

scribed in subparagraph (A), for a fiscal year—

(i) not less than 10 percent shall be made available to Tribal sexual assault coalitions; and

(ii) any remaining amounts shall be made available, in equal amounts, to each State coalition and each territorial coalition.

(C) Clarification

Receipt of an award under this subsection by a sexual assault coalition shall not preclude the coalition from receiving additional grants or administering funds to carry out the purposes described in subsection (a).

(e) 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.

(f) Report

Not later than 1 year after March 15, 2022, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall submit to the Committee on Appropriations, the Committee on Energy and Commerce, and the Committee on the Judiciary of the House of Representatives and the Committee on Appropriations, the Committee on Health, Education, Labor, and Pensions, and the Committee on the Judiciary of the Senate a report on the activities funded by grants awarded under this section and best practices relating to rape prevention and education.

(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; Pub. L. 117-103, div. W, title III, § 301, Mar. 15, 2022, 136 Stat. 863.)

Editorial Notes

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

2022—Subsec. (a)(2). Pub. L. 117-103, § 301(1)(A), inserted before semicolon at end “or utilization of other communication technologies for purposes related to such a hotline”.

Subsec. (a)(3). Pub. L. 117-103, § 301(1)(B), substituted “professionals, including school-based professionals, to identify and refer students who may have experienced or are at risk of experiencing sexual violence” for “professionals”.

Subsec. (a)(7). Pub. L. 117-103, § 301(1)(C), substituted “sexual violence, sexual assault, and sexual harassment” for “sexual assault” and inserted “and Deaf individuals” before period at end.

Subsec. (b). Pub. L. 117-103, § 301(2), substituted “Indian Tribal” for “Indian tribal”.

Subsec. (c). Pub. L. 117-103, § 301(4), added subsec. (c). Former subsec. (c) redesignated (d).

Subsec. (d). Pub. L. 117-103, § 301(3), redesignated subsec. (c) as (d). Former subsec. (d) redesignated (e).

Subsec. (d)(1). Pub. L. 117-103, § 301(5)(A), substituted “\$100,000,000 for each of fiscal years 2023 through 2027” for “\$50,000,000 for each of fiscal years 2014 through 2018”.

Subsec. (d)(3). Pub. L. 117-103, § 301(5)(B), inserted at end “Not less than 80 percent of the total amount made available under this subsection in each fiscal year shall be awarded in accordance with this paragraph.”

Subsec. (d)(4). Pub. L. 117-103, § 301(5)(C), added par. (4).

Subsec. (e). Pub. L. 117-103, § 301(3), redesignated subsec. (d) as (e).

Subsec. (f). Pub. L. 117-103, § 301(6), added subsec. (f).

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.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2022 AMENDMENT

Amendment by Pub. L. 117-103 not effective until Oct. 1 of the first fiscal year beginning after Mar. 15, 2022, see section 4(a) of div. W of Pub. L. 117-103, set out as an Effective Date note under section 6851 of Title 15, Commerce and Trade.

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 non-profit 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.)

Editorial Notes

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 and registries as may be necessary. A surveillance system or registry under this section shall provide for the collection of data concerning—

(1) demographic information about each traumatic brain injury;

(2) information about the circumstances surrounding the injury event associated with each traumatic brain injury;

(3) administrative information about the source of the collected information, dates of hospitalization and treatment, and the date of injury; and

(4) information characterizing the clinical aspects of the traumatic brain injury, including the severity of the injury, outcomes of the injury, the types of treatments received, and the types of services utilized.

(b) Report

Not later than 18 months after April 28, 2008, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health and in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall submit to the relevant committees of Congress a report that contains the findings derived from an evaluation concerning activities and procedures that can be implemented by the Centers for Disease Control and Prevention to improve the collection and dissemination of compatible epidemiological studies on the incidence and prevalence of traumatic brain injury in individuals who were formerly in the military. The report shall include recommendations on the