

Department of Health and Human Services

OFFICE OF  
INSPECTOR GENERAL

INJURY CONTROL



Richard P. Kusserow  
INSPECTOR GENERAL

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Department of Health and Human Services

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# EXECUTIVE SUMMARY

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## PURPOSE

To determine the nature and extent of possible overlap between the injury control program administered by the Centers for Disease Control (CDC) and other such programs within or outside the Department of Health and Human Services (DHHS).

## BACKGROUND

This inspection was requested by the Secretary of DHHS.

The CDC's injury control program is operated by its Division of Injury Control (DIC) within the Center for Environmental Health and Injury Control. The DIC works to prevent mortality, morbidity and disability due to injuries outside the workplace, with assistance from the Secretary's Advisory Committee for Injury Prevention and Control. The CDC also has primary Federal responsibility for dealing with injuries in the workplace through its National Institute of Occupational Safety and Health.

The DIC's mission is accomplished through extramural and intramural research programs and coordination with other Federal, State and private-sector agencies. Its FY 1991 budget was just over \$24 million, about \$16 million of which was used for funding and administering extramural injury research and intervention in a wide variety of areas. Today, injury is the leading cause of death among persons 1-44 years old in the United States and the fourth leading cause in the total population, according to the CDC. As a result, injury is seen by CDC as the principal public health problem in America today.

## METHODOLOGY

Following preliminary discussions with representatives of CDC and DIC, we conducted structured personal and telephone interviews with a total of 25 representatives of Federal and non-Federal agencies and organizations outside DIC and CDC. These respondents were chosen because most of them represent their agencies and organizations on the Secretary's Advisory Committee for Injury Prevention and Control or have close ties to the injury control community. We also collected documents on the statutory authority of DIC and other public agencies to perform or fund related research. We examined budget documents from those agencies for the last few years; reviewed mission statements, grants and annual reports; and identified and verified the use of procedures to prevent overlap. In addition, we obtained their perceptions as to whether DIC's injury prevention and control activity overlapped with their own agency's efforts or with that of organizations other than their own. We asked whether DIC was carrying out leadership and coordination roles in the injury control community and how well they were being carried out. Lastly, it should be

noted that it was not our intent to assess the effectiveness of DIC's injury control program and such perceptions and documents were not gathered.

## **FINDINGS**

### **SOME OVERLAP EXISTS IN THE LEGISLATIVE AUTHORITIES OF DIC AND OTHER FEDERAL AGENCIES**

The legislative authority of DIC spans the general area of injury, while the legislative authorities of other agencies call for broad research or research related to specific subject areas or groups.

### **THE DIC AND OTHER FEDERAL AGENCIES ARE BOTH WORKING IN SOME GENERAL AREAS**

The DIC promotes research and intervention in various areas, including suicide and homicide, family violence, vehicle crashes, alcohol-related injuries, farm-related injuries, falls among the elderly, head and spinal cord injuries, house fires and drownings. Other Federal agencies' research activity includes many of the same areas in which DIC is also working.

### **HOWEVER, NO DUPLICATION OF EFFORT WAS FOUND WITH REGARD TO SPECIFIC PROJECTS**

Although there was not sufficient time to thoroughly review every injury-related project funded by DIC and the other Federal agencies, there was no duplication of effort found with regard to specific projects in the documents we received from them. The other Federal agencies also report that there has been no duplication of effort with regard to specific projects.

### **THE DIC PLAYS A COORDINATION AND LEADERSHIP ROLE THAT IS VALUED IN THE INJURY CONTROL COMMUNITY**

Documents reviewed, as well as information from respondents, indicate that within the injury control community, DIC is performing well-received roles in coordinating injury prevention and control research, and in providing leadership in that community. Most respondents believe the absence of DIC would have a major and negative impact on their agencies and on the injury control community in general.

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# INTRODUCTION

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## PURPOSE

To determine the nature and extent of possible overlap between the injury control program administered by the Centers for Disease Control (CDC) and other such programs within or outside the Department of Health and Human Services (DHHS).

