

TRAUMATIC BRAIN INJURY ACT OF 2008

APRIL 8, 2008.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. DINGELL, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 1418]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 1418) to provide for the expansion and improvement of traumatic brain injury programs, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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AMENDMENT

The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Traumatic Brain Injury Act of 2008”.

SEC. 2. CONFORMING AMENDMENTS RELATING TO RESTRUCTURING.

Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.) is amended—

(1) by redesignating the section 393B (42 U.S.C. 280b–1c) relating to the use of allotments for rape prevention education, as section 393A and moving such section so that it follows section 393;

(2) by redesignating existing section 393A (42 U.S.C. 280b–1b) relating to prevention of traumatic brain injury, as section 393B; and

(3) by redesignating the section 393B (42 U.S.C. 280b–1d) relating to traumatic brain injury registries, as section 393C.

SEC. 3. TRAUMATIC BRAIN INJURY PROGRAMS OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

(a) **PREVENTION OF TRAUMATIC BRAIN INJURY.**—Clause (ii) of section 393B(b)(3)(A) of the Public Health Service Act, as so redesignated, (42 U.S.C. 280b–1b) is amended by striking “from hospitals and trauma centers” and inserting “from hospitals and emergency departments”.

(b) **NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY SURVEILLANCE AND REGISTRIES.**—Section 393C of the Public Health Service Act, as so redesignated, (42 U.S.C. 280b et seq.) is amended—

(1) in the section heading, by inserting “SURVEILLANCE AND” after “NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY”; and

(2) in subsection (a), in the matter preceding paragraph (1), by striking “may make grants” and all that follows through “to collect data concerning—” and inserting “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—”.

(c) **REPORT.**—Section 393C of the Public Health Service Act (as so redesignated) is amended by adding at the end the following:

“(b) Not later than 18 months after the date of enactment of the Traumatic Brain Injury Act of 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 those with traumatic brain injury who were formerly in the military. The report shall include recommendations on the manner in which such agencies can further collaborate on the development and improvement of traumatic brain injury diagnostic tools and treatments.”.

SEC. 4. STUDY ON TRAUMATIC BRAIN INJURY.

Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.) is amended by inserting after section 393C, as so redesignated, the following:

“SEC. 393C–1. STUDY ON TRAUMATIC BRAIN INJURY.

“(a) **STUDY.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention with respect to paragraph (1) and in consultation with the Director of the National Institutes of Health and other appropriate entities with respect to paragraphs (2), (3), and (4), may conduct a study with respect to traumatic brain injury for the purpose of carrying out the following:

“(1) In collaboration with appropriate State and local health-related agencies—

“(A) determining the incidence of traumatic brain injury and prevalence of traumatic brain injury related disability and the clinical aspects of the disability in all age groups and racial and ethnic minority groups in the general population of the United States, including institutional settings, such as nursing homes, correctional facilities, psychiatric hospitals, child care facilities, and residential institutes for people with developmental disabilities; and

“(B) reporting national trends in traumatic brain injury.

“(2) Identifying common therapeutic interventions which are used for the rehabilitation of individuals with such injuries, and, subject to the availability of information, including an analysis of—

“(A) the effectiveness of each such intervention in improving the functioning, including return to work or school and community participation, of individuals with brain injuries;

“(B) the comparative effectiveness of interventions employed in the course of rehabilitation of individuals with brain injuries to achieve the same or similar clinical outcome; and

“(C) the adequacy of existing measures of outcomes and knowledge of factors influencing differential outcomes.

“(3) Identifying interventions and therapies that can prevent or remediate the development of secondary neurologic conditions related to traumatic brain injury.

“(4) Developing practice guidelines for the rehabilitation of traumatic brain injury at such time as appropriate scientific research becomes available.

“(b) DATES CERTAIN FOR REPORTS.—If the study is conducted under subsection (a), the Secretary shall, not later than 3 years after the date of the enactment of the Traumatic Brain Injury Act of 2008, submit to Congress a report describing findings made as a result of carrying out such subsection (a).

