

104TH CONGRESS
2D SESSION

H. R. 248

IN THE SENATE OF THE UNITED STATES

JULY 10, 1996

Received

AN ACT

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,*

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

3 Part J of title III of the Public Health Service Act
4 (42 U.S.C. 280b et seq.) is amended by inserting after
5 section 393 the following section:

6 “PREVENTION OF TRAUMATIC BRAIN INJURY

7 “SEC. 393A. (a) IN GENERAL.—The Secretary, act-
8 ing through the Director of the Centers for Disease Con-
9 trol and Prevention, may carry out projects to reduce the
10 incidence of traumatic brain injury. Such projects may be
11 carried out by the Secretary directly or through awards
12 of grants or contracts to public or nonprofit private enti-
13 ties. The Secretary may directly or through such awards
14 provide technical assistance with respect to the planning,
15 development, and operation of such projects.

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

18 “(1) the conduct of research into identifying ef-
19 fective strategies for the prevention of traumatic
20 brain injury; and

21 “(2) the implementation of public information
22 and education programs for the prevention of such
23 injury and for broadening the awareness of the pub-
24 lic concerning the public health consequences of such
25 injury.

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

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

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

17 (1) in subsection (d)—

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

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

22 (C) by adding at the end the following
 23 paragraph:

24 “(4) the authority to make awards of grants or
 25 contracts to public or nonprofit private entities for

1 the conduct of basic and applied research regarding
2 traumatic brain injury, which research may in-
3 clude—

4 “(A) the development of new methods and
5 modalities for the more effective diagnosis,
6 measurement of degree of injury, post-injury
7 monitoring and prognostic assessment of head
8 injury for acute, subacute and later phases of
9 care;

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

16 “(C) the development of research on a con-
17 tinuum of care from acute care through reha-
18 bilitation, designed, to the extent practicable, to
19 integrate rehabilitation and long-term outcome
20 evaluation with acute care research; and

21 “(D) the development of programs that in-
22 crease the participation of academic centers of
23 excellence in head injury treatment and reha-
24 bilitation research and training.”; and

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

3 “(4) The term ‘traumatic brain injury’ means
4 an acquired injury to the brain. Such term does not
5 include brain dysfunction caused by congenital or
6 degenerative disorders, nor birth trauma, but may
7 include brain injuries caused by anoxia due to near
8 drowning. The Secretary may revise the definition of
9 such term as the Secretary determines necessary.”.

10 **SEC. 3. PROGRAMS OF HEALTH RESOURCES AND SERVICES**
11 **ADMINISTRATION.**

12 Part E of title XII of the Public Health Service Act
13 (42 U.S.C. 300d–51 et seq.) is amended by adding at the
14 end the following section:

15 **“SEC. 1252. STATE GRANTS FOR DEMONSTRATION**
16 **PROJECTS REGARDING TRAUMATIC BRAIN**
17 **INJURY.**

18 “(a) IN GENERAL.—The Secretary, acting through
19 the Administrator of the Health Resources and Services
20 Administration, may make grants to States for the pur-
21 pose of carrying out demonstration projects to improve ac-
22 cess to health and other services regarding traumatic
23 brain injury.

24 “(b) STATE ADVISORY BOARD.—

1 “(1) IN GENERAL.—The Secretary may make a
2 grant under subsection (a) only if the State involved
3 agrees to establish an advisory board within the ap-
4 propriate health department of the State or within
5 another department as designated by the chief exec-
6 utive officer of the State.

7 “(2) FUNCTIONS.—An advisory board estab-
8 lished under paragraph (1) shall advise and make
9 recommendations to the State on ways to improve
10 services coordination regarding traumatic brain in-
11 jury. Such advisory boards shall encourage citizen
12 participation through the establishment of public
13 hearings and other types of community outreach
14 programs. In developing recommendations under this
15 paragraph, such boards shall consult with Federal,
16 State, and local governmental agencies and with citi-
17 zens groups and other private entities.

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

20 “(A) representatives of—

21 “(i) the corresponding State agencies
22 involved;

23 “(ii) public and nonprofit private
24 health related organizations;

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

3 “(iv) members of an organization or
4 foundation representing traumatic brain
5 injury survivors in that State; and

6 “(v) injury control programs at the
7 State or local level if such programs exist;
8 and

9 “(B) a substantial number of individuals
10 who are survivors of traumatic brain injury, or
11 the family members of such individuals.

12 “(c) MATCHING FUNDS.—

13 “(1) IN GENERAL.—With respect to the costs to
14 be incurred by a State in carrying out the purpose
15 described in subsection (a), the Secretary may make
16 a grant under such subsection only if the State
17 agrees to make available, in cash, non-Federal con-
18 tributions toward such costs in an amount that is
19 not less than \$1 for each \$2 of Federal funds pro-
20 vided under the grant.

21 “(2) DETERMINATION OF AMOUNT CONTRIB-
22 UTED.—In determining the amount of non-Federal
23 contributions in cash that a State has provided pur-
24 suant to paragraph (1), the Secretary may not in-

1 clude any amounts provided to the State by the Fed-
2 eral Government.

3 “(d) APPLICATION FOR GRANT.—The Secretary may
4 make a grant under subsection (a) only if an application
5 for the grant is submitted to the Secretary and the appli-
6 cation is in such form, is made in such manner, and con-
7 tains such agreements, assurances, and information as the
8 Secretary determines to be necessary to carry out this sec-
9 tion.

