

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

the maintenance of the nationwide toll free phone number under subsection (a).”

2008—Pub. L. 110-377 amended section generally. Prior to amendment, section required the Secretary to coordinate and assist in establishment of nationwide poison control center toll-free phone number, allowed for establishment and continued operation of privately funded nationwide toll-free numbers, and authorized appropriations for fiscal years 2000 through 2009.

Statutory Notes and Related Subsidiaries

FINDINGS

Pub. L. 110-377, § 2, Oct. 8, 2008, 122 Stat. 4063, provided that: “Congress makes the following findings:

“(1) Poison control centers are the primary defense of the United States against injury and deaths from poisoning. Twenty-four hours a day, the general public as well as health care practitioners contact their local poison control centers for help in diagnosing and treating victims of poisoning. In 2007, more than 4,000,000 calls were managed by poison control centers providing ready and direct access for all people of the United States, including many underserved populations in the United States, with vital emergency public health information and response.

“(2) Poisoning is the second most common form of unintentional death in the United States. In any given year, there will be between 3,000,000 and 5,000,000 poison exposures. Sixty percent of these exposures will involve children under the age of 6 who are exposed to toxins in their home. Poisoning accounts for 285,000 hospitalizations, 1,200,000 days of acute hospital care, and more than 26,000 fatalities in 2005.

“(3) In 2008, the Harvard Injury Control Research Center reported that poisonings from accidents and unknown circumstances more than tripled in rate since 1990. In 2005, the last year for which data are available, 26,858 people died from accidental or unknown poisonings. This represents an increase of 20,000 since 1990 and an increase of 2,400 between 2004 and 2005. Fatalities from poisoning are increasing in the United States in near epidemic proportions. The funding of programs to reverse this trend is needed now more than ever.

“(4) In 2004, The Institute of Medicine of the National Academy of Sciences recommended that ‘Congress should amend the current Poison Control Center Enhancement and Awareness Act Amendments of 2003 [Pub. L. 108-194, see Short Title of 2003 Amendments note set out under section 201 of this title] to provide sufficient funding to support the proposed Poison Prevention and Control System with its national network of poison centers. Support for the core activities at the current level of service is estimated to require more than \$100 million annually.’

“(5) Sustaining the funding structure and increasing accessibility to poison control centers will promote the utilization of poison control centers and reduce the inappropriate use of emergency medical services and other more costly health care services. The 2004 Institute of Medicine Report to Congress determined that for every \$1 invested in the Nation’s poison control centers \$7 of health care costs are saved. In 2005, direct Federal health care program savings totaled in excess of \$525,000,000 as the result of poison control center public health services.

“(6) More than 30 percent of the cost savings and financial benefits of the Nation’s network of poison control centers are realized annually by Federal health care programs (estimated to be more than \$1,000,000,000), yet Federal funding support (as demonstrated by the annual authorization of \$30,100,000 in Public Law 108-194) comprises less than 11 percent of the annual network expenditures of poison centers.

“(7) Real-time data collected from the Nation’s certified poison control centers can be an important source of information for the detection, monitoring,

and response for contamination of the air, water, pharmaceutical, or food supply.

“(8) In the event of a terrorist event, poison control centers will be relied upon as a critical source for accurate medical information and public health emergency response concerning the treatment of patients who have had an exposure to a chemical, radiological, or biological agent.”

Pub. L. 108-194, § 2, Dec. 19, 2003, 117 Stat. 2888, provided that: “The Congress finds the following:

“(1) Poison control centers are our Nation’s primary defense against injury and deaths from poisoning. Twenty-four hours a day, the general public as well as health care practitioners contact their local poison centers for help in diagnosing and treating victims of poisoning and other toxic exposures.

“(2) Poisoning is the third most common form of unintentional death in the United States. In any given year, there will be between 2,000,000 and 4,000,000 poison exposures. More than 50 percent of these exposures will involve children under the age of 6 who are exposed to toxic substances in their home. Poisoning accounts for 285,000 hospitalizations, 1,200,000 days of acute hospital care, and 13,000 fatalities annually.

“(3) Stabilizing the funding structure and increasing accessibility to poison control centers will promote the utilization of poison control centers, and reduce the inappropriate use of emergency medical services and other more costly health care services.

“(4) The tragic events of September 11, 2001, and the anthrax cases of October 2001, have dramatically changed our Nation. During this time period, poison centers in many areas of the country were answering thousands of additional calls from concerned residents. Many poison centers were relied upon as a source for accurate medical information about the disease and the complications resulting from prophylactic antibiotic therapy.

“(5) The 2001 Presidential Task Force on Citizen Preparedness in the War on Terrorism recommended that the Poison Control Centers be used as a source of public information and public education regarding potential biological, chemical, and nuclear domestic terrorism.

“(6) The increased demand placed upon poison centers to provide emergency information in the event of a terrorist event involving a biological, chemical, or nuclear toxin will dramatically increase call volume.”

§ 300d-72. Promoting poison control center utilization

(a) In general

The Secretary shall carry out, and expand upon, a national media campaign to educate and support outreach to the public and health care providers about poisoning and toxic exposure prevention and the availability of poison control center resources in local communities and to conduct advertising campaigns concerning the nationwide toll-free number and other available communication technologies established, implemented, or maintained under section 300d-71(a) of this title.

(b) Contract with entity

The Secretary may carry out subsection (a) by entering into contracts with one or more public or private entities, including nationally recognized organizations in the field of poison control and national media firms, for the development and implementation of a nationwide poisoning and toxic exposure prevention and poison control center awareness campaign, which may include—