“(c) DEFINITION.—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 including near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.”.

SEC. 5. TRAUMATIC BRAIN INJURY PROGRAMS OF THE NATIONAL INSTITUTES OF HEALTH.

Section 1261 of the Public Health Service Act (42 U.S.C. 300d–61) is amended—

(1) in subsection (b)(2), by striking “Labor and Human Resources” and inserting “Health, Education, Labor, and Pensions”;

(2) in subparagraph (D) of subsection (d)(4), by striking “head brain injury” and inserting “brain injury”; and

(3) in subsection (i), by inserting “, and such sums as may be necessary for each of the fiscal years 2009 through 2012” before the period at the end.

SEC. 6. TRAUMATIC BRAIN INJURY PROGRAMS OF THE HEALTH RESOURCES AND SERVICES ADMINISTRATION.

(a) STATE GRANTS FOR DEMONSTRATION PROJECTS REGARDING TRAUMATIC BRAIN INJURY.—Section 1252 of the Public Health Service Act (42 U.S.C. 300d–52) is amended—

(1) in subsection (a)—

(A) by striking “may make grants to States” and inserting “may make grants to States and American Indian consortia”; and

(B) by striking “health and other services” and inserting “rehabilitation and other services”;

(2) in subsection (b)—

(A) in paragraphs (1), (3)(A)(i), (3)(A)(iii), and (3)(A)(iv), by striking the term “State” each place such term appears and inserting the term “State or American Indian consortium”; and

(B) in paragraph (2), by striking “recommendations to the State” and inserting “recommendations to the State or American Indian consortium”;

(3) in subsection (c)(1), by striking the term “State” each place such term appears and inserting “State or American Indian consortium”;

(4) in subsection (e), by striking “A State that received” and all that follows through the period and inserting “A State or American Indian consortium that received a grant under this section prior to the date of the enactment of the Traumatic Brain Injury Act of 2008 may complete the activities funded by the grant.”;

(5) in subsection (f)—

(A) in the subsection heading, by inserting “AND AMERICAN INDIAN CONSORTIUM” after “STATE”;

(B) in paragraph (1) in the matter preceding subparagraph (A), paragraph (1)(E), paragraph (2)(A), paragraph (2)(B), paragraph (3) in the matter preceding subparagraph (A), paragraph (3)(E), and paragraph (3)(F), by striking the term “State” each place such term appears and inserting “State or American Indian consortium”; and

(C) in clause (ii) of paragraph (1)(A), by striking “children and other individuals” and inserting “children, youth, and adults”;

(6) in subsection (h)—

(A) by striking “Not later than 2 years after the date of the enactment of this section, the Secretary” and inserting “Not less than biennially, the Secretary”;

(B) by striking “Commerce of the House of Representatives, and to the Committee on Labor and Human Resources” and inserting “Energy and Commerce of the House of Representatives, and to the Committee on Health, Education, Labor, and Pensions”; and

(C) by inserting “and section 1253” after “programs established under this section.”;

(7) by amending subsection (i) to read as follows:

“(i) DEFINITIONS.—For purposes of this section:

“(1) The terms ‘American Indian consortium’ and ‘State’ have the meanings given to those terms in section 1253.

“(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.”; and

(8) in subsection (j), by inserting “, and such sums as may be necessary for each of the fiscal years 2009 through 2012” before the period.

(b) STATE GRANTS FOR PROTECTION AND ADVOCACY SERVICES.—Section 1253 of the Public Health Service Act (42 U.S.C. 300d–53) is amended—

(1) in subsections (d) and (e), by striking the term “subsection (i)” each place such term appears and inserting “subsection (l)”;

(2) in subsection (g), by inserting “each fiscal year not later than October 1,” before “the Administrator shall pay”;

(3) by redesignating subsections (i) and (j) as subsections (l) and (m), respectively;

(4) by inserting after subsection (h) the following:

“(i) DATA COLLECTION.—The Administrator of the Health Resources and Services Administration and the Commissioner of the Administration on Developmental Disabilities shall enter into an agreement to coordinate the collection of data by the Administrator and the Commissioner regarding protection and advocacy services.

