

**Calendar No. 317**

110TH CONGRESS }  
*1st Session* }

SENATE

{ REPORT  
110-140

REAUTHORIZATION OF THE TRAUMATIC BRAIN INJURY  
ACT

AUGUST 1, 2007.—Ordered to be printed

Mr. KENNEDY, from the Committee on Health, Education, Labor,  
and Pensions, submitted the following

REPORT

[To accompany S. 793]

The Committee on Health, Education, Labor, and Pensions, to which was referred the bill (S. 793) to provide for the expansion and improvement of traumatic brain injury programs, having considered the same, reports favorably thereon with an amendment in the nature of a substitute and recommends that the bill do pass.

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I. PURPOSE AND NEED FOR LEGISLATION

The purpose of the “Reauthorization of the Traumatic Brain Injury Act” is to direct the Secretary of Health and Human Services (HHS) to expand and intensify programs with respect to research and related activities concerning traumatic brain injury (TBI). Every year, of the 1.5 million people in the United States who sustain a TBI, 50,000 die and 235,000 are hospitalized. Estimates show that at a minimum, brain injuries cost the United States \$60 billion per year.

TBI is defined as brain damage from externally inflicted trauma to the head resulting in significant impairment to an individual's physical, psychosocial, and/or cognitive functional abilities. According to CDC, brain injuries are among the most likely types of injury to cause death or permanent disability. People ages 15 to 24 years and those over age 75 are the two age groups at highest risk for TBI. Motor vehicle accidents, sports accidents, falls, and violence are the major causes of TBI. Whereas motor vehicle accidents and violence, such as firearm assaults and child abuse, account for 70 percent of TBI in the overall U.S. population, falling is the major cause in people aged 75 years or older.

TBI is also caused by explosives, and medical experts have described it as the signature wound of the Iraq war. Up to two-thirds of injuries in the Iraq war may be brain injuries.

Long known as the silent epidemic, TBI can strike anyone—infant, youth, or elderly person—without warning and with devastating results. It is particularly common among young males and people of both sexes who are 75 years and older. TBI affects the whole family and often results in huge medical and rehabilitation expenses over a lifetime.

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 also increased the overall visibility of TBI. However, more work needs to be done at both the national and State level to build an effective, durable service system for meeting the needs of individuals with TBI and their families.

## II. SUMMARY

The purpose of this legislation is to expand and improve programs that authorize activities related to TBI. With respect to TBI, the legislation authorizes three Federal agencies to carry out activities addressing TBI:

(1) The Centers for Disease Control and Prevention (CDC) carries out projects that reduce the incidence of TBI through research, public education, and a national education and awareness campaign, gives grants to States to operate TBI registries, and funds academic research supporting the development of registries.

(2) Supports basic and applied research conducted by National Institutes of Health (NIH).

(3) Health Resources Service Administration (HRSA) awards grants to fund State demonstration projects to improve access to health and other services and for protection and advocacy service systems.

## III. HISTORY OF LEGISLATION AND VOTES IN COMMITTEE

The Traumatic Brain Injury Act Reauthorization of 2006 was introduced by Senator Hatch for himself and Senator Kennedy on July 16, 2006. In an effort to promote injury prevention activities,

the bill was included as part of package along with the Keeping Seniors Safe from Falls Act (S. 1531). The package was reported favorably by the committee on September 20, 2006; however, the package was not considered by the full Senate before the adjournment of the 109th Congress.

The original Traumatic Brain Injury Act, introduced by Senator Hatch for himself and Senator Kennedy, was signed into law (P.L. 104–166) on July 29, 1996. On September 20, 2000, Senator Hatch introduced the Traumatic Brain Injury Act Amendments of 2000 to reauthorize the program. The bill was included as part of the Children’s Health Act (P.L. 106–310), which was signed into law on October 17, 2000.

