

104TH CONGRESS
1ST SESSION

H. R. 248

To amend the Public Health Service Act to provide for the conduct of expanded studies and the establishment of innovative programs with respect to traumatic brain injury, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 4, 1995

Mr. GREENWOOD (for himself and Mr. PALLONE) introduced the following bill;
which was referred to the Committee on Commerce

A BILL

To amend the Public Health Service Act to provide for the conduct of expanded studies and the establishment of innovative programs with respect to traumatic brain injury, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. PROGRAMS OF CENTERS FOR DISEASE CON-**
4 **TROL AND PREVENTION.**

5 Part B of title III of the Public Health Service Act
6 (42 U.S.C. 241 et seq.), as amended by section 703 of
7 Public Law 103–183 (107 Stat. 2240), is amended by in-
8 serting after section 317F the following section:

1 “PREVENTION OF TRAUMATIC BRAIN INJURY

2 “SEC. 317G. The Secretary, acting through the Di-
3 rector of the Centers for Disease Control and Prevention,
4 may carry out projects to reduce the incidence of trau-
5 matic brain injury. Such projects may be carried out by
6 the Secretary directly or through awards of grants or con-
7 tracts to public or nonprofit private entities. The Sec-
8 retary may directly or through such awards provide tech-
9 nical assistance with respect to the planning, development,
10 and operation of such projects.

11 “(b) CERTAIN ACTIVITIES.—Activities under sub-
12 section (a) may include—

13 “(1) the conduct of research into identifying ef-
14 fective strategies for the prevention of traumatic
15 brain injury; and

16 “(2) the implementation of public information
17 and education programs for the prevention of such
18 injury and for broadening the awareness of the pub-
19 lic concerning the public health consequences of such
20 injury.

21 “(c) COORDINATION OF ACTIVITIES.—The Secretary
22 shall ensure that activities under this section are coordi-
23 nated as appropriate with other agencies of the Public
24 Health Service that carry out activities regarding trau-
25 matic brain injury.

1 “(d) DEFINITION.—For purposes of this section, the
2 term ‘traumatic brain injury’ means an acquired injury
3 to the brain. Such term does not include brain dysfunction
4 caused by congenital or degenerative disorders, nor birth
5 trauma, but may include brain injuries caused by anoxia
6 due to near drowning. The Secretary may revise the defi-
7 nition of such term as the Secretary determines
8 necessary.”.

9 **SEC. 2. PROGRAMS OF NATIONAL INSTITUTES OF HEALTH.**

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

12 (1) in subsection (d)—

13 (A) in paragraph (2), by striking “and”
14 after the semicolon at the end;

15 (B) in paragraph (3), by striking the pe-
16 riod and inserting “; and”; and

17 (C) by adding at the end the following
18 paragraph:

19 “(4) the authority to make awards of grants or
20 contracts to public or nonprofit private entities for
21 the conduct of basic and applied research regarding
22 traumatic brain injury, which research may in-
23 clude—

24 “(A) the development of new methods and
25 modalities for the more effective diagnosis,

1 measurement of degree of injury, post-injury
2 monitoring and prognostic assessment of head
3 injury for acute, subacute and later phases of
4 care;

5 “(B) the development, modification and
6 evaluation of therapies that retard, prevent or
7 reverse brain damage after acute head injury,
8 that arrest further deterioration following in-
9 jury and that provide the restitution of function
10 for individuals with long-term injuries;

11 “(C) the development of research on a con-
12 tinuum of care from acute care through reha-
13 bilitation, designed, to the extent practicable, to
14 integrate rehabilitation and long-term outcome
15 evaluation with acute care research; and

16 “(D) the development of programs that in-
17 crease the participation of academic centers of
18 excellence in head injury treatment and reha-
19 bilitation research and training.”; and

20 (2) in subsection (h), by adding at the end the
21 following paragraph:

22 “(4) The term ‘traumatic brain injury’ means
23 an acquired injury to the brain. Such term does not
24 include brain dysfunction caused by congenital or
25 degenerative disorders, nor birth trauma, but may

1 include brain injuries caused by anoxia due to near
2 drowning. The Secretary may revise the definition of
3 such term as the Secretary determines necessary.”.

4 **SEC. 3. PROGRAMS OF HEALTH RESOURCES AND SERVICES**
5 **ADMINISTRATION.**

6 Part E of title XII of the Public Health Service Act
7 (42 U.S.C. 300d–51 et seq.) is amended by adding at the
8 end the following section:

9 **“SEC. 1252. STATE GRANTS FOR DEMONSTRATION**
10 **PROJECTS REGARDING TRAUMATIC BRAIN**
11 **INJURY.**

12 “(a) IN GENERAL.—The Secretary, acting through
13 the Administrator of the Health Resources and Services
14 Administration, may make grants to States for the pur-
15 pose of carrying out demonstration projects to improve ac-
16 cess to health and other services regarding traumatic
17 brain injury.

18 “(b) STATE ADVISORY BOARD.—

19 “(1) IN GENERAL.—The Secretary may make a
20 grant under subsection (a) only if the State involved
21 agrees to establish an advisory board within the ap-
22 propriate health department of the State or within
23 another department as designated by the chief exec-
24 utive officer of the State.

1 “(2) FUNCTIONS.—An advisory board estab-
2 lished under paragraph (1) shall advise and make
3 recommendations to the State on ways to improve
4 services coordination regarding traumatic brain in-
5 jury. Such advisory boards shall encourage citizen
6 participation through the establishment of public
7 hearings and other types of community outreach
8 programs.