## BACKGROUND

This inspection was requested by the Secretary of DHHS.

The CDC's injury control program is operated by its Division of Injury Control (DIC) as part of the Center for Environmental Health and Injury Control. The DIC works to prevent mortality, morbidity and disability due to injuries outside the workplace, with assistance from the Secretary's Advisory Committee for Injury Prevention and Control. The Committee was established and chartered by the Secretary on October 28, 1988. The CDC also has primary Federal responsibility for dealing with injuries in the workplace through its National Institute of Occupational Safety and Health.

The DIC's mission is accomplished through extramural and intramural research programs and coordination with other Federal, State and private-sector agencies. Its FY 1991 budget was just over \$24 million, about \$16 million of which was used for funding and administering extramural injury research and intervention in a wide variety of areas. This is achieved in part through 37 Injury Control Research Project Grants, 8 Injury Control Research Centers in universities and 2 research project program grants. In addition, DIC funds 15 State/local capacity-building grants, 7 injury surveillance grants and 6 intervention incentive grants. The intramural activities focus on injury surveillance, technical assistance for investigations of injury outbreaks or clusters and epidemiologic analysis of priority injury problems.

### *The evolving perception of injury as a public health problem*

Prior to the 1960s, there was a perception that injuries were caused by accidents, which occurred suddenly and usually unexpectedly. They were seen as random events, and even public health officials felt that they were caused by carelessness or even questionable behavior. The evolution of thought since that time has demonstrated that health care practitioners can use the same epidemiological techniques for injury control as with infectious diseases. Today, injury is the leading cause of death among persons 1-44 years old in the United States and the fourth leading cause in the total population, according to the CDC. The total lifetime cost to the nation of injury is estimated by CDC to have been \$180 billion for 1988. Over half the cost comes from injuries related to motor vehicles and falls.

### The recent history of the injury control program

In 1983, the Department of Transportation's (DOT) National Highway Traffic Safety Administration (NHTSA) worked with Congress to obtain authorization for DOT to request a study of trauma by the National Academy of Sciences. The study sought to determine what was known about injury, what future research needs were and what the Federal government could do to increase and improve knowledge of injury. The Committee on Trauma Research of the National Research Council's Commission on Life Sciences was established in collaboration with the Institute of Medicine to conduct the study. Its 1985 report, Injury in America, stated that injury was the leading public health problem in America. However, although injuries were responsible for the loss of more economically productive years of life than cancer and heart disease combined, the Federal expenditure for research in injury control, about \$25 million in Fiscal Year 1983, was about one-tenth that for cancer and less than one-fifth that for heart disease and stroke.

The Committee concluded that the mortality, morbidity and disability associated with injury could be reduced if adequate funding, direction and support were given to injury research and control. The lack of focus of existing research activity and resources was seen as a major impediment. The Committee said:

Injury research is fragmented, diffuse, and insufficiently organized and administered. Resources are not allocated on the basis of any overall assessment of need and feasibility of achieving new knowledge and technology. The potential is high for duplication of effort. There is no leadership or oversight to avoid inappropriate duplication.

To remedy this problem, the Committee recommended the following:

A new agency of the federal government, the Center for Injury Control (CIC), should be established in the Centers for Disease Control (CDC) to administer the planning, solicitation, funding, and evaluation of coordinated research and development directed at control of injury.

### *The development and funding of injury control at CDC*

In 1986, Congress responded to the report by appropriating \$10 million for the DOT to initiate a three-year pilot project to develop injury control programs. Research and extramural grants were to be coordinated through the CDC. P.L. 99-649, the Injury Prevention Act of 1986, amended the Public Health Service Act (PHSA), officially placing an injury control program in CDC. Up to \$2 million of the \$10 million from DOT was used to establish the program in CDC, with the remaining funds designated



for grants on trauma research. Half of the research funding was to be made available only with the specific concurrence of NHTSA.