#### IV. EXPLANATION OF BILL AND COMMITTEE VIEWS

The Reauthorization of Traumatic Brain Injury Act directs the Secretary of HHS to intensify and expand the Department’s efforts to prevent and treat brain injuries. The committee authorizes from 2008 through 2011 such sums as may be necessary for TBI programs administered by the Centers for Disease Control and Prevention (CDC), the Health Resources Service Administration (HRSA) and the National Institutes of Health (NIH).

Minor changes are made to TBI activities administered by CDC and NIH to improve prevention and research activities. A collaborative study between CDC and NIH is authorized to determine the incidence and prevalence of TBI; collect, maintain and report national trends; identify common therapeutic interventions; and develop practice guidelines. The committee also sees it necessary for other Federal agencies such as the Department of Defense (DOD), which conducts TBI research, to be consulted for the report. This will more effectively coordinate and maximize efforts at the Federal level to better understand TBI.

The HRSA grant program was amended to improve access to rehabilitation and other services related to TBI. Recognizing that TBI is a leading cause of death and disability among American Indians/Alaska Indians, tribal communities are eligible to apply for grants. The efficiency of protection and advocacy grants is strengthened by directing HRSA and Administration on Developmental Disabilities (ADD) to coordinate data collection related to services. Payments for grants shall be distributed no later than October 1 of each fiscal year.

Although the committee does not have jurisdiction over military issues, the committee is concerned about the impact of TBI on military personnel. In prior conflicts, TBI was present in at least 14–20 percent of surviving combat casualties; preliminary data regarding the current conflict in the Middle East suggests that this number is now much higher. TBI is a major cause of life-long disability and death; and certain military assignments carry above-average risk for TBI.

The committee recognizes the efforts of the Defense and Veterans Brain Injury Center (DVBIC), a collaborative program of the Department of Defense and the Department of Veterans Affairs that integrates clinical care with applied research, treatment and training at seven Department of Defense and VA hospitals and two civilian partner sites.

In order to gather more information about the growing impact of traumatic brain injuries on our soldiers, two studies are authorized. The act authorizes a CDC study in collaboration with NIH, DOD, and VA to identify methods of improving data collection and collaboration of registries, and a GAO study is requested in order to determine the extent to which soldiers who have sustained a TBI are being reintegrated into their communities. The GAO study will examine availability of suitable housing, transportation, and employment, and study the capacity and coordination of community care received by veterans.

#### V. COST ESTIMATE

U.S. CONGRESS,  
CONGRESSIONAL BUDGET OFFICE,  
*Washington, DC, July 23, 2007.*

Hon. EDWARD M. KENNEDY, *Chairman,*  
*Committee on Health, Education, Labor and Pensions,*  
*U.S. Senate, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 793, the Reauthorization of the Traumatic Brain Injury Act.

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

Sincerely,

PETER R. ORSZAG,  
*Director.*

Enclosure.

#### *S. 793—Reauthorization of the Traumatic Brain Injury Act*

Summary: S. 793 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 \$106 million in 2008 and \$1.5 billion over the 2008–2012 period, subject to the appropriation of the necessary amounts. Enacting S. 793 would not affect direct spending or federal revenues.

S. 793 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 S. 793 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

Basis of estimate: S. 793 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). It also would direct the Government Accountability Office to conduct a study on the care for members of the armed forces who have acquired disabilities serving in Iraq. CBO estimates that those activities would require the appropriation of \$373 million in 2008 and \$1.5 billion over the years 2008–2012. Assuming the appropriation

of necessary amounts, CBO estimates that implementing S. 793 would cost \$106 million in 2008 and \$1.5 billion over the 2008–12 period.

	By fiscal year, in millions of dollars—					
	2007	2008	2009	2010	2011	2012
SPENDING SUBJECT TO APPROPRIATION						
Spending Under Current Law:						
Budget Authority <sup>1</sup> .....	366	0	0	0	0	0
Estimated Outlays .....	367	263	59	11	4	0
Proposed Changes:						
Estimated Authorization Level <sup>1</sup> .....	0	373	381	390	397	6
Estimated Outlays .....	0	106	315	370	386	285
Spending Under S. 793:						
Estimated Authorization Level <sup>1</sup> .....	366	373	381	390	397	6
Estimated Outlays .....	367	369	374	381	390	285

<sup>1</sup>The 2007 level is the amount appropriated for that year for research and other federal activities related to traumatic brain injury.

