

sistent 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.)

Editorial Notes

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.

(h) Definitions

For purposes of this section:

(1) The term “designated trauma center” has the meaning given such term in section 300d-31(1) of this title.

(2) The term “Director” means the Director of the National Institutes of Health.

(3) The term “trauma” means an injury resulting from exposure to—

(A) a mechanical force; or

(B) another extrinsic agent, including an extrinsic agent that is thermal, electrical, chemical, or radioactive.

(4) 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 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.

(July 1, 1944, ch. 373, title XII, §1261, as added Pub. L. 103-43, title III, §303(a), June 10, 1993, 107 Stat. 151; amended Pub. L. 104-166, §2, July 29,

1996, 110 Stat. 1445; Pub. L. 106-310, div. A, title XIII, §1303, Oct. 17, 2000, 114 Stat. 1138; Pub. L. 110-206, §5, Apr. 28, 2008, 122 Stat. 716; Pub. L. 113-152, §2(b), Aug. 8, 2014, 128 Stat. 1825.)

Editorial Notes

AMENDMENTS

2014—Subsec. (h)(3). Pub. L. 113-152 amended par. (3) generally. Prior to amendment, text read as follows: “The term ‘trauma’ means any serious injury that could result in loss of life or in significant disability and that would meet pre-hospital triage criteria for transport to a designated trauma center.”

2008—Subsec. (b)(2). Pub. L. 110-206, §5(1), substituted “Health, Education, Labor, and Pensions” for “Labor and Human Resources”.

Subsec. (d)(4)(D). Pub. L. 110-206, §5(2), substituted “brain injury” for “head brain injury”.

Subsec. (i). Pub. L. 110-206, §5(3), inserted “, and such sums as may be necessary for each of the fiscal years 2009 through 2012” before period at end.

2000—Subsec. (d)(4)(A). Pub. L. 106-310, §1303(a)(1), substituted “degree of brain injury” for “degree of injury”.

Subsec. (d)(4)(B). Pub. L. 106-310, §1303(a)(2), which directed amendment of subpar. (B) by substituting “acute brain injury” for “acute injury”, could not be executed because the phrase “acute injury” does not appear in text.

Subsec. (d)(4)(C). Pub. L. 106-310, §1303(c)(1), struck out “and” after semicolon at end.

Subsec. (d)(4)(D). Pub. L. 106-310, §1303(a)(3), (c)(2), substituted “brain injury treatment” for “injury treatment” and “; and” for period at end.

Subsec. (d)(4)(E). Pub. L. 106-310, §1303(c)(3), added subpar. (E).

Subsec. (h)(4). Pub. L. 106-310, §1303(b), 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. (i). Pub. L. 106-310, §1303(d), added subsec. (i).
1996—Subsec. (d)(4). Pub. L. 104-166, §2(1), added par. (4).

Subsec. (h)(4). Pub. L. 104-166, §2(2), added par. (4).

Statutory Notes and Related Subsidiaries

CHANGE OF NAME

Committee on Energy and Commerce of House of Representatives treated as referring to Committee on Commerce of House of Representatives by section 1(a) of Pub. L. 104-14, set out as a note preceding section 21 of Title 2, The Congress. Committee on Commerce of House of Representatives changed to Committee on Energy and Commerce of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred to Committee on Financial Services of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

TRAUMATIC BRAIN INJURY STUDY; CONSENSUS CONFERENCE

Pub. L. 104-166, §4, July 29, 1996, 110 Stat. 1448, as amended by Pub. L. 106-310, div. A, title XIII, §1302, Oct. 17, 2000, 114 Stat. 1138, required the Secretary of Health and Human Services to conduct a study of traumatic brain injuries, to submit a report to Congress within 18 months of July 29, 1996 on the findings of such study and a report within 3 years of that date on certain therapeutic interventions and guidelines developed in the study, and to conduct a national consensus conference on managing traumatic brain injury and related rehabilitation concerns.

PART G—POISON CONTROL

§ 300d-71. Maintenance of the national toll-free number and other communication capabilities

(a) In general

The Secretary—

(1) shall provide coordination and assistance to poison control centers for the establishment and maintenance of a nationwide toll-free phone number, to be used to access such centers; and

(2) may provide coordination and assistance to poison control centers and consult with professional organizations for the establishment, implementation, and maintenance of other communication technologies to be used to access such centers.

(b) Routing contacts with poison control centers

Not later than 18 months after December 20, 2019, the Secretary shall coordinate with the Chairman of the Federal Communications Commission, to the extent technically and economically feasible, to ensure that communications with the national toll-free number are routed to the appropriate poison control center based on the physical location of the contact rather than the area code of the contact device.

(c) Authorization of appropriations

There is authorized to be appropriated to carry out this section, \$700,000 for each of fiscal years 2025 through 2029 for the establishment, implementation, and maintenance activities carried out under subsections (a) and (b).

(July 1, 1944, ch. 373, title XII, §1271, as added Pub. L. 108-194, §3, Dec. 19, 2003, 117 Stat. 2889; amended Pub. L. 110-377, §3, Oct. 8, 2008, 122 Stat. 4064; Pub. L. 113-77, §2, Jan. 24, 2014, 128 Stat. 644; Pub. L. 116-94, div. N, title I, §403(a), Dec. 20, 2019, 133 Stat. 3114; Pub. L. 118-86, §2(a), Sept. 26, 2024, 138 Stat. 1549.)

Editorial Notes

AMENDMENTS

2024—Subsec. (c). Pub. L. 118-86 substituted “fiscal years 2025 through 2029” for “fiscal years 2020 through 2024”.

2019—Pub. L. 116-94, §403(a)(1), inserted “and other communication capabilities” after “toll-free number” in section catchline.

Subsec. (a). Pub. L. 116-94, §403(a)(2), added subsec. (a) and struck out former subsec. (a). Prior to amendment, text read as follows: “The Secretary shall provide coordination and assistance to poison control centers for the establishment of a nationwide toll-free phone number, and the maintenance of such number, to be used to access such centers.”

Subsec. (b). Pub. L. 116-94, §403(a)(4), added subsec. (b). Former subsec. (b) redesignated (c).

Subsec. (c). Pub. L. 116-94, §403(a)(3), (5), redesignated subsec. (b) as (c) and substituted “2020 through 2024” for “2015 through 2019” and “establishment, implementation, and maintenance activities carried out under subsections (a) and (b)” for “maintenance of the nationwide toll free phone number under subsection (a)”.

2014—Subsec. (b). Pub. L. 113-77 added subsec. (b) and struck out former subsec. (b). Prior to amendment, text read as follows: “There is authorized to be appropriated \$2,000,000 for fiscal year 2009 to carry out this section, and \$700,000 for each of fiscal years 2010 through 2014 for