9 “(3) COMPOSITION.—An advisory board estab-
10 lished under paragraph (1) shall be composed of—

11 “(A) representatives of—

12 “(i) the corresponding State agencies
13 involved;

14 “(ii) public and nonprofit private
15 health related organizations;

16 “(iii) other disability advisory or plan-
17 ning groups within the State;

18 “(iv) members of an organization or
19 foundation representing traumatic brain
20 injury survivors in that State; and

21 “(v) injury control programs at the
22 State or local level if such programs exist;
23 and

1 “(B) a substantial number of individuals
2 who are survivors of traumatic brain injury, or
3 the family members of such individuals.

4 “(c) MATCHING FUNDS.—

5 “(1) IN GENERAL.—With respect to the costs to
6 be incurred by a State in carrying out the purpose
7 described in subsection (a), the Secretary may make
8 a grant under such subsection only if the State
9 agrees to make available, in cash, non-Federal con-
10 tributions toward such costs in an amount that is
11 not less than \$1 for each \$2 of Federal funds pro-
12 vided under the grant.

13 “(2) DETERMINATION OF AMOUNT CONTRIB-
14 UTED.—In determining the amount of non-Federal
15 contributions in cash that a State has provided pur-
16 suant to paragraph (1), the Secretary may not in-
17 clude any amounts provided to the State by the Fed-
18 eral Government.

19 “(d) APPLICATION FOR GRANT.—The Secretary may
20 make a grant under subsection (a) only if an application
21 for the grant is submitted to the Secretary and the appli-
22 cation is in such form, is made in such manner, and con-
23 tains such agreements, assurances, and information as the
24 Secretary determines to be necessary to carry out this
25 section.

1 “(e) COORDINATION OF ACTIVITIES.—The Secretary
2 shall ensure that activities under this section are coordi-
3 nated as appropriate with other agencies of the Public
4 Health Service that carry out activities regarding trau-
5 matic brain injury.

6 “(f) REPORT.—Not later than 2 years after the date
7 of the enactment of this section, the Secretary shall sub-
8 mit to the Committee on Energy and Commerce of the
9 House of Representatives, and to the Committee on Labor
10 and Human Resources of the Senate, a report describing
11 the findings and results of the programs established under
12 this section, including measures of outcomes and
13 consumer and surrogate satisfaction.

14 “(g) DEFINITION.—For purposes of this section, the
15 term ‘traumatic brain injury’ means an acquired injury
16 to the brain. Such term does not include brain dysfunction
17 caused by congenital or degenerative disorders, nor birth
18 trauma, but may include brain injuries caused by anoxia
19 due to near drowning. The Secretary may revise the defi-
20 nition of such term as the Secretary determines necessary.

21 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this section
23 such sums as may be necessary for each of the fiscal years
24 1995 through 1997.”.

1 **SEC. 4. STUDY; CONSENSUS CONFERENCE.**

2 (a) STUDY.—

3 (1) IN GENERAL.—The Secretary of Health and
4 Human Services (in this section referred to as the
5 “Secretary”), acting through the appropriate agen-
6 cies of the Public Health Service, shall conduct a
7 study for the purpose of carrying out the following
8 with respect to traumatic brain injury:

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

11 (A) determine the incidence and prevalence
12 of traumatic brain injury; and

13 (B) develop a uniform reporting system
14 under which States report incidents of trau-
15 matic brain injury, if the Secretary determines
16 that such a system is appropriate.

17 (2) Identify common therapeutic interventions
18 which are used for the rehabilitation of individuals
19 with such injuries, and shall, subject to the availabil-
20 ity of information, include an analysis of—

21 (A) the effectiveness of each such interven-
22 tion in improving the functioning of individuals
23 with brain injuries;

24 (B) the comparative effectiveness of inter-
25 ventions employed in the course of rehabilita-

1 tion of individuals with brain injuries to achieve
2 the same or similar clinical outcome; and

3 (C) the adequacy of existing measures of
4 outcomes and knowledge of factors influencing
5 differential outcomes.

6 (3) Develop practice guidelines for the rehabili-
7 tation of traumatic brain injury at such time as ap-
8 propriate scientific research becomes available.

9 (2) DATES CERTAIN FOR REPORTS.—

10 (A) Not later than 18 months after the
11 date of the enactment of this Act, the Secretary
12 shall submit to the Committee on Energy and
13 Commerce of the House of Representatives, and
14 to the Committee on Labor and Human Re-
15 sources of the Senate, a report describing the
16 findings made as a result of carrying out para-
17 graph (1)(A).

18 (B) Not later than 3 years after the date
19 of the enactment of this Act, the Secretary shall
20 submit to the Committees specified in subpara-
21 graph (A) a report describing the findings made
22 as a result of carrying out subparagraphs (B)
23 and (C) of paragraph (1).

24 (b) CONSENSUS CONFERENCE.—The Secretary, act-
25 ing through the Director of the National Center for Medi-

1 cal Rehabilitation Research within the National Institute
2 for Child Health and Human Development, shall conduct
3 a national consensus conference on managing traumatic
4 brain injury and related rehabilitation concerns.

5 (c) DEFINITION.—For purposes of this section, the
6 term “traumatic brain injury” means an acquired injury
7 to the brain. Such term does not include brain dysfunction
8 caused by congenital or degenerative disorders, nor birth
9 trauma, but may include brain injuries caused by anoxia
10 due to near drowning. The Secretary may revise the defi-
11 nition of such term as the Secretary determines necessary.

12 (d) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated to carry out this section
14 such sums as may be necessary for each of the fiscal years
15 1995 through 1997.

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