The NIH estimates that it will allocate \$352 million for trauma-related activities in fiscal year 2007. S. 793 would authorize the appropriation of such sums as are necessary for those activities over the 2008–11 period. Based on historical program expenditures at NIH and adjusting for inflation, CBO estimates that NIH would require the appropriation of \$359 million for 2008 and \$1.5 billion over the 2008–12 period to conduct the authorized activities. Implementing those programs would cost \$101 million in 2008 and \$1.4 billion over the 2008–12 period, assuming appropriation of the necessary amounts.

HRSA allocated \$9 million in 2007 for grants to States to expand access to care and protection services for TBI. S. 793 would authorize the appropriation of such sums as are necessary for those activities over the 2008–11 period, and would expand the program to allow consortia of American Indians to receive such grants. Based on historical spending of the programs, CBO estimates that the agency would require the appropriation of \$9 million in 2008 and \$38 million over the 2008–11 period to carry out activities specified by the bill. CBO estimates that implementing those provisions of S. 793 would cost \$3 million in 2008 and \$34 million over the 2007–11 period, assuming appropriation of necessary amounts and that future rates of spending resemble historical patterns for similar activities.

In 2007, the Centers for Disease Control and Prevention allocated \$5 million for TBI-related activities, including grants to States' TBI surveillance programs and educational activities. S. 793 would authorize the appropriation of necessary amounts for those and other TBI-related activities, which CBO estimates would require \$5 million in 2008 and \$29 million over the 2008–12 period. Based on historical spending patterns for those activities, and assuming appropriation of necessary amounts, CBO estimates that implementing S. 793's CDC provisions would cost \$2 million in 2008 and \$23 million over the 2008–12 period.

Intergovernmental and private-sector impact: S. 793 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.

Estimate prepared by: Federal Costs: Sarah Evans and Tim Gronniger; Impact on state, local, and tribal governments: Lisa Ramirez-Branum; Impact on the private sector: Morgan Hanger.

Estimate approved by: Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

## VI. REGULATORY IMPACT STATEMENT

Pursuant to the requirements of paragraph 11(b) of Rule XXVI of the Standing Rules of the Senate, the committee has determined that the bill will not have a significant regulatory impact.

## VII. APPLICATION OF LAW TO THE LEGISLATIVE BRANCH

The committee has determined there is no impact of this law on the legislative branch.

## VIII. SECTION-BY-SECTION ANALYSIS

### *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 (1) Section 393B as section 393A;

(2) Section 393A as section 393B; and

(3) Section 393B as section 393C, so that Traumatic Brain Injury sections follow and are not interrupted by the rape prevention provision of 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 Public Health Service Act 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 Public Health Service Act, 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 is authorized to ensure the uniformity of reporting information. It also directs individuals with TBI to be linked with academic institutions to conduct applied research that will support the development of such surveillance systems and registries as necessary.

This section also authorizes a new CDC study in collaboration with the National Institutes of Health, the Department of Defense, and the Department of Veteran’s Affairs to examine methods of improving data collection and collaboration between civilian and military registries, as well as development of diagnostic tools and treatments for traumatic brain injuries.

*Section 4. Study of traumatic brain injury*

Section 4 authorizes the CDC to conduct a study in coordination with the NIH to examine aspects of TBI. Aspects include determining the incidence and prevalence of TBI in all age groups; collecting, maintaining and reporting national trends; identifying interventions 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 to conduct 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 2008–11.

*Section 6. Traumatic Brain Injury Programs of all Health Resources and Service 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 TBI.

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.

This section directs the Administration to pay directly to any protection and advocacy system that complies with the provisions of this section, no later than October 1.