“(j) TRAINING AND TECHNICAL ASSISTANCE.—

“(1) GRANTS.—For any fiscal year for which the amount appropriated to carry out this section is \$6,000,000 or greater, the Administrator shall use 2 percent of such amount to make a grant to an eligible national association for providing for training and technical assistance to protection and advocacy systems.

“(2) DEFINITION.—In this subsection, the term ‘eligible national association’ means a national association with demonstrated experience in providing training and technical assistance to protection and advocacy systems.

“(k) SYSTEM AUTHORITY.—In providing services under this section, a protection and advocacy system shall have the same authorities, including access to records, as such system would have for purposes of providing services under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.”; and

(5) in subsection (l) (as redesignated by this subsection) by striking “2002 through 2005” and inserting “2009 through 2012”.

PURPOSE AND SUMMARY

The purpose of H.R. 1418, the “Traumatic Brain Injury Act of 2008”, is to authorize research and public health activities related to trauma and traumatic brain injury.

BACKGROUND AND NEED FOR LEGISLATION

Traumatic brain injuries (TBIs) are caused by sudden jolts, blows, or penetrating head traumas that disrupt brain function. Although a traumatic brain injury can happen to anyone, young children, teenaged boys, elderly persons, and military personnel are especially at risk.

According to the Centers for Disease Control and Prevention (CDC), of the 1.5 million Americans who sustain a TBI each year, around 50,000 die and another 80,000 to 90,000 experience long-term or lifelong disabilities as a result. Traumatic brain injuries

can result in disability and the need for help to perform daily living activities.

TBI is different from other disabilities due to the severity of cognitive loss. Most rehabilitation programs are designed for people with physical disabilities, not cognitive disabilities that require special accommodations. Finding needed services is typically a logistical, financial, and psychological challenge for family members and other caregivers, because few coordinated systems of care exist for individuals with TBI.

The passage of the Traumatic Brain Injury Act of 1996 has improved TBI service systems at the State level and has increased the overall visibility of TBI. More work, however, needs to be done at both the national and State levels to build an effective, durable service system that meets the needs of individuals with TBI.

HEARINGS

There were no hearings held in connection to the bill reported by the Committee.

COMMITTEE CONSIDERATION

Tuesday, March 11, 2008, the Subcommittee on Health met in open markup session and favorably forwarded H.R. 1418, amended, to the full Committee for consideration, by a voice vote. On Thursday, March 13, 2008, the full Committee met in open markup session and ordered H.R. 1418 favorably reported to the House, as amended by the Subcommittee on Health, by a voice vote. No amendments were offered during full Committee consideration.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken on amendments or in connection with ordering H.R. 1418 reported to the House. A motion by Mr. Dingell to order H.R. 1418 favorably reported to the House, as amended, was agreed to by a voice vote.

COMMITTEE OVERSIGHT FINDINGS

Regarding clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the oversight findings of the Committee regarding H.R. 1418 are reflected in this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The objective of H.R. 1418 is to expand and improve TBI programs to reduce the incidence of TBI through basic and applied research, public education, injury surveillance, and demonstration projects to improve protection and advocacy systems.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Regarding compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R.

1418 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

EARMARKS AND TAX AND TARIFF BENEFITS

Regarding compliance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 1418 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 1418 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate on H.R. 1418 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, April 7, 2008.

Hon. JOHN D. DINGELL,
*Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 1418, the Traumatic Brain Injury Act of 2008.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contacts are Sarah Evans, Tim Gronniger, and Lara Robillard.

Sincerely,

ROBERT A. SUNSHINE
(For Peter R. Orszag, Director).

