

110TH CONGRESS  
1ST SESSION

**H. R. 1727**

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IN THE SENATE OF THE UNITED STATES

OCTOBER 16, 2007

Received; read twice and referred to the Committee on Health, Education,  
Labor, and Pensions

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**AN ACT**

To enhance and further research into paralysis and to improve rehabilitation and the quality of life for persons living with paralysis and other physical disabilities, and for other purposes.

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

## 1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Christopher and Dana  
3 Reeve Paralysis Act”.

#### 4 SEC. 2. TABLE OF CONTENTS.

## Sec. 1. Short title.

## Sec. 2. Table of contents.

## TITLE I—PARALYSIS RESEARCH

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### **TITLE III—IMPROVING QUALITY OF LIFE FOR PERSONS WITH PARALYSIS AND OTHER PHYSICAL DISABILITIES**

Sec. 301. Programs to improve quality of life for persons with paralysis and other physical disabilities.

## 5 TITLE I—PARALYSIS RESEARCH

6 SEC. 101. ACTIVITIES OF THE NATIONAL INSTITUTES OF  
7 HEALTH WITH RESPECT TO RESEARCH ON  
8 PARALYSIS.

9 (a) COORDINATION.—The Director of the National  
10 Institutes of Health (referred to in this Act as the “Direc-  
11 tor”), pursuant to the general authority of the Director,  
12 may develop mechanisms to coordinate the paralysis re-  
13 search and rehabilitation activities of the Institutes and  
14 Centers of the National Institutes of Health in order to  
15 further advance such activities and avoid duplication of  
16 activities.

1       (b) CHRISTOPHER AND DANA REEVE PARALYSIS RE-  
2    SEARCH CONSORTIA.—

3               (1) IN GENERAL.—The Director may make  
4    awards of grants to public or private entities to pay  
5    all or part of the cost of planning, establishing, im-  
6    proving, and providing basic operating support for  
7    consortia in paralysis research. The Director shall  
8    designate each consortium funded through such  
9    grants as a Christopher and Dana Reeve Paralysis  
10   Research Consortium.

11               (2) RESEARCH.—Each consortium under para-  
12   graph (1)—

13                       (A) may conduct basic, translational, and  
14    clinical paralysis research;

15                       (B) may focus on advancing treatments  
16    and developing therapies in paralysis research;

17                       (C) may focus on one or more forms of pa-  
18    ralysis that result from central nervous system  
19    trauma or stroke;

20                       (D) may facilitate and enhance the dis-  
21    semination of clinical and scientific findings;  
22    and

23                       (E) may replicate the findings of consortia  
24    members or other researchers for scientific and  
25    translational purposes.

14 (c) PUBLIC INPUT.—The Director may provide for a  
15 mechanism to educate and disseminate information on the  
16 existing and planned programs and research activities of  
17 the National Institutes of Health with respect to paralysis  
18 and through which the Director can receive comments  
19 from the public regarding such programs and activities.

## 1 **TITLE II—PARALYSIS REHABILI-** 2 **TATION RESEARCH AND CARE**

### 3 **SEC. 201. ACTIVITIES OF THE NATIONAL INSTITUTES OF** 4 **HEALTH WITH RESPECT TO RESEARCH WITH** 5 **IMPLICATIONS FOR ENHANCING DAILY FUNC-** 6 **TION FOR PERSONS WITH PARALYSIS.**

7 (a) IN GENERAL.—The Director, pursuant to the  
8 general authority of the Director, may make awards of  
9 grants to public or private entities to pay all or part of  
10 the costs of planning, establishing, improving, and pro-  
11 viding basic operating support to multicenter networks of  
12 clinical sites that will collaborate to design clinical reha-  
13 bilitation intervention protocols and measures of outcomes  
14 on one or more forms of paralysis that result from central  
15 nervous system trauma, disorders, or stroke, or any com-  
16 bination of such conditions.

17 (b) RESEARCH.—A multicenter network of clinical  
18 sites funded through this section may—

19 (1) focus on areas of key scientific concern, in-  
20 cluding—  
21 (A) improving functional mobility;  
22 (B) promoting behavioral adaptation to  
23 functional losses, especially to prevent sec-  
24 ondary complications;

(C) assessing the efficacy and outcomes of medical rehabilitation therapies and practices and assisting technologies;

4 (D) developing improved assistive tech-  
5 nology to improve function and independence;  
6 and

(E) understanding whole body system responses to physical impairments, disabilities, and societal and functional limitations; and

10 (2) replicate the findings of network members  
11 or other researchers for scientific and translation  
12 purposes.

