

114TH CONGRESS
1ST SESSION

H. R. 1271

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

IN THE HOUSE OF REPRESENTATIVES

MARCH 4, 2015

Mrs. BEATTY (for herself, Mrs. WAGNER, Ms. NORTON, Mr. FATTAH, Ms. BROWN of Florida, Mr. BISHOP of Georgia, and Mr. CÁRDENAS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for systemic research, treatment, prevention, awareness, 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 2015”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 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. Dissemination of information.
Sec. 7. Concussion Research Commission.

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

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

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

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

16 (3) Between 2001 and 2009, the reported num-
17 ber of our youth ages 21 and under treated in an
18 emergency department for concussion and other non-
19 fatal sports and recreation-related traumatic brain
20 injuries increased from 150,000 to 250,000.

21 (4) Over the same time period between 2001
22 and 2009, the rate of emergency room visits for con-
23 cussive injuries increased by 57 percent.

1 (5) Yet, according to the National Academies
2 there currently is—

3 (A) a lack of data to accurately estimate
4 the incidence of sports-related concussions
5 across a variety of sports and for youth across
6 the pediatric age spectrum; and

7 (B) no comprehensive system for acquiring
8 accurate data on the incidence of sports- and
9 recreation-related concussions across all youth
10 age groups and sports.

11 (6) Currently, there are significant information
12 gaps in the proper protocol for diagnosis and treat-
13 ment of sports-related concussions and more re-
14 search desperately is needed.

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

16 (1) to increase awareness and knowledge about
17 concussions through development of, implementation
18 of, and evaluation of the effectiveness of, large-scale
19 collaborative efforts and research by entities includ-
20 ing, but not limited to, national sports associations,
21 State high school associations, trainers' associations,
22 appropriate Federal entities, and other stakeholders
23 such as parents, coaches, and students; and

24 (2) to change the culture (including social
25 norms, attitudes, and behaviors) surrounding con-

8 Title III of the Public Health Service Act is amended
9 by inserting after section 317T of such Act (42 U.S.C.
10 247b–22) the following:

13 “(a) IN GENERAL.—The Secretary of Health and
14 Human Services, acting through the Director of the Cen-
15 ters for Disease Control and Prevention, and taking into
16 account other Federal data collection efforts, shall—

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

“(2) begin implementation of such system not later than 1 year after the date of enactment of the Concussion Awareness and Education Act of 2015.

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

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

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

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

8 “(4) The concussion history of the injured indi-
9 viduals, such as the number and dates of prior con-
10 cussions.

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

13 “(6) The qualifications of personnel diagnosing
14 the concussions.

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

17 “(A) the sport or activity involved;

18 “(B) the recreational or competitive level
19 of the sport or activity involved;

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

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

23 “(E) the impact nature, such as contact
24 with a playing surface, another player, or equip-
25 ment; and

1 “(F) signs and symptoms consistent with a
2 concussion.”.

3 **SEC. 5. RESEARCH.**

4 Part B of title IV of the Public Health Service Act
5 (42 U.S.C. 284 et seq.) is amended by adding at the end
6 the following:

7 **“SEC. 409K. RESEARCH ON CONCUSSIONS IN YOUTH.**

8 “Beginning not later than 1 year after the date of
9 enactment of the Concussion Awareness and Education
10 Act of 2015, the Director of NIH shall conduct or sup-
11 port—

12 “(1) research designed to inform the creation of
13 age-specific, evidence-based guidelines for the man-
14 agement of short- and long-term sequelae of concus-
15 sion in youth;

16 “(2) research on the effects of concussions and
17 repetitive head impacts on quality of life and the ac-
18 tivities of daily living;

19 “(3) research to identify predictors, and modi-
20 fiers of outcomes, of concussions in youth, including
21 the influence of socioeconomic status, race, ethnicity,
22 sex, and comorbidities; and

23 “(4) research on age- and sex-related bio-
24 mechanical determinants of injury risk for concus-
25 sion in youth, including how injury thresholds are

1 modified by the number of and time interval between
2 head impacts and concussions.”.

3 **SEC. 6. DISSEMINATION OF INFORMATION.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services, acting through the Director of the Cen-
6 ters for Disease Control and Prevention, shall develop and
7 disseminate to the public information regarding concus-
8 sions.

9 (b) ARRANGEMENTS WITH OTHER ENTITIES.—In
10 carrying out paragraph (1), the Secretary may dissemi-
11 nate information through arrangements with nonprofit or-
12 ganizations, consumer groups, Federal, State, or local
13 agencies, or the media.

14 **SEC. 7. CONCUSSION RESEARCH COMMISSION.**

15 (a) ESTABLISHMENT.—There is established a Con-
16 cussion Research Commission (referred to in this section
17 as the “Commission”).

18 (b) MEMBERSHIP.—

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

21 (A) Five shall be appointed by the Presi-
22 dent.

23 (B) One shall be appointed by the Speaker
24 of the House of Representatives.

1 (C) One shall be appointed by the minority
2 leader of the House of Representatives.

3 (D) One shall be appointed by the majority
4 leader of the Senate.

5 (E) One shall be appointed by the minority
6 leader of the Senate.

7 (2) QUALIFICATIONS.—To be eligible for ap-
8 pointment under paragraph (1), an individual
9 shall—

10 (A) have experience with research, treat-
11 ment, and prevention with respect to all types
12 of concussive injuries; and

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

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

18 (4) VACANCIES.—Any member appointed to fill
19 a vacancy occurring before the expiration of the
20 term for which the member's predecessor was ap-
21 pointed shall be appointed only for the remainder of
22 that term. A member may serve after the expiration
23 of that member's term until a successor has taken
24 office. A vacancy in the Commission shall be filled

1 in the manner in which the original appointment was
2 made.

3 (5) NO PAY.—The members of the Commission
4 shall serve without pay. Members of the Commission
5 who are full-time officers or employees of the United
6 States or Members of Congress may not receive ad-
7 ditional pay, allowances, or benefits by reason of
8 their service on the Commission.

9 (6) TRAVEL EXPENSES.—Each member of the
10 Commission shall receive travel expenses, including
11 per diem in lieu of subsistence, in accordance with
12 applicable provisions under subchapter I of chapter
13 57 of title 5, United States Code.

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

18 (c) MEETINGS.—The Commission shall meet at least
19 4 times each year.

20 (d) STAFF OF FEDERAL AGENCIES.—Upon request
21 of the Commission, the head of any Federal department
22 or agency may detail, without reimbursement, any of the
23 personnel of that department or agency to the Commission
24 to assist in carrying out this section.

25 (e) STUDY.—The Commission shall—

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

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

7 (f) REVIEW OF NATIONAL ACADEMIES REPORT.—

8 The Commission shall review the report of the National
9 Academies entitled “Sports-Related Concussions in Youth:
10 Improving the Science, Changing the Culture” and rec-
11 ommend corrections or updates to such report, as the
12 Commission determines appropriate.

13 (g) REPORTING.—

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

18 (2) FINAL REPORT.—Not later than 36 months
19 after the date of enactment of this Act, the Commis-
20 sion shall submit to the appropriate committees of
21 Congress, and make available to the public, a final
22 report on the results of the Commission’s study
23 under subsection (e) and review under subsection
24 (f).

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

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