H.R. 1418—Traumatic Brain Injury Act of 2008

Summary: H.R. 1418 would amend the Public Health Services Act to authorize research and public health activities related to trauma and traumatic brain injury (TBI). CBO estimates that implementing the bill would cost \$117 million in 2009 and \$1.6 billion over the 2009–2013 period, subject to the appropriation of the necessary amounts. Enacting H.R. 1418 would not affect direct spending or federal revenues.

H.R. 1418 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA); any costs to state governments and Indian consortia would result from complying with conditions of federal assistance.

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 1418 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2008	2009	2010	2011	2012	2013
SPENDING SUBJECT TO APPROPRIATION						
Spending Under Current Law:						
Budget Authority ¹	391	0	0	0	0	0
Estimated Outlays	402	279	60	9	0	0
Proposed Changes:						
Estimated Authorization Level ¹	0	398	405	413	423	6
Estimated Outlays	0	117	338	398	411	295
Spending Under H.R. 1418:						
Estimated Authorization Level ¹	391	398	405	413	423	6
Estimated Outlays	402	396	399	407	411	295

¹The 2008 level is the amount appropriated for that year for research and other federal activities related to traumatic brain injury.

Basis of estimate: H.R. 1418 would authorize funding for research, treatment, surveillance, and education activities related to trauma and traumatic brain injury at the National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC). CBO estimates that those activities would require the appropriation of \$398 million in 2009 and \$1.6 billion over the 2009–2013 period. Assuming the appropriation of necessary amounts, CBO estimates that implementing H.R. 1418 would cost \$117 million in 2009 and \$1.6 billion over the 2009–2013 period.

The NIH estimates that it will allocate \$376 million for trauma-related activities in fiscal year 2008. H.R. 1418 would authorize the appropriation of such sums as are necessary for those activities over the 2009–2012 period. Based on historical program expenditures at NIH and adjusting for inflation, CBO estimates that NIH would require the appropriation of \$383 million for 2009 and \$1.6 billion over the 2009–2013 period to conduct the specified activities. Implementing those programs would cost \$111 million in 2009 and \$1.5 billion over the 2009–2013 period, assuming appropriation of the necessary amounts.

HRSA allocated \$9 million in 2008 for grants to states to expand access to care and protection services for TBI. H.R. 1418 would authorize the appropriation of such sums as are necessary for those activities over the 2009–2012 period, and would expand the program to allow consortia of American Indians to receive such grants. Based on historical spending of those programs, CBO estimates that the agency would require the appropriation of \$9 million in 2009 and \$37 million over the 2009–2012 period to carry out activities specified by the bill. CBO estimates that implementing those provisions of H.R. 1418 would cost \$3 million in 2009 and \$24 million over the 2009–2013 period, assuming that the necessary amounts are appropriated and that future rates of spending resemble historical patterns for similar activities.

In 2008, the Centers for Disease Control and Prevention allocated \$6 million for TBI-related activities, including grants to states' TBI surveillance programs and educational activities. H.R. 1418 would authorize the appropriation of necessary amounts for those and other TBI-related activities, which CBO estimates would require \$6 million in 2009 and \$30 million over the 2009–2013 period. Based on historical spending patterns for those activities, and assuming appropriation of the necessary amounts, CBO estimates

that implementing H.R. 1418's CDC provisions would cost \$3 million in 2009 and \$26 million over the 2009–2013 period.

Intergovernmental and private-sector impact: H.R. 1418 contains no intergovernmental or private-sector mandates as defined in UMRA. State governments and Indian consortia would benefit from grant funding authorized by the bill. Any costs incurred by those entities to qualify for such grants would be incurred voluntarily as conditions of federal assistance.