The breakdown of actual funding for injury control from DHHS\CDC and DOT budgets covering Fiscal Years 1986 through 1991, is as follows:

FY 1986	\$ 1,000,000	DHHS\CDC
	9,785,000	DOT
FY 1987	\$ 1,279,000	DHHS\CDC
	10,065,000	DOT
FY 1988	\$ 2,936,000	DHHS\CDC
	6,383,000	DOT
FY 1989	\$20,777,000	DHHS\CDC
	1,946,000	DOT
FY 1990	\$22,660,000	DHHS\CDC
	15,000	DOT
FY 1991	\$24,036,000	DHHS\CDC
	0	DOT
TOTALS	\$72,688,000	DHHS\CDC
	28,194,000	DOT
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	\$100,882,000	

The Injury Control Act of 1990 (P.L. 101-558), was passed in November 1990 and reauthorized funding through FY 1993. Section 393 of the PHSA requires that the Secretary submit, no later than September 30, 1992, an injury research activities report to the Congressional Committees on Energy and Commerce of the House of Representatives and Labor and Human Resources of the Senate. The report would include information regarding the practical applications of research conducted and funded by DIC.

## METHODOLOGY

Following preliminary discussions with representatives of CDC and DIC, we conducted structured personal and telephone interviews with a total of 25 representatives of Federal and non-Federal agencies and organizations outside DIC and CDC. These respondents were chosen because most of them represent their agencies and organizations on the Secretary's Advisory Committee for Injury Prevention and Control, or are members of, or have close ties to, the injury control community. From the non-Federal sector, the group included 11 respondents representing the General Motors Research Laboratory, George Washington University, the University of Oklahoma, The Jewish Healthcare Foundation, Youth Development, Inc., ICF, Inc.,

the National Academy of Science, the Association of State and Territorial Health Officials and three Injury Control Research Centers. The 14 Federal respondents represent 11 agencies within three Federal departments and the Federal Consumer Product Safety Commission. The agencies and Commission are listed in Table 1 below.

We collected and reviewed documents on the statutory authority of DIC and other public agencies to perform or fund related research. We also examined budget documents from those agencies for the last few years; reviewed mission statements, grants and annual reports; and identified and verified the use of procedures to prevent overlap.

In addition, we also obtained the perceptions of both Federal and non-Federal respondents as to whether DIC's injury prevention and control activity overlapped with their own agency's efforts or with that of organizations other than their own. We also asked whether DIC was carrying out leadership and coordination roles in the injury control community and how well they carried them out.

While the individuals representing the non-Federal sector had experience with injury control activity, they did not always represent organizations directly involved with this activity. Consequently, the findings below are sometimes based on fewer than 25 respondents because they either lacked sufficient knowledge to offer an opinion or some questions did not apply.

Lastly, it should be noted that it was not our intent to assess the effectiveness of DIC's injury control program and such perceptions and documents were not gathered.

TABLE 1 ► FEDERAL DEPARTMENTS, AGENCIES AND OPERATING DIVISIONS CONTACTED AND THEIR ACRONYMS

DEPARTMENT OF HEALTH AND HUMAN SERVICES	DHHS
<b>The Administration for Children and Families:</b> The National Center on Child Abuse and Neglect	ACF\ NCCAN
<b>The Public Health Service</b>	PHS
<b>The Health Resources and Services Administration:</b> The Maternal and Child Health Bureau The Health Resources Development Bureau	HRSA\ MCHB HRDB
<b>The Alcohol, Drug Abuse, and Mental Health Administration:</b> The National Institute on Alcohol Abuse and Alcoholism, The National Institute of Mental Health	ADAMHA\  NIAAA,  NIMH
<b>The National Institutes of Health:</b> The National Institute on Aging, The National Institute of Child Health and Human Development The National Institute of Arthritis and Musculoskeletal and Skin Diseases	NIH\ NIA, NICHD,  NIAMSD
<b>The Indian Health Service:</b> The Injury Prevention Program	IHS\ IPP
<b>The Agency for Health Care Policy and Research</b>	AHCPR
DEPARTMENT OF EDUCATION	ED
<b>The Office of Special Education and Rehabilitation Services:</b> The National Institute on Disability and Rehabilitation Research	OSERS\ NIDRR
DEPARTMENT OF TRANSPORTATION	DOT
<b>The National Highway Traffic Safety Administration</b>	NHTSA
CONSUMER PRODUCT SAFETY COMMISSION	CPSC

