

113TH CONGRESS
2D SESSION

H. R. 3954

To provide for systemic research, surveillance, treatment, prevention, awareness, development of rules of play, standards, and dissemination of information with respect to sports-related and other concussions.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 28, 2014

Mrs. BEATTY (for herself, Mrs. WAGNER, Mr. RANGEL, Mr. CONYERS, Ms. KELLY of Illinois, and Ms. WILSON of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Armed Services and Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide for systemic research, surveillance, treatment, prevention, awareness, development of rules of play, standards, and dissemination of information with respect to sports-related and other concussions.

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 Awareness
5 and Education Act of 2014”.

1 **SEC. 2. TABLE OF CONTENTS.**

2 The table of contents of this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.
- Sec. 3. Findings; purposes.
- Sec. 4. Surveillance of sports-related concussions.
- Sec. 5. Research.
- Sec. 6. Biological sample repository.
- Sec. 7. Rules of play.
- Sec. 8. Dissemination of information.
- Sec. 9. Concussion Research Commission.

3 **SEC. 3. FINDINGS; PURPOSES.**

4 (a) FINDINGS.—The Congress finds as follows:

5 (1) There is currently no comprehensive system
 6 for acquiring accurate data on the incidence of
 7 sports- and recreation-related concussions across all
 8 youth age groups and sports.

9 (2) Overall, according to a report entitled
 10 “Sports-Related Concussions in Youth: Improving
 11 the Science, Changing the Culture”, issued by the
 12 National Academies in 2013, each year in the
 13 United States, there are approximately 1.6 to 3.8
 14 million sports- and recreation-related traumatic
 15 brain injuries, including concussions and other head
 16 injuries. These figures are based on conservative es-
 17 timates.

18 (3) A review of National Collegiate Athletic As-
 19 sociation data for 15 sports showed that the overall
 20 reported concussion rate doubled from 1.7 to 3.4
 21 concussions per 1,000 athletic exposures over the

1 past 15 years, covering the 1988–1989 and 2003–
2 2004 academic years.

3 (4) Between 2001 and 2009, the reported num-
4 ber of our youth ages 19 and under treated for con-
5 cussion and other nonfatal, sports- and recreation-
6 related traumatic brain injuries increased from
7 150,000 to 250,000.

8 (5) Over the same time period between 2001
9 and 2009, the rate of emergency room visits for con-
10 cussive injuries increased by 57 percent.

11 (6) Yet, according to the National Academies
12 there currently is—

13 (A) a lack of data to accurately estimate
14 the incidence of sports-related concussions
15 across a variety of sports and for youth across
16 the pediatric age spectrum; and

17 (B) no comprehensive system for acquiring
18 accurate data on the incidence of sports- and
19 recreation-related concussions across all youth
20 age groups and sports.

21 (7) Currently, there are significant information
22 gaps in the proper protocol for diagnosis and treat-
23 ment of sports-related concussions and more re-
24 search desperately is needed.

25 (b) PURPOSES.—The purposes of this Act are—

1 (1) to increase awareness and knowledge about
2 concussions through development of, implementation
3 of, and evaluation of the effectiveness of, large-scale
4 collaborative efforts and research by entities includ-
5 ing, but not limited to, national sports associations,
6 State high school associations, trainers’ associations,
7 appropriate Federal entities, and other stakeholders
8 such as parents, coaches, and students; and

9 (2) to change the culture (including social
10 norms, attitudes, and behaviors) surrounding con-
11 cussions among elementary school through college-
12 aged youth and their parents, coaches, sports offi-
13 cials, educators, trainers, and health care profes-
14 sionals, taking into account demographic variations
15 across population groups, where appropriate.

16 **SEC. 4. SURVEILLANCE OF SPORTS-RELATED CONCUS-**
17 **SIONS.**

18 Title III of the Public Health Service Act is amended
19 by inserting after section 317T of such Act (42 U.S.C.
20 247b–22) the following:

21 **“SEC. 317U. SURVEILLANCE OF SPORTS-RELATED CONCUS-**
22 **SIONS.**

23 “(a) IN GENERAL.—The Secretary of Health and
24 Human Services, acting through the Director of the Cen-

1 ters for Disease Control and Prevention, and taking into
2 account other Federal data collection efforts, shall—

3 “(1) establish and oversee a national system to
4 accurately determine the incidence of sports-related
5 concussions; and

6 “(2) begin implementation of such system not
7 later than 1 year after the date of enactment of the
8 Concussion Awareness and Education Act of 2014.

