

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.)

Editorial Notes**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 to 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.)

Editorial Notes

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. 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).

Statutory Notes and Related Subsidiaries

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.