### 13 (c) COORDINATION OF CLINICAL TRIALS NETWORKS:

14 REPORTS.—The Director may, as appropriate, provide for  
15 the coordination of information among networks funded  
16 through this section and ensure regular communication  
17 among members of the networks, and may require the  
18 periodic preparation of reports on the activities of the net-  
19 works and submission of reports to the Director.

1     **TITLE III—IMPROVING QUALITY**  
2     **OF LIFE FOR PERSONS WITH**  
3     **PARALYSIS AND OTHER PHYS-**  
4     **ICAL DISABILITIES**

5     **SEC. 301. PROGRAMS TO IMPROVE QUALITY OF LIFE FOR**  
6           **PERSONS WITH PARALYSIS AND OTHER**  
7           **PHYSICAL DISABILITIES.**

8       (a) IN GENERAL.—The Secretary of Health and  
9     Human Services (in this title referred to as the “Sec-  
10  retary”) may study the unique health challenges associ-  
11  ated with paralysis and other physical disabilities and  
12  carry out projects and interventions to improve the quality  
13  of life and long-term health status of persons with paral-  
14  ysis and other physical disabilities. The Secretary may  
15  carry out such projects directly and through awards of  
16  grants or contracts.

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

19           (1) the development of a national paralysis and  
20  physical disability quality of life action plan, to pro-  
21  mote health and wellness in order to enhance full  
22  participation, independent living, self-sufficiency,  
23  and equality of opportunity in partnership with vol-  
24  untary health agencies focused on paralysis and  
25  other physical disabilities, to be carried out in co-

1 ordination with the State-based Disability and  
2 Health Program of the Centers for Disease Control  
3 and Prevention;

4 (2) support for programs to disseminate information  
5 involving care and rehabilitation options and  
6 quality of life grant programs supportive of community-based  
7 programs and support systems for persons with paralysis and other physical disabilities;

8 (3) in collaboration with other centers and national voluntary health agencies, the establishment  
9 of a population-based database that may be used for  
10 longitudinal and other research on paralysis and  
11 other disabling conditions; and

12 (4) the replication and translation of best practices and the sharing of information across States,  
13 as well as the development of comprehensive, unique,  
14 and innovative programs, services, and demonstrations within existing State-based disability and  
15 health programs of the Centers for Disease Control  
16 and Prevention which are designed to support and  
17 advance quality of life programs for persons living  
18 with paralysis and other physical disabilities focusing on—

19 (A) caregiver education;

13 (c) GRANTS.—The Secretary may award grants in ac-  
14 cordance with the following:

15 (1) To State and local health and disability  
16 agencies for the purpose of—

17 (A) establishing a population-based data-  
18 base that may be used for longitudinal and  
19 other research on paralysis and other disabling  
20 conditions;

21 (B) developing comprehensive paralysis  
22 and other physical disability action plans and  
23 activities focused on the items listed in sub-  
24 section (b)(4);

(C) assisting State-based programs in establishing and implementing partnerships and collaborations that maximize the input and support of people with paralysis and other physical disabilities and their constituent organizations;

(D) coordinating paralysis and physical disability activities with existing State-based disability and health programs;

(E) providing education and training opportunities and programs for health professionals and allied caregivers; and

(F) developing, testing, evaluating, and replicating effective intervention programs to maintain or improve health and quality of life.

(2) To private health and disability organizations for the purpose of—

(A) disseminating information to the public;

(B) improving access to services for persons living with paralysis and other physical disabilities and their caregivers;

(C) testing model intervention programs to improve health and quality of life; and

(D) coordinating existing services with State-based disability and health programs.

1       (d) COORDINATION OF ACTIVITIES.—The Secretary  
2 shall ensure that activities under this section are coordi-  
3 nated as appropriate by the agencies of the Department  
4 of Health and Human Services.

5 (e) AUTHORIZATION OF APPROPRIATIONS.—For the  
6 purpose of carrying out this section, there is authorized  
7 to be appropriated \$25,000,000 for each of fiscal years  
8 2008 through 2011.

Passed the House of Representatives October 15,  
2007.

Attest: **LORRAINE C. MILLER,**  
*Clerk.*