# FINDINGS

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## SOME OVERLAP EXISTS IN THE LEGISLATIVE AUTHORITIES OF DIC AND OTHER FEDERAL AGENCIES

### *The legislative authority of DIC spans the general area of injury*

Injury in America, referenced earlier in this report, states in a prefatory section that "Injury is the principal public health problem in America today ..." That realization resulted in the report's recommendation "... that a Center for Injury Control (CIC) should be established as part of CDC. This would take advantage of the existing mission-oriented epidemiologic interests and data-collecting abilities of CDC." The legislation which created the injury control program in CDC in 1986 was based largely upon Injury in America's findings and recommendations.

The CDC/DIC has legislative authority to conduct, fund and coordinate research related to the broad area of injury prevention and control. Part J, Title III of the PHSA, Sections 391 through 394, provides statutory language for "Injury Control." Sections 391 and 392 require the Secretary, through the Director of the CDC, to:

1. conduct, and give assistance to public and non-profit private entities, scientific institutions, and individuals engaged in the conduct of, research related to the causes, mechanisms, prevention, diagnosis, treatment of injuries, and rehabilitation from injuries;
2. make grants to public and non-profit private entities (including academic institutions, hospitals, and laboratories) and individuals for the conduct of such research;
3. collect and disseminate, through publications and other appropriate means, information concerning the practical applications of research conducted or assisted;
4. assist States and political subdivisions of States in activities for the prevention of injuries; and
5. encourage regional activities between States designed to reduce injury rates.

*The legislative authorities of other agencies call for broad research or research related to specific subject areas or groups*

Other Federal agencies outside CDC\DIC, which were included in this study, have legislative authority to conduct or fund research. However, it differs from that of CDC\DIC in that it is either very broadly concerned with the health of the nation or concerned with particular areas, like highway safety, or to specific groups, such as children and Native Americans, which may be linked to injury-related research. The Appendix contains a summary of subject areas covered in the legislative authority of these agencies and lists Fiscal Year 1990 funding related to injury, where the information was available and where such distinctions could be made. It also describes each agency's purpose as it relates to specific areas of research activity.

**THE DIC AND OTHER FEDERAL AGENCIES ARE BOTH WORKING IN SOME GENERAL AREAS**

The DIC promotes research and intervention in various areas, including suicide and homicide, family violence, vehicle crashes, alcohol-related injuries, farm-related injuries, falls among the elderly, head and spinal cord injuries, house fires and drownings. Table 2 below identifies the injury-related subject areas and foci of other Federal agencies' activity in areas in which DIC is also working.

**HOWEVER, NO DUPLICATION OF EFFORT WAS FOUND WITH REGARD TO SPECIFIC PROJECTS**

Eight of 12 Federal agencies provided materials related to funded research activity, in response to requests for budget information, annual reports and mission statements covering the period 1985 to present. In most instances, the material concerned FY 1990 activities, and described research projects and grant programs in various formats and detail, ranging from lists of titles only to comprehensive, multi-page accounts. Only several of the agencies identified projects specifically related to injury. All the documents were reviewed, but particular attention was given to the small number of projects designated as injury-related. These were reviewed in detail, along with similar information provided by DIC. Although there was not sufficient time to thoroughly review all this material, there was no duplication of effort noted with regard to specific projects.

