to controlled substance overdoses.

(F) Working to enable and encourage the access, exchange, and use of information regarding controlled substance overdoses among data sources and entities.

(c) Priority

In awarding grants to States under subsections (a) and (b), the Director of the Centers for Disease Control and Prevention may give priority to jurisdictions with a disproportionately high rate of drug overdoses or drug overdose deaths, as applicable.

(d) Definitions

In this section:

(1) Controlled substance

The term “controlled substance” has the meaning given that term in section 802 of title 21.

(2) Indian tribe

The term “Indian tribe” has the meaning given that term in section 5304 of title 25.

(e) Authorization of appropriations

For purposes of carrying out this section, section 280g-3 of this title, and section 290bb-25g of this title, there is authorized to be appropriated \$496,000,000 for each of fiscal years 2019 through 2023.

(July 1, 1944, ch. 373, title III, §392A, as added Pub. L. 115-271, title VII, §7161(a), Oct. 24, 2018, 132 Stat. 4059; amended Pub. L. 117-328, div. FF, title I, §1271(b), Dec. 29, 2022, 136 Stat. 5686.)

Editorial Notes**PRIOR PROVISIONS**

A prior section 280b-1, act 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, which related to prevention and control activities, was transferred to section 280b-0 of this title.

Another prior section 280b-1, act July 1, 1944, ch. 373, title III, §391, 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, defined “sciences related to health”, “National Medical Libraries Assistance Advisory Board”, “Board”, and “medical library”, prior to repeal by Pub. L. 99-158, §3(b), Nov. 20, 1985, 99 Stat. 879.

AMENDMENTS

2022—Subsecs. (a)(1)(B), (C), (b)(1)(B), (C). Pub. L. 117-328, §1271(b)(2), substituted “Indian Tribes” for “Indian tribes”.

Subsecs. (c) to (e). Pub. L. 117-328, §1271(b)(1), added subsec. (c) and redesignated former subsecs. (c) and (d) as (d) and (e), respectively.

§ 280b-1a. Interpersonal violence within families and among acquaintances

(a) With respect to activities that are authorized in sections 280b and 280b-0 of this title, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out such activities with respect to interpersonal violence within families and among acquaintances. Activities authorized in the preceding sentence include the following:

(1) Collecting data relating to the incidence of such violence.

(2) Making grants to public and nonprofit private entities for the evaluation of programs whose purpose is to prevent such violence, including the evaluation of demonstration projects under paragraph (6).

(3) Making grants to public and nonprofit private entities for the conduct of research on identifying effective strategies for preventing such violence.

(4) Providing to the public information and education on such violence, including information and education to increase awareness of 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.