

113TH CONGRESS
1ST SESSION

H. R. 3113

To amend title III of the Public Health Service Act to provide for the establishment and implementation of guidelines on best practices for diagnosis, treatment, and management of mild traumatic brain injuries (MTBIs) in school-aged children, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 17, 2013

Mr. PASCRELL (for himself and Mr. ROONEY) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To amend title III of the Public Health Service Act to provide for the establishment and implementation of guidelines on best practices for diagnosis, treatment, and management of mild traumatic brain injuries (MTBIs) in school-aged children, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Concussion Treatment
5 and Care Tools Act of 2013” or the “ConTACT Act of
6 2013”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Concussions are mild traumatic brain inju-
4 ries, the long-term effects of which are not well un-
5 derstood.

6 (2) According to the Centers for Disease Con-
7 trol and Prevention (CDC), each year United States
8 emergency departments treat an estimated 173,285
9 sports- and recreation-related mild traumatic brain
10 injuries (MTBIs), including concussions, among chil-
11 dren and adolescents, from birth to 19 years of age.
12 However, this number does not capture the total
13 number, as many MTBIs go undiagnosed.

14 (3) There is an increased risk for subsequent
15 brain injuries among persons who have had at least
16 one previous brain injury.

17 (4) A repeat concussion, one that occurs before
18 the brain recovers from a previous concussion, can
19 slow recovery or increase the likelihood of having
20 long-term problems.

21 (5) In rare cases, repeat concussions can result
22 in second impact syndrome, which can be marked by
23 brain swelling, permanent brain damage, and death.

24 (6) Recurrent brain injuries and second impact
25 syndrome are highly preventable.

1 (7) Many States have adopted concussion man-
2 agement rules and regulations, but many schools
3 lack the resources to implement best practices in
4 concussion diagnosis and management.

5 **SEC. 3. GUIDELINES ON BEST PRACTICES FOR DIAGNOSIS,**
6 **TREATMENT, AND MANAGEMENT OF MILD**
7 **TRAUMATIC BRAIN INJURIES IN SCHOOL-**
8 **AGED CHILDREN.**

9 Part B of title III of the Public Health Service Act
10 6 (42 U.S.C. 243 et seq.) is amended by inserting after
11 section 317T the following:

12 **“SEC. 317U. GUIDELINES ON BEST PRACTICES FOR DIAG-**
13 **NOSIS, TREATMENT, AND MANAGEMENT OF**
14 **MILD TRAUMATIC BRAIN INJURIES IN**
15 **SCHOOL-AGED CHILDREN.**

16 “(a) GUIDELINES.—

17 “(1) BY SECRETARY.—Not later than 90 days
18 after issuance of the final report under paragraph
19 (2), the Secretary shall establish guidelines for
20 States on the implementation of best practices for
21 diagnosis, treatment, and management of MTBIs in
22 school-aged children.

23 “(2) BY PANEL.—Not later than March 15,
24 2015, the Pediatric MTBI Guideline Expert Panel
25 of the Centers for Disease Control and Prevention

1 shall issue a final report on best practices for diag-
2 nosis, treatment, and management of MTBIs in
3 school-aged children.

4 “(3) STUDENT ATHLETES RETURNING TO
5 PLAY.—The guidelines under paragraph (1) and the
6 report under paragraph (2) shall address best prac-
7 tices for diagnosis, treatment, and management of
8 MTBIs in student athletes returning to play after an
9 MTBI.

10 “(b) GRANTS TO STATES.—

11 “(1) IN GENERAL.—After establishing the
12 guidelines under subsection (a)(1), the Secretary
13 may make grants to States for purposes of—

14 “(A) adopting such guidelines, and dis-
15 seminating such guidelines to elementary and
16 secondary schools; and

17 “(B) ensuring that elementary and sec-
18 ondary schools—

19 “(i) implement such guidelines;

20 “(ii) are adequately staffed with ath-
21 letic trainers and other medical profes-
22 sionals necessary to implement such guide-
23 lines; and

1 “(iii) implement computerized pre-sea-
2 son baseline and post-injury neuro-
3 psychological testing for student athletes.

4 “(2) GRANT APPLICATIONS.—

5 “(A) IN GENERAL.—To be eligible to re-
6 ceive a grant under this section, a State shall
7 submit an application to the Secretary at such
8 time, in such manner, and containing such in-
9 formation as the Secretary may require.

10 “(B) MINIMUM CONTENTS.—The Secretary
11 shall require that an application of a State
12 under subparagraph (A) contain at a min-
13 imum—

14 “(i) a description of the strategies the
15 State will use to disseminate the guidelines
16 under subsection (a)(1) to elementary and
17 secondary schools, and to ensure imple-
18 mentation of such guidelines by such
19 schools, including any strategic partner-
20 ships that the State will form; and

21 “(ii) an agreement by the State to pe-
22 riodically provide data with respect to the
23 incidence of MTBIs and second impact
24 syndrome among student athletes in the
25 State.

1 “(3) UTILIZATION OF HIGH SCHOOL SPORTS
2 ASSOCIATIONS AND LOCAL CHAPTERS OF NATIONAL
3 BRAIN INJURY ORGANIZATIONS.—The Secretary
4 shall require States receiving grants under this sec-
5 tion to utilize, to the extent practicable, applicable
6 expertise and services offered by high school sports
7 associations and local chapters of national brain in-
8 jury organizations in such States.

9 “(c) COORDINATION OF ACTIVITIES.—In carrying
10 out this section, the Secretary shall coordinate in an ap-
11 propriate manner with the heads of other Federal depart-
12 ments and agencies that carry out activities related to
13 MTBIs.

14 “(d) REPORT TO CONGRESS.—Not later than 4 years
15 after the date of the enactment of this section, the Sec-
16 retary shall submit to Congress a report on the implemen-
17 tation of subsection (b) and shall include in such report—

18 “(1) the number of States that have adopted
19 the guidelines under subsection (a)(1);

20 “(2) the number of elementary and secondary
21 schools that have implemented computerized pre-sea-
22 son baseline and post-injury neuro-psychological
23 testing for student athletes; and

1 “(3) the data collected with respect to the inci-
2 dence of MTBIs and second impact syndrome among
3 student athletes.

4 “(e) DEFINITIONS.—In this section, the following
5 definitions apply:

6 “(1) The term ‘MTBI’ means a mild traumatic
7 brain injury.

8 “(2) The term ‘school-aged child’ means an in-
9 dividual in the range of 5 through 18 years of age.

10 “(3) The term ‘second impact syndrome’ means
11 catastrophic or fatal events that occur when an indi-
12 vidual suffers an MTBI while symptomatic and heal-
13 ing from a previous MTBI.

14 “(4) The term ‘Secretary’ means the Secretary
15 of Health and Human Services, acting through the
16 Director of the Centers for Disease Control and Pre-
17 vention.

18 “(5) The term ‘State’ means each of the 50
19 States and the District of Columbia.

20 “(6) The term ‘student athlete’ means a school-
21 aged child in any of the grades 6th through 12th
22 who participates in a sport through such child’s ele-
23 mentary or secondary school.

24 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
25 carry out this section, there are authorized to be appro-

1 priated \$5,000,000 for fiscal year 2016 and such sums
2 as may be necessary for each of fiscal years 2017 through
3 2020.”.