TABLE 2 ► SUBJECT AREAS AND FOCI OF OTHER AGENCIES

SUBJECT AREAS	AGENCIES	FOCI
<u>VIOLENCE:</u> HOMICIDE, SUICIDE FAMILY AND CHILD ABUSE	ACF\NCCAN  HRSA\MCHB  NIH\NICHD  ADAMHA\ NIMH	Prevent and treat family violence, provide shelter and services to victims. Combat child abuse and neglect.  Prevent injury to children and adolescents.  Prevent childhood injuries.  Prevent youth suicide. Research traumatic victimization.
<u>SUBSTANCE ABUSE</u>	ADAMHA\ NIAAA	Monitor drug abuse and recommend programs to decrease drug abuse. The same for alcohol abuse. Identify and treat mental disorders. Identify and treat antisocial behavior and violence.
<u>TRAUMA:</u> FALLS, AUTO AND OTHER	HRSA\HRDB  IHS\IPP  NIH\NIA  DOT\NHTSA  NIH\NIAMSD ED\NIDRS  AHCPR	Fund trauma centers in States.  Examine trends of intentional/unintentional injuries on reservations.  Research injuries related to the aging process, specifically from falls and auto crashes.  Maintain a crash database and motor vehicle safety records for regulatory development; fund contract research.  Identify mechanisms of trauma leading to injury; study the healing process and the use of physical therapy and rehabilitation for those with spinal cord- related disabilities.  Improve emergency medical services.
<u>OTHER</u>	CPSC	Test and regulate the safety of consumer products.

- ▶ Providing core funding for eight centers of excellence in injury control research at leading universities.

All 22 respondents offering an opinion say DIC facilitates coordination in the injury control community, and all feel DIC plays this role very well (45 percent) or fairly well (55 percent).

All 24 respondents offering an opinion report that DIC plays a leadership role in the injury control community; virtually all believe that DIC plays this role very well (38 percent) or fairly well (58 percent).

Seventeen of 22 respondents (77 percent) who gave an opinion believe that the absence of DIC would have a significant and negative impact on their own agency or organization. Included in this group are 10 Federal and 7 non-Federal respondents. The remaining five (including four Federal respondents) say there would be minimal or no impact. Of these four Federal respondents, two represent agencies with very specific statutory mandates concerning injury to children and child abuse. The former has limited funding to prepare a long range research program to develop interventions and preventions. The latter has greater funding to provide grants to States for prevention and treatment programs. The two others include an agency whose program has yet to be funded and one whose primary concern is in improving clinical practice and the delivery of health care services.

Eleven of the 17 feel it would represent a significant setback to their injury control efforts. Among them are four Federal and seven non-Federal respondents, including those representing three injury control research centers. Among the concerns of the other six is that the central focus of injury control in the Federal government would be lost; they cannot do the work DIC was doing for them and would have to go outside government where the costs would be higher; and relationships in the injury control community would come apart.

All 25 respondents believe the absence of DIC would have a major and negative impact on the injury control community in general.

Various respondents indicate that DIC is a crucial cog in the area of injury control and has brought a higher level of awareness concerning injury to the public. Several recommended that DIC needs to have time to mature and continue its important work.

# APPENDIX A

## OTHER FEDERAL AGENCIES' STATUTORY AUTHORITY AND FY 1990 INJURY FUNDING

AGENCY	STATUTE	PURPOSE	FY 1990 INJURY FUNDING
The National Institute of Arthritis and Musculoskeletal and Skin Diseases	Public Health Service Act, Title IV, Subpart 4	To conduct and support research and training; the dissemination of health information with respect to arthritis and musculoskeletal diseases, including sports-related disorders.	\$17.6 M
The Agency for Health Care Policy and Research	Public Health Service Act, Title IX	To establish broad base of scientific research, promote improvements in clinical practice and in the organization, financing and delivery of health care services.	\$3.4 M
The Health Resources and Services Administration/The Maternal and Child Health Bureau	Social Security Act, Title V, Sec. 502, Paragraph 2B	To fund maternal and child health services through block grants to States; fund research related to maternal and child health.	\$1.7 M
The Health Resources and Services Administration/The Health Resources Development Bureau	Public Health Service Act, Title XII	To address the increasing death rate due to trauma and to develop modern systems of trauma care; grants, cooperative agreements and contracts will be awarded.	Not Yet Funded