This section requires the Administrator of Health Resources Service 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 pur-

pose of providing services under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.

*Section 7. GAO study with respect to members of the armed forces*

This section requires a new GAO study to examine soldiers' reintegration into their communities following a traumatic brain injury. Factors to be studied include availability of housing, transportation, employment, and the capacity of community care systems and the coordination of care received. The section requires that a report to Congress be submitted within 180 days of enactment of the act.

IX. CHANGES IN EXISTING LAW

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (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**

\* \* \* \* \*

PART J—PREVENTION AND CONTROL OF INJURIES

SEC. 393. **[280b-1a]** (a) \* \* \*

\* \* \* \* \*

**SEC. [393B] 393A. [280b-1c] USE OF ALLOTMENTS FOR RAPE PREVENTION EDUCATION.**

(a) Permitted use.—\* \* \*

\* \* \* \* \*

PREVENTION OF TRAUMATIC BRAIN INJURY

SEC. **[393A] 393B. [280b-1b]** (a) IN GENERAL.—\* \* \*

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

(1) \* \* \*

\* \* \* \* \*

(3) \* \* \*

(A) \* \* \*

(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 ~~280b-1d~~ (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—*

\* \* \* \* \*

*(b) Not later than 18 months after the date of enactment of the Reauthorization of the Traumatic Brain Injury Act, 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 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, the Department of Defense, and the Department of Veterans Affairs to improve the collection and dissemination of compatible epidemiological studies on the incidence and prevalence of traumatic brain injury in the military and veterans populations who return to civilian life. 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 the Director of the National Institutes of Health with respect to paragraphs (2) and (3), shall 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.—Not later than 3 years after the date of the enactment of the Reauthorization of the Traumatic Brain Injury Act, the Secretary shall submit to the Congress a report describing findings made as a result of carrying out 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.*

**Part E—Miscellaneous Programs <sup>1</sup>**

**SEC. 1251. [300D-51] RESIDENCY TRAINING PROGRAMS IN EMERGENCY MEDICINE.**

\* \* \* \* \*

**SEC. 1252. [300D-52] STATE GRANTS FOR DEMONSTRATION 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.—\* \* \*

(A) \* \* \*

(i) the corresponding [State] *State or American Indian consortium* agencies involved;

(ii) \* \* \*

(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 Reauthorization of the Traumatic Brain Injury Act 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) \* \* \*

\* \* \* \* \*

(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 non-profit private entities.*

(j) **AUTHORIZATION OF APPROPRIATIONS.**—For the purposes 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 2008 through 2011.

\* \* \* \* \*

**SEC. 1253. [300d-53] STATE GRANTS FOR PROTECTION AND ADVOCACY SERVICES.**

(a) **IN GENERAL.**—\* \* \*

\* \* \* \* \*

(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.

(2) \* \* \*

(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.

(3) \* \* \*

\* \* \* \* \*

(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.

(f) \* \* \*

(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.

(h) \* \* \*

\* \* \* \* \*

(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 the 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 of the fiscal years 2002 through [2005] 2011.

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

\* \* \* \* \*

TITLE XII—TRAUMA CARE

PART A—GENERAL AUTHORITY AND DUTIES OF SECRETARY

\* \* \* \* \*

PART F—INTERAGENCY PROGRAM FOR TRAUMA RESEARCH

SEC. 1261. [300d-61] ESTABLISHMENT OF PROGRAM.

(a) IN GENERAL.—\* \* \*

(b) PLAN FOR PROGRAM.—

(1) IN GENERAL.—\* \* \*

(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.

(c) \* \* \*

\* \* \* \* \*

(d) CERTAIN ACTIVITIES OF PROGRAM.—\* \* \*

(1) \* \* \*

\* \* \* \* \*

(4) \* \* \*

(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

(E) \* \* \*

(e) \* \* \*

\* \* \* \* \*

(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 fiscal years 2008 through 2011.

\* \* \* \* \*