Previous CBO estimates: On July 23, 2007, CBO transmitted a cost estimate for S. 793, the Traumatic Brain Injury Reauthorization Act of 2007, as ordered reported by the Senate Committee on Health, Education, Labor, and Pensions on June 27, 2007. The two bills are very similar, except that S. 793 would authorize appropriations for the activities administered by HRSA and NIH for the 2008–2011 period (rather than the 2009–2012 period specified in H.R. 1418). CBO's estimate for H.R. 1418 differs from that for S. 793 because the authorized periods differ, and because the estimate for H.R. 1418 takes into account funding appropriated for fiscal year 2008 for TBI-related activities.

Estimate prepared by: Federal Costs: Sarah Evans, Tim Gronniger, and Lara Robillard. Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum. Impact on the Private Sector: Patrick Bernhardt.

Estimate approved by: Keith J. Fontenot, Deputy Assistant Director for Health and Human Resources, Budget Analysis Division.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 1418 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 1418.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for H.R. 1418 is provided in the provisions of Article I, section 8, clause 1, that relate to expending funds to provide for the general welfare of the United States.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 1418 does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act of 1995.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 specifies the short title of the legislation as the "Reauthorization of the Traumatic Brain Injury Act".

Section 2. Conforming amendments relating to restructuring

Section 2 re-designates section 393B as section 393A, section 393A as section 393B, and section 393B as section 393C, so that sections pertaining to TBI follow and are not interrupted by the other provisions of the Public Health Service Act (PHSA).

Section 3. Traumatic brain injury programs of the Centers for Disease Control and Prevention

Section 3 amends part J of Title III of the PHSA as re-designated (42 U.S.C. 280b-1b) authorize the dissemination of information related to TBI and its secondary conditions upon an individual's discharge from hospitals and emergency centers.

Section 393C of the PHSA, as re-designated (42 U.S.C. 280B et seq.), is amended to change the section heading to the 'National Program for Brain Injury Surveillance and Registries.' This section authorizes grants to States or their designees to develop or operate the State's TBI-surveillance system or registry to determine the incidence and prevalence of TBI. The Secretary of the Department of Health and Human Services (Secretary) is authorized to ensure the uniformity of reporting information. It also ensures that individuals with a TBI are linked with academic institutions to conduct applied research that will support the development of such surveillance systems and registries as necessary.

This section directs the Secretary, acting through the CDC and the National Institutes of Health (NIH), in consultation with the Department of Defense and Department of Veterans Affairs, to study and report on methods of improving data collection and collaboration between civilian and military registries, to include the development of diagnostic tools and treatments for traumatic brain injuries, within 18 months of enactment of the Act. It is not the intent of the legislation to in any way inhibit or supplant the ongoing efforts at the Departments of Veterans Affairs and Defense in the research, prevention, and treatment of Traumatic Brain Injury. This legislation would supplement and compliment the Federal efforts already underway to address TBI in our Nation's veterans and service members.

Section 4. Study of traumatic brain injury

Section 4 authorizes the CDC to conduct a study in consultation with NIH to examine aspects of TBI, including determining the incidence and prevalence of TBI in all age groups; collecting, maintaining, and reporting national trends; identifying interventions used and that can be used for rehabilitation and their effectiveness; analyzing the adequacy of existing measures of outcomes and knowledge of factors influencing differential outcomes; and developing guidelines for patient rehabilitation after TBI.

The report shall be submitted to Congress no later than 3 years after the date of enactment.

Section 5. Traumatic brain injury programs of the National Institutes of Health

Section 5 reauthorizes the current grant program for the conduct of basic and clinical research on trauma, including diagnosis treatment rehabilitation, and general management of trauma and TBI.

This section authorizes such sums as may be necessary for each of the fiscal years 2008 through 2011.

Section 6. Traumatic brain injury programs of the Health Resources and Services Administration

Section 6 reauthorizes the Secretary to award grants to States, and authorizes the Secretary to award grants to the American Indian consortium, for the purpose of carrying out projects to improve access to health and other services regarding TBI.

This section authorizes the Secretary to submit to the committees of jurisdiction no less than biennially, a report describing the findings, and results of the programs established under this section.

