

119TH CONGRESS
2D SESSION

H. R. 1493

AN ACT

To reauthorize and make improvements to Federal programs relating to the prevention, detection, and treatment of traumatic brain injuries, 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 TO PREVENT, DETECT, AND TREAT**
2 **TRAUMATIC BRAIN INJURIES.**

3 (a) THE BILL PASCRELL, JR., NATIONAL PROGRAM
4 FOR TRAUMATIC BRAIN INJURY SURVEILLANCE AND
5 REGISTRIES.—

6 (1) PREVENTION OF TRAUMATIC BRAIN IN-
7 JURY.—Section 393B of the Public Health Service
8 Act (42 U.S.C. 280b–1c) is amended—

9 (A) in subsection (a), by inserting “and
10 prevalence” after “incidence”;

11 (B) in subsection (b)—

12 (i) in paragraph (1), by inserting
13 “and reduction of associated injuries and
14 fatalities” before the semicolon;

15 (ii) in paragraph (2), by inserting
16 “and related risk factors” before the semi-
17 colon; and

18 (iii) in paragraph (3)—

19 (I) in the matter preceding sub-
20 paragraph (A), by striking “2020”
21 each place it appears and inserting
22 “2030”; and

23 (II) in subparagraph (A)—

24 (aa) in clause (i), by striking
25 “; and” and inserting “of trau-
26 matic brain injury;”;

1 (bb) by redesignating clause

2 (ii) as clause (iv);

3 (cc) by inserting after clause

4 (i) the following:

5 “(ii) populations at higher risk of
6 traumatic brain injury, including popu-
7 lations whose increased risk is due to occu-
8 pational or circumstantial factors;

9 “(iii) causes of, and risk factors for,
10 traumatic brain injury; and”;

11 (dd) in clause (iv), as so re-
12 designated, by striking “arising
13 from traumatic brain injury” and
14 inserting “, which may include
15 related mental health and other
16 conditions, arising from trau-
17 matic brain injury, including”;
18 and

19 (C) in subsection (c), by inserting “, and
20 other relevant Federal departments and agen-
21 cies” before the period at the end.

22 (2) NATIONAL PROGRAM FOR TRAUMATIC
23 BRAIN INJURY SURVEILLANCE AND REGISTRIES.—
24 Section 393C of the Public Health Service Act (42
25 U.S.C. 280b–1d) is amended—

1 (A) by amending the section heading to
2 read as follows: “**THE BILL PASCRELL, JR.,**
3 **NATIONAL PROGRAM FOR TRAUMATIC**
4 **BRAIN INJURY SURVEILLANCE AND REG-**
5 **ISTRIES**”;

6 (B) in subsection (a)—

7 (i) in the matter preceding paragraph
8 (1), by inserting “to identify populations
9 that may be at higher risk for traumatic
10 brain injuries, to collect data on the causes
11 of, and risk factors for, traumatic brain in-
12 juries,” after “related disability,”;

13 (ii) in paragraph (1), by inserting “,
14 including the occupation of the individual,
15 when relevant to the circumstances sur-
16 rounding the injury” before the semicolon;
17 and

18 (iii) in paragraph (4), by inserting
19 “short- and long-term” before “outcomes”;

20 (C) by striking subsection (b);

21 (D) by redesignating subsection (c) as sub-
22 section (b);

23 (E) in subsection (b), as so redesignated,
24 by inserting “and evidence-based practices to

1 identify and address concussion” before the pe-
2 riod at the end; and

3 (F) by adding at the end the following:

4 “(c) AVAILABILITY OF INFORMATION.—The Sec-
5 retary, acting through the Director of the Centers for Dis-
6 ease Control and Prevention, shall make publicly available
7 aggregated information on traumatic brain injury and
8 concussion described in this section, including on the
9 website of the Centers for Disease Control and Prevention.
10 Such website, to the extent feasible, shall include aggre-
11 gated information on populations that may be at higher
12 risk for traumatic brain injuries and strategies for pre-
13 venting or reducing risk of traumatic brain injury that are
14 tailored to such populations.”.

15 (3) AUTHORIZATION OF APPROPRIATIONS.—
16 Section 394A of the Public Health Service Act (42
17 U.S.C. 280b–3) is amended—

18 (A) in subsection (a), by striking “1994,
19 and” and inserting “1994,”; and

20 (B) in subsection (b), by striking “appro-
21 priated” and all that follows through “2024”
22 and inserting “appropriated \$9,250,000 for
23 each of fiscal years 2026 through 2030”.

24 (b) STATE GRANT PROGRAMS.—

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

(A) in subsection (b)(2)—

(i) by inserting “, taking into consideration populations that may be at higher risk for traumatic brain injuries” after “outreach programs”; and

(ii) by inserting “Tribal,” after “State,”;

(B) in subsection (c), by adding at the end the following:

“(3) MAINTENANCE OF EFFORT.—With respect to activities for which a grant awarded under subsection (a) is to be expended, a State or American Indian consortium shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the State or American Indian consortium for the fiscal year preceding the fiscal year for which the State or American Indian consortium receives such a grant.