9 “(b) DATA TO BE COLLECTED.—The data collected
10 under subsection (a) shall, to the extent feasible, include
11 each of the following:

12 “(1) The incidence of sports related concussions
13 in individuals 5 through 21 years of age.

14 “(2) Demographic information of the injured
15 individuals, including age, sex, race, and ethnicity.

16 “(3) Pre-existing conditions of the injured indi-
17 viduals, such as attention deficit hyperactivity dis-
18 order and learning disabilities.

19 “(4) The concussion history of the injured indi-
20 viduals, such as the number and dates of prior con-
21 cussions.

22 “(5) The use of protective equipment and im-
23 pact monitoring devices.

24 “(6) The qualifications of personnel diagnosing
25 the concussions.

1 “(7) The cause, nature, and extent of the con-
2 cussive injury, including—

3 “(A) the sport or activity involved;

4 “(B) the recreational or competitive level
5 of the sport or activity involved;

6 “(C) the event type involved, including
7 whether it was practice or competition;

8 “(D) the impact location on the body;

9 “(E) the impact nature, such as contact
10 with a playing surface, another player, or equip-
11 ment; and

12 “(F) signs and symptoms consistent with a
13 concussion.”.

14 **SEC. 5. RESEARCH.**

15 (a) IN GENERAL.—Beginning not later than 1 year
16 after the date of enactment of this Act, the Director of
17 the National Institutes of Health and the Secretary of De-
18 fense, acting in coordination, shall conduct or support—

19 (1) research designed to—

20 (A) establish objective, sensitive, and spe-
21 cific metrics and markers of concussion diag-
22 nosis, prognosis, and recovery in youth; and

23 (B) inform the creation of age-specific, evi-
24 dence-based guidelines for the management of

1 short- and long-term sequelae of concussion in
2 youth;

3 (2) controlled, longitudinal, large-scale studies
4 to assess short- and long-term cognitive, emotional,
5 behavioral, neurobiological, and neuropathological
6 consequences of concussions and repetitive head im-
7 pacts over a life span, including—

8 (A) an examination of the effects of con-
9 cussions and repetitive head impacts on quality
10 of life and the activities of daily living; and

11 (B) identification of predictors and modi-
12 fiers of outcomes, including the influence of so-
13 cioeconomic status, race, ethnicity, sex, and
14 comorbidities; and

15 (3) research on age- and sex-related biomechan-
16 ical determinants of injury risk for concussion in
17 youth, including how injury thresholds are modified
18 by the number of and time interval between head
19 impacts and concussions.

20 (b) SPORTS AND PHYSICAL TRAINING AT MILITARY
21 ACADEMIES AND FOR MILITARY PERSONNEL.—Beginning
22 not later than 1 year after the date of enactment of this
23 Act, the Secretary of Defense shall conduct a rigorous sci-
24 entific evaluation of the effectiveness of techniques, rules,
25 and playing, practice, and training standards in reducing

1 concussions and sequelae for sports and physical training,
2 including combatives, at military service academies and
3 for military personnel.

4 (c) SENSE OF CONGRESS.—It is the sense of the Con-
5 gress that the National Collegiate Athletic Association, in
6 conjunction with the National Federation of State High
7 School Associations, national governing bodies for youth
8 sports, and youth sports organizations, should undertake
9 a rigorous scientific evaluation of the effectiveness of age-
10 appropriate techniques, rules, and playing and practice
11 standards in reducing sports-related concussions and
12 sequelae.

13 **SEC. 6. BIOLOGICAL SAMPLE REPOSITORY.**

14 (a) IN GENERAL.—To aid research under this Act
15 and any other similar research, the Secretary of Health
16 and Human Services, acting through the Director of the
17 National Institutes of Health, shall maintain a national
18 brain tissue and biological sample repository to collect, ar-
19 chive, and distribute material for research on concussions.

20 (b) TIMING.—The Secretary shall begin implementa-
21 tion of the repository not later than 1 year after the date
22 of enactment of this Act.

23 **SEC. 7. RULES OF PLAY.**

24 (a) DEVELOPMENT.—The Director of the National
25 Institutes of Health and the Secretary of Defense, taking

1 into consideration the results of research, shall develop
2 standards, best practices, and guidelines for the rules of
3 play and training, respectively, for sports, athletic, and
4 military training and engagement that—

5 (1) are designed to prevent or reduce the inci-
6 dence of concussions; and

7 (2) include—

8 (A) standards for effective protective
9 equipment; and

10 (B) recommendations on impact-moni-
11 toring systems.

12 (b) TIMING.—The Director of the National Institutes
13 of Health and the Secretary of Defense shall—

14 (1) begin development of the rules of play
15 under this section not later than 1 year after the
16 date of enactment of this Act; and

17 (2) after such rules of play are finalized, peri-
18 odically review and update such rules of play as ap-
19 propriate.