Definitions in this section include “American Indian consortium” and “traumatic brain injury”.

Grants are authorized for such sums as may be necessary for each of the fiscal years 2008 through 2011.

This section authorizes the Secretary to award grants to protection and advocacy systems for the purpose of enabling such systems to provide services to individuals with TBI and it directs those grants to be awarded directly to any protection and advocacy system that complies with the provisions of this section, no later than October 1 each fiscal year.

This section requires the Administrator of the Health Resources and Services Administration and the Commissioner of the Administration of Developmental Disabilities to enter into an agreement to coordinate the collection of data by the Administrator and the Commissioner regarding protection and advocacy services.

This section requires for any fiscal year for which the amount appropriated is \$6 million or greater, the Administrator to use 2 percent of such amount to make a grant to an eligible national association for providing training and technical assistance for protection and advocacy systems.

In this section, eligible national association means a national association with demonstrated experience in providing training and technical assistance to protection and advocacy systems.

This section clarifies that protection and advocacy systems are allowed the same authorities as such a system would for the purpose of providing services under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, including the authority to pursue legal, administrative, and other appropriate remedies or approaches to ensure that protection of, and advocacy for, the rights of such individuals with a TBI and the authority to provide information and referral programs and services that address the needs of individuals with traumatic brain injury.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART J—PREVENTION AND CONTROL OF INJURIES

* * * * *

SEC. [393B.] 393A. USE OF ALLOTMENTS FOR RAPE PREVENTION EDUCATION.

(a) * * *

* * * * *

PREVENTION OF TRAUMATIC BRAIN INJURY

SEC. [393A.] 393B. (a) * * *

(b) CERTAIN ACTIVITIES.—Activities under subsection (a) may include—

(1) * * *

* * * * *

(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 2010, commonly referred to as Healthy People 2010), including—

(A) the national dissemination of information on—

(i) * * *

(ii) information relating to traumatic brain injury and the sequelae of secondary conditions arising from traumatic brain injury upon discharge [from hospitals and trauma centers] *from hospitals and emergency departments*; and

* * * * *

NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY SURVEILLANCE AND REGISTRIES

SEC. [393B.] 393C. (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 operate the State’s traumatic brain injury registry, and to academic institutions to conduct applied research that will support the development of such registries, to collect data concerning—] *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) * * *

* * * * *

(b) *Not later than 18 months after the date of enactment of the Traumatic Brain Injury Act of 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 those with traumatic brain injury who were formerly in the military. The report shall include recommendations on the manner in which such agencies can further collaborate on the development and improvement of traumatic brain injury diagnostic tools and treatments.*

SEC. 393C-1. STUDY ON TRAUMATIC BRAIN INJURY.

(a) *STUDY.*—*The Secretary, acting through the Director of the Centers for Disease Control and Prevention with respect to paragraph (1) and in consultation with the Director of the National Institutes of Health and other appropriate entities with respect to paragraphs (2), (3), and (4), may conduct a study with respect to traumatic brain injury for the purpose of carrying out the following:*

(1) *In collaboration with appropriate State and local health-related agencies—*

(A) *determining the incidence of traumatic brain injury and prevalence of traumatic brain injury related disability and the clinical aspects of the disability in all age groups and racial and ethnic minority groups in the general population of the United States, including institutional settings, such as nursing homes, correctional facilities, psychiatric hospitals, child care facilities, and residential institutes for people with developmental disabilities; and*

(B) *reporting national trends in traumatic brain injury.*

(2) *Identifying common therapeutic interventions which are used for the rehabilitation of individuals with such injuries, and, subject to the availability of information, including an analysis of—*

(A) *the effectiveness of each such intervention in improving the functioning, including return to work or school and community participation, of individuals with brain injuries;*

(B) *the comparative effectiveness of interventions employed in the course of rehabilitation of individuals with brain injuries to achieve the same or similar clinical outcome; and*