10 “(e) COORDINATION OF ACTIVITIES.—The Secretary
11 shall ensure that activities under this section are coordi-
12 nated as appropriate with other agencies of the Public
13 Health Service that carry out activities regarding trau-
14 matic brain injury.

15 “(f) REPORT.—Not later than 2 years after the date
16 of the enactment of this section, the Secretary shall sub-
17 mit to the Committee on Commerce of the House of Rep-
18 resentatives, and to the Committee on Labor and Human
19 Resources of the Senate, a report describing the findings
20 and results of the programs established under this section,
21 including measures of outcomes and consumer and surro-
22 gate satisfaction.

23 “(g) DEFINITION.—For purposes of this section, the
24 term ‘traumatic brain injury’ means an acquired injury
25 to the brain. Such term does not include brain dysfunction

1 caused by congenital or degenerative disorders, nor birth
 2 trauma, but may include brain injuries caused by anoxia
 3 due to near drowning. The Secretary may revise the defi-
 4 nition of such term as the Secretary determines necessary.

5 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the
 6 purpose of carrying out this section, there is authorized
 7 to be appropriated \$5,000,000 for each of the fiscal years
 8 1997 through 1999.”.

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

10 (a) STUDY.—

11 (1) IN GENERAL.—The Secretary of Health and
 12 Human Services (in this section referred to as the
 13 “Secretary”), acting through the appropriate agen-
 14 cies of the Public Health Service, shall conduct a
 15 study for the purpose of carrying out the following
 16 with respect to traumatic brain injury:

17 (A) In collaboration with appropriate State
 18 and local health-related agencies—

19 (i) determine the incidence and preva-
 20 lence of traumatic brain injury; and

21 (ii) develop a uniform reporting sys-
 22 tem under which States report incidents of
 23 traumatic brain injury, if the Secretary de-
 24 termines that such a system is appropriate.

1 (B) Identify common therapeutic interven-
2 tions which are used for the rehabilitation of in-
3 dividuals with such injuries, and shall, subject
4 to the availability of information, include an
5 analysis of—

6 (i) the effectiveness of each such
7 intervention in improving the functioning
8 of individuals with brain injuries;

9 (ii) the comparative effectiveness of
10 interventions employed in the course of re-
11 habilitation of individuals with brain inju-
12 ries to achieve the same or similar clinical
13 outcome; and

14 (iii) the adequacy of existing measures
15 of outcomes and knowledge of factors in-
16 fluencing differential outcomes.

17 (C) Develop practice guidelines for the re-
18 habilitation of traumatic brain injury at such
19 time as appropriate scientific research becomes
20 available.

21 (2) DATES CERTAIN FOR REPORTS.—

22 (A) Not later than 18 months after the
23 date of the enactment of this Act, the Secretary
24 shall submit to the Committee on Commerce of
25 the House of Representatives, and to the Com-

1 mittee on Labor and Human Resources of the
2 Senate, a report describing the findings made
3 as a result of carrying out paragraph (1)(A).

4 (B) Not later than 3 years after the date
5 of the enactment of this Act, the Secretary shall
6 submit to the Committees specified in subpara-
7 graph (A) a report describing the findings made
8 as a result of carrying out subparagraphs (B)
9 and (C) of paragraph (1).

10 (b) CONSENSUS CONFERENCE.—The Secretary, act-
11 ing through the Director of the National Center for Medi-
12 cal Rehabilitation Research within the National Institute
13 for Child Health and Human Development, shall conduct
14 a national consensus conference on managing traumatic
15 brain injury and related rehabilitation concerns.

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

23 (d) AUTHORIZATIONS OF APPROPRIATIONS.—For the
24 purpose of carrying out subsection (a)(1)(A), there is au-
25 thorized to be appropriated \$3,000,000 for each of the fis-

1 cal years 1997 through 1999. For the purpose of carrying
 2 out the other provisions of this section, there is authorized
 3 to be appropriated an aggregate \$500,000 for the fiscal
 4 years 1997 through 1999. Amounts appropriated for such
 5 other provisions remain available until expended.

6 **SEC. 5. TECHNICAL AMENDMENTS.**

7 Title XXVI of the Public Health Service Act (42
 8 U.S.C. 300ff–11 et seq.), as amended by Public Law 104–
 9 146 (the Ryan White CARE Act Amendments of 1996),
 10 is amended—

11 (1) in section 2626—

12 (A) in subsection (d), in the first sentence,
 13 by striking “(1) through (5)” and inserting
 14 “(1) through (4)”; and

15 (B) in subsection (f), in the matter preced-
 16 ing paragraph (1), by striking “(1) through
 17 (5)” and inserting “(1) through (4)”; and

18 (2) in section 2692—

19 (A) in subsection (a)(1)(A)—

20 (i) by striking “title XXVI programs”
 21 and inserting “programs under this title”;
 22 and

23 (ii) by striking “infection and”; and

24 (B) by striking subsection (c) and all that
 25 follows and inserting the following:

1 “(c) AUTHORIZATION OF APPROPRIATIONS.—

2 “(1) SCHOOLS; CENTERS.—For the purpose of
3 grants under subsection (a), there are authorized to
4 be appropriated such sums as may be necessary for
5 each of the fiscal years 1996 through 2000.

6 “(2) DENTAL SCHOOLS.—For the purpose of
7 grants under subsection (b), there are authorized to
8 be appropriated such sums as may be necessary for
9 each of the fiscal years 1996 through 2000.”.

Passed the House of Representatives July 9, 1996.

Attest:

ROBIN H. CARLE,

Clerk.