“(4) WAIVER.—The Secretary may, upon the request of a State or American Indian consortium,

1 waive not more than 50 percent of the matching
 2 fund amount under paragraph (1), if the Secretary
 3 determines that such matching fund amount would
 4 result in an inability of the State or American In-
 5 dian consortium to carry out the purposes under
 6 subsection (a). A waiver provided by the Secretary
 7 under this paragraph shall apply only to the fiscal
 8 year involved.”;

9 (C) in subsection (e)(3)(B)—

10 (i) by striking “(such as third party
 11 payers, State agencies, community-based
 12 providers, schools, and educators)”;

13 (ii) by inserting “(such as third party
 14 payers, State agencies, community-based
 15 providers, schools, and educators)” after
 16 “professionals”;

17 (D) in subsection (h), by striking para-
 18 graphs (1) and (2) and inserting the following:

19 “(1) AMERICAN INDIAN CONSORTIUM; STATE.—

20 The terms ‘American Indian consortium’ and ‘State’
 21 have the meanings given such terms in section 1253.

22 “(2) TRAUMATIC BRAIN INJURY.—

23 “(A) IN GENERAL.—Subject to subpara-
 24 graph (B), the term ‘traumatic brain injury’—

1 “(i) means an acquired injury to the
2 brain;

3 “(ii) may include—

4 “(I) brain injuries caused by an-
5 oxia due to trauma; and

6 “(II) damage to the brain from
7 an internal or external source that re-
8 sults in infection, toxicity, surgery, or
9 vascular disorders not associated with
10 aging; and

11 “(iii) does not include brain dysfunc-
12 tion caused by congenital or degenerative
13 disorders, or birth trauma.

14 “(B) REVISIONS TO DEFINITION.—The
15 Secretary may revise the definition of the term
16 ‘traumatic brain injury’ under this paragraph,
17 as the Secretary determines necessary, after
18 consultation with States and other appropriate
19 public or nonprofit private entities.”; and

20 (E) by striking subsection (i).

21 (2) STATE GRANTS FOR PROTECTION AND AD-
22 VOCACY SERVICES.—Section 1253 of the Public
23 Health Service Act (42 U.S.C. 300d–53) is amended
24 by striking subsection (l).

1 (3) AUTHORIZATION OF APPROPRIATIONS.—
2 Part E of title XII of the Public Health Service Act
3 (42 U.S.C. 300d–51 et seq.) is amended by inserting
4 after section 1253 (42 U.S.C. 300d–53) the fol-
5 lowing:

6 **“SEC. 1253A. AUTHORIZATION OF APPROPRIATIONS FOR**
7 **STATE PROGRAMS RELATING TO TRAUMATIC**
8 **BRAIN INJURY.**

9 “There are authorized to be appropriated to carry out
10 sections 1252 and 1253 \$13,118,000 for each of fiscal
11 years 2026 through 2030.”.

12 (c) REPORT TO CONGRESS.—Not later than 2 years
13 after the date of enactment of this Act, the Secretary of
14 Health and Human Services (referred to in this Act as
15 the “Secretary”) shall submit to the Committee on
16 Health, Education, Labor, and Pensions of the Senate and
17 the Committee on Energy and Commerce of the House
18 of Representatives a report that contains—

19 (1) an overview of populations who may be at
20 higher risk for traumatic brain injury, such as indi-
21 viduals affected by domestic violence or sexual as-
22 sault and public safety officers as defined in section
23 1204 of the Omnibus Crime Control and Safe
24 Streets Act of 1968 (34 U.S.C. 10284);

1 (2) an outline of existing surveys and activities
2 of the Centers for Disease Control and Prevention
3 on traumatic brain injuries and any steps the agency
4 has taken to address gaps in data collection related
5 to such higher risk populations, which may include
6 leveraging surveys such as the National Intimate
7 Partner and Sexual Violence Survey to collect data
8 on traumatic brain injuries;

9 (3) an overview of any outreach or education ef-
10 forts to reach such higher risk populations; and

11 (4) any challenges associated with reaching
12 such higher risk populations.

13 (d) STUDY ON LONG-TERM SYMPTOMS OR CONDI-
14 TIONS RELATED TO TRAUMATIC BRAIN INJURY.—

15 (1) IN GENERAL.—The Secretary, in consulta-
16 tion with stakeholders and the heads of other rel-
17 evant Federal departments and agencies, as appro-
18 prium, shall conduct, either directly or through a
19 contract with a nonprofit private entity, a study to—

20 (A) examine the incidence and prevalence
21 of long-term or chronic symptoms or conditions
22 in individuals who have experienced a traumatic
23 brain injury;

1 (B) examine the evidence base of research
2 related to the chronic effects of traumatic brain
3 injury across the lifespan;

4 (C) examine any correlations between trau-
5 matic brain injury and increased risk of other
6 conditions, such as dementia and mental health
7 conditions;

8 (D) assess existing services available for
9 individuals with such long-term or chronic
10 symptoms or conditions; and

11 (E) identify any gaps in research related to
12 such long-term or chronic symptoms or condi-
13 tions of individuals who have experienced a
14 traumatic brain injury.

15 (2) PUBLIC REPORT.—Not later than 2 years
16 after the date of enactment of this Act, the Sec-
17 retary shall—

18 (A) submit to the Committee on Energy
19 and Commerce of the House of Representatives
20 and the Committee on Health, Education,
21 Labor, and Pensions of the Senate a report de-
22 tailing the findings, conclusions, and rec-
23 ommendations of the study described in para-
24 graph (1); and

1 (B) in the case that such study is con-
2 ducted directly by the Secretary, make the re-
3 port described in subparagraph (A) publicly
4 available on the website of the Department of
5 Health and Human Services.

Passed the House of Representatives July 20, 2026.

Attest:

Clerk.

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