(C) *the adequacy of existing measures of outcomes and knowledge of factors influencing differential outcomes.*

(3) *Identifying interventions and therapies that can prevent or remediate the development of secondary neurologic conditions related to traumatic brain injury.*

(4) *Developing practice guidelines for the rehabilitation of traumatic brain injury at such time as appropriate scientific research becomes available.*

(b) *DATES CERTAIN FOR REPORTS.—If the study is conducted under subsection (a), the Secretary shall, not later than 3 years after the date of the enactment of the Traumatic Brain Injury Act of 2008, submit to Congress a report describing findings made as a result of carrying out such subsection (a).*

(c) *DEFINITION.—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 including near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.*

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TITLE XII—TRAUMA CARE

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Part E—Miscellaneous Programs

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SEC. 1252. STATE GRANTS FOR PROJECTS REGARDING TRAUMATIC BRAIN INJURY.

(a) **IN GENERAL.**—The Secretary, acting through the Administrator of the Health Resources and Services Administration, **[may make grants to States]** *may make grants to States and American Indian consortia* for the purpose of carrying out projects to improve access to **[health and other services]** *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]** *State or American Indian consortium* involved agrees to establish an advisory board within the appropriate health department of the **[State]** *State or American Indian consortium* or within another department as designated by the chief executive officer of the **[State]** *State or American Indian consortium*.

(2) **FUNCTIONS.**—An advisory board established under paragraph (1) shall advise and make **[recommendations to the State]** *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] *State or American Indian consortium* agencies involved;

* * * * *

(iii) other disability advisory or planning groups within the [State] *State or American Indian consortium*;

(iv) members of an organization or foundation representing individuals with traumatic brain injury in that [State] *State or American Indian consortium*; and

* * * * *

(c) MATCHING FUNDS.—

(1) IN GENERAL.—With respect to the costs to be incurred by a [State] *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] *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.

* * * * *

(e) CONTINUATION OF PREVIOUSLY AWARDED DEMONSTRATION PROJECTS.—[A State that received a grant under this section prior to the date of the enactment of the Children’s Health Act of 2000 may compete for new project grants under this section after such date of the enactment.] *A State or American Indian consortium that received a grant under this section prior to the date of the enactment of the Traumatic Brain Injury Act of 2008 may complete the activities funded by the grant.*

(f) USE OF STATE AND AMERICAN INDIAN CONSORTIUM GRANTS.—

(1) COMMUNITY SERVICES AND SUPPORTS.—A [State] *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) * * *

(ii) shall be designed for [children and other individuals] *children, youth, and adults* with traumatic brain injury.

* * * * *

(E) To support other needs identified by the advisory board under subsection (b) for the [State] *State or American Indian consortium* involved.

(2) BEST PRACTICES.—

(A) IN GENERAL.—[State] *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, 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] *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] *State or American Indian consortium* may use amounts received under a grant under this section to—

(A) * * *

* * * * *

(E) tailor existing [State] *State or American Indian consortium* systems to provide accommodations to the needs of individuals with brain injury (including systems administered by the [State] *State or American Indian consortium* departments responsible for health, mental health, labor/employment, education, mental retardation /developmental disorders, transportation, and correctional systems);

(F) improve data sets coordinated across systems and other needs identified by a [State] *State or American Indian consortium* plan supported by its advisory council; and

* * * * *

(h) REPORT.—[Not later than 2 years after the date of the enactment of this section, the Secretary] *Not less than biennially, the Secretary* shall submit to the Committee on [Commerce of the House of Representatives, and to the Committee on Labor and Human Resources] *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 1253 including measures of outcomes and consumer and surrogate satisfaction.

[(i) DEFINITION.—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.]

(i) DEFINITIONS.—*For purposes of this section:*

(1) *The terms “American Indian consortium” and “State” have the meanings given to those terms in section 1253.*

(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.*

(j) 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.