AGENCY	STATUTE	PURPOSE	FY 1990 INJURY FUNDING
The Alcohol, Drug Abuse, and Mental Health Administration/The National Institute on Alcohol and Alcoholism	Public Health Service Act, Title II, Sec. 502-513; Title III	To administer the programs and authorities relating to alcohol abuse and alcoholism.	\$3.7 M
The National Institute of Mental Health/Violence	Public Health Service Act, Title V; Title III	To provide a focal point for funding or administering research grants on victims of traumatic events, perpetrators of violent behavior and issues of law and mental health.	Unable to break out
The National Institute of Mental Health/Suicide	Public Health Service Act, Title XIX, Section 504	To develop and publish information about causes and prevention of suicide and make this information available.	\$5.4 M
The Indian Health Service	Indian Health Care Improvement Act of 1976	To improve technical capabilities in epidemiological analysis, examine trends in injuries and evaluate effectiveness of injury intervention projects.	Unable to estimate
The National Institute on Aging	Public Health Service Act, Subpart 5, Sec. 443	To conduct and support biomedical, social and behavioral research and training relating to the aging process.	\$4.2 M
The National Institutes of Health/The National Institute of Child Health and Human Development	No Specific Statute; Requested by Senate Report #99-408 to Develop 5 Year Research Plan	To develop a contract program to elucidate mechanisms of childhood injury; to develop interventions aimed at prevention and to evaluate these interventions.	\$2 M

AGENCY	STATUTE	PURPOSE	FY 1990 INJURY FUNDING
Department of Education/The National Institute on Disability and Rehabilitation Research	Rehabilitation Act, Title II	To provide leadership and support for a comprehensive an coordinated national program of research regarding the rehabilitation of individuals with disabilities.	\$16-17 M
The Administration for Children and Families/The National Center on Child Abuse and Neglect	Child Abuse Prevention, Adoption, and Family Services Act of 1988	To create a national center on child abuse and neglect, an advisory board, an inter-agency task force, a national clearing house for information relating to child abuse and provides grants to states for prevention and treatment programs.	Unable to Break Out
Department of Transportation/The National Highway Traffic Safety Administration	Highway Safety Act of 1966, Revised April 1990	To fund highway safety research; development of improved accident investigation procedures and research to develop appropriate regulations.	Unable to Break Out
Consumer Product Safety Commission	Consumer Product Safety Act, 16 CFR Part 1000; Title XVI, Chapter 2, CFR, Commercial Practices	To collect national data on consumer products (including data on injury control) and test consumer products to regulate their safety, efficacy and use.	Unable to Break out

AGENCY	STATUTE	PURPOSE	FY 1990 INJURY FUNDING
Department of Education/The National Institute on Disability and Rehabilitation Research	Rehabilitation Act, Title II	To provide leadership and support for a comprehensive and coordinated national program of research regarding the rehabilitation of individuals with disabilities.	\$16-17 M
The Administration for Children and Families/The National Center on Child Abuse and Neglect	Child Abuse Prevention, Adoption, and Family Services Act of 1988	To create a national center on child abuse and neglect, an advisory board, an inter-agency task force, a national clearing house for information relating to child abuse and provides grants to states for prevention and treatment programs.	Unable to Break Out
Department of Transportation/The National Highway Traffic Safety Administration	Highway Safety Act of 1966, Revised April 1990	To fund highway safety research; development of improved accident investigation procedures and research to develop appropriate regulations.	Not Broken Out
Consumer Product Safety Commission	Consumer Product Safety Act, 16 CFR Part 1000; Title XVI, Chapter 2, CFR; Commercial Practices	To collect national data on consumer products (including data on injury control) and test consumer products to regulate their safety, efficacy and use.	Not Broken Out