

PUBLIC LAW 110-206—APR. 28, 2008

TRAUMATIC BRAIN INJURY ACT OF 2008

Public Law 110–206
110th Congress

An Act

Apr. 28, 2008
[S. 793]

Traumatic Brain
Injury Act
of 2008.
42 USC 201 note.

To provide for the expansion and improvement of traumatic brain injury programs.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

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—

42 USC 280b–1b.

(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;

42 USC 280b–1c.

(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.

42 USC 280b–1c.

(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”.

42 USC 280b–1d.

(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: 42 USC 280b-1d.

“(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 individuals 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.

42 USC 280b-1e.

“(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:
- Contracts. “(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.
- Records. “(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”.

Approved April 28, 2008.

LEGISLATIVE HISTORY—S. 793 (H.R. 1418):

HOUSE REPORTS: No. 110–140 (Comm. on Health, Education, Labor, and Pensions).

SENATE REPORTS: No. 110–567 accompanying H.R. 1418 (Comm. on Energy and Commerce).

CONGRESSIONAL RECORD:

Vol. 153 (2007): Dec. 11, considered and passed Senate.

Vol. 154 (2008): Apr. 8, considered and passed House, amended.

Apr. 10, Senate concurred in House amendment.