SEC. 1253. STATE GRANTS FOR PROTECTION AND ADVOCACY SERVICES.

(a) * * *

* * * * *

(d) APPROPRIATIONS LESS THAN \$2,700,000.—

(1) IN GENERAL.—With respect to any fiscal year in which the amount appropriated under [subsection (i)] *subsection (l)* to carry out this section is less than \$2,700,000, the Administrator shall make grants from such amount to individual protection and advocacy systems within States to enable such systems to plan for, develop outreach strategies for, and carry out services authorized under this section for individuals with traumatic brain injury.

* * * * *

(e) APPROPRIATIONS OF \$2,700,000 OR MORE.—

(1) POPULATION BASIS.—Except as provided in paragraph (2), with respect to each fiscal year in which the amount appropriated under [subsection (i)] *subsection (l)* to carry out this section is \$2,700,000 or more, the Administrator shall make a grant to a protection and advocacy system within each State.

(2) AMOUNT.—The amount of a grant provided to a system under paragraph (1) shall be equal to an amount bearing the same ratio to the total amount appropriated for the fiscal year involved under [subsection (i)] *subsection (l)* as the population of the State in which the grantee is located bears to the population of all States.

* * * * *

(4) INFLATION ADJUSTMENT.—For each fiscal year in which the total amount appropriated under [subsection (i)] *subsection (l)* to carry out this section is \$5,000,000 or more, and such appropriated amount exceeds the total amount appropriated to carry out this section in the preceding fiscal year, the Administrator shall increase each of the minimum grants amount described in subparagraphs (A) and (B) of paragraph (3) by a percentage equal to the percentage increase in the total amount appropriated under [subsection (i)] *subsection (l)* to carry out this section between the preceding fiscal year and the fiscal year involved.

* * * * *

(g) DIRECT PAYMENT.—Notwithstanding any other provision of law, *each fiscal year not later than October 1*, the Administrator shall pay directly to any protection and advocacy system that complies with the provisions of this section, the total amount of the grant for such system, unless the system provides otherwise for such payment.

* * * * *

(i) *DATA COLLECTION.*—The Administrator of the Health Resources and Services Administration and the Commissioner of the Administration on Developmental Disabilities shall enter into an agreement to coordinate the collection of data by the Administrator and the Commissioner regarding protection and advocacy services.

(j) *TRAINING AND TECHNICAL ASSISTANCE.*—

(1) *GRANTS.*—For any fiscal year for which the amount appropriated to carry out this section is \$6,000,000 or greater, the Administrator shall use 2 percent of such amount to make a grant to an eligible national association for providing for training and technical assistance to protection and advocacy systems.

(2) *DEFINITION.*—In this subsection, the term “eligible national association” means a national association with demonstrated experience in providing training and technical assistance to protection and advocacy systems.

(k) *SYSTEM AUTHORITY.*—In providing services under this section, a protection and advocacy system shall have the same authorities, including access to records, as such system would have for purposes of providing services under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.

[(i)] (l) *AUTHORIZATION OF APPROPRIATIONS.*—There are authorized to be appropriated to carry out this section \$5,000,000 for fiscal year 2001, and such sums as may be necessary for each the fiscal years [2002 through 2005] 2009 through 2012.

[(j)] (m) *DEFINITIONS.*—In this section:

(1) * * *

* * * * *

PART F—INTERAGENCY PROGRAM FOR TRAUMA RESEARCH

SEC. 1261. ESTABLISHMENT OF PROGRAM.

(a) * * *

(b) *PLAN FOR PROGRAM.*—

(1) * * *

(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 [Labor and Human Resources] *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.

* * * * *

(d) *CERTAIN ACTIVITIES OF PROGRAM.*—The Program shall include—

(1) * * *

* * * * *

(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) * * *

* * * * *

(D) the development of programs that increase the participation of academic centers of excellence in [head brain injury] *brain injury* treatment and rehabilitation research and training; and

* * * * *

(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.*

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