20 **SEC. 8. DISSEMINATION OF INFORMATION.**

21 (a) IN GENERAL.—The Secretary of Health and
22 Human Services, acting through the Director of the Cen-
23 ters for Disease Control and Prevention, shall develop and
24 disseminate to the public information regarding concus-
25 sions.

1 (b) ARRANGEMENTS WITH OTHER ENTITIES.—In
2 carrying out paragraph (1), the Secretary may dissemi-
3 nate information through arrangements with nonprofit or-
4 ganizations, consumer groups, institutions of higher edu-
5 cation, Federal, State, or local agencies, or the media.

6 **SEC. 9. CONCUSSION RESEARCH COMMISSION.**

7 (a) ESTABLISHMENT.—There is established a Con-
8 cussion Research Commission (referred to in this section
9 as the “Commission”).

10 (b) MEMBERSHIP.—

11 (1) APPOINTMENT.—The Commission shall be
12 composed of the following nine members:

13 (A) Five shall be appointed by the Presi-
14 dent.

15 (B) One shall be appointed by the Speaker
16 of the House of Representatives.

17 (C) One shall be appointed by the minority
18 leader of the House of Representatives.

19 (D) One shall be appointed by the majority
20 leader of the Senate.

21 (E) One shall be appointed by the minority
22 leader of the Senate.

23 (2) QUALIFICATIONS.—To be eligible for ap-
24 pointment under paragraph (1), an individual
25 shall—

1 (A) have experience with research, treat-
2 ment, and prevention with respect to all types
3 of concussive injuries; and

4 (B) be a leading medical or scientific ex-
5 pert, or an otherwise authoritatively qualified
6 expert, in one or more relevant fields.

7 (3) TERMS.—Each member of the Commission
8 shall be appointed for the life of the Commission.

9 (4) VACANCIES.—Any member appointed to fill
10 a vacancy occurring before the expiration of the
11 term for which the member's predecessor was ap-
12 pointed shall be appointed only for the remainder of
13 that term. A member may serve after the expiration
14 of that member's term until a successor has taken
15 office. A vacancy in the Commission shall be filled
16 in the manner in which the original appointment was
17 made.

18 (5) NO PAY.—The members of the Commission
19 shall serve without pay. Members of the Commission
20 who are full-time officers or employees of the United
21 States or Members of Congress may not receive ad-
22 ditional pay, allowances, or benefits by reason of
23 their service on the Commission.

24 (6) TRAVEL EXPENSES.—Each member of the
25 Commission shall receive travel expenses, including

1 per diem in lieu of subsistence, in accordance with
2 applicable provisions under subchapter I of chapter
3 57 of title 5, United States Code.

4 (7) RESOURCES.—The Secretary shall ensure
5 that appropriate personnel, funding, and other re-
6 sources are provided to the Committee to carry out
7 its responsibilities.

8 (c) MEETINGS.—The Commission shall meet at least
9 4 times each year.

10 (d) STAFF OF FEDERAL AGENCIES.—Upon request
11 of the Commission, the head of any Federal department
12 or agency may detail, without reimbursement, any of the
13 personnel of that department or agency to the Commission
14 to assist in carrying out this section.

15 (e) STUDY.—The Commission shall—

16 (1) study the programs and activities conducted
17 pursuant to this Act; and

18 (2) based on the results of such programs and
19 activities, formulate systemic recommendations for
20 furthering the purposes of this Act, as described in
21 section 3(b).

22 (f) REVIEW OF NATIONAL ACADEMIES REPORT.—
23 The Commission shall review the report of the National
24 Academies entitled “Sports-Related Concussions in Youth:
25 Improving the Science, Changing the Culture” and rec-

1 commend corrections or updates to such report, as the
2 Commission determines appropriate.

3 (g) REPORTING.—

4 (1) INTERIM REPORTS.—Every 6 months, the
5 Commission shall submit to the appropriate commit-
6 tees of Congress an interim report on the Commis-
7 sion’s activities.

8 (2) FINAL REPORT.—Not later than 36 months
9 after the date of enactment of this Act, the Commis-
10 sion shall submit to the appropriate committees of
11 Congress, and make available to the public, a final
12 report on the results of the Commission’s study
13 under subsection (e) and review under subsection
14 (f).

15 (h) TERMINATION.—The Commission shall terminate
16 upon the date of submission of the final report required
17 by subsection (g)(2), unless the Secretary of Health and
18 Human Services chooses to maintain the Commission be-
19 yond such date.

○