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(Original Signature of Member)

109TH CONGRESS
1ST SESSION

H. R. _____

To amend the Public Health Service Act to provide for the expansion and improvement of traumatic brain injury programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. PASCRELL introduced the following bill; which was referred to the Committee on _____

A BILL

To amend the Public Health Service Act to provide for the expansion and improvement of traumatic brain injury programs, 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 “Traumatic Brain In-
5 jury Act of 2006”.



1 **SEC. 2. PROGRAMS OF CENTERS FOR DISEASE CONTROL**
2 **AND PREVENTION.**

3 (a) PREVENTION OF TRAUMATIC BRAIN INJURY.—
4 Clause (ii) of section 393A(b)(3)(A) of the Public Health
5 Service Act (42 U.S.C. 280b–1b) is amended by striking
6 “from hospitals and trauma centers” and inserting “from
7 hospitals and emergency departments”.

8 (b) NATIONAL PROGRAM FOR TRAUMATIC BRAIN IN-
9 JURY SURVEILLANCE AND REGISTRIES.—Part J of title
10 III of the Public Health Service Act (42 U.S.C. 280b et
11 seq.) is amended—

12 (1) by redesignating the first section 393B (re-
13 lating to the use of allotments for rape prevention
14 education) as section 392A and moving such section
15 so that it follows section 392; and

16 (2) by amending section 393B—

17 (A) in the section heading, by inserting
18 “SURVEILLANCE AND” after “NATIONAL PRO-
19 GRAM FOR TRAUMATIC BRAIN INJURY”; and

20 (B) by striking “(a) IN GENERAL.—”; and

21 (C) in the matter preceding paragraph (1),
22 by striking “may make grants” and all that fol-
23 lows through “to collect data concerning—”
24 and inserting “may make grants to States or
25 their designees to operate the State’s traumatic
26 brain injury surveillance system or registry to



1 determine the incidence and prevalence of trau-
2 matic brain-related injury disability, to ensure
3 the uniformity of reporting under such system
4 or registry, to link individuals with traumatic
5 brain injury to services and supports, and to
6 link such individuals with academic institutions
7 to conduct applied research that will support
8 the development of such surveillance systems
9 and registries as may be necessary. A surveil-
10 lance system or registry under this section shall
11 provide for the collection of data concerning—
12 ”.

13 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
14 394A of the Public Health Service Act (42 U.S.C. 280b–
15 3) is amended—

16 (1) by striking “For the purpose” and inserting
17 “(a) For the purpose”;

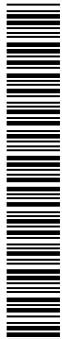
18 (2) by striking “and” after “for fiscal year
19 1994;”;

20 (3) by striking “and” after “through 1998;”;

21 (4) by striking the second period at the end;

22 and

23 (5) by inserting “, and such sums as may be
24 necessary for each of fiscal years 2006 through
25 2010” before the period at the end.



1 **SEC. 3. PROGRAMS OF NATIONAL INSTITUTES OF HEALTH.**

2 Section 1261 of the Public Health Service Act (42
3 U.S.C. 300d-61) is amended—

4 (1) in subparagraph (D) of subsection (d)(4),
5 by striking “head brain injury” and inserting “brain
6 injury”; and

7 (2) in subsection (i), by inserting “, and such
8 sums as may be necessary for each of fiscal years
9 2006 through 2010” before the period at the end.

10 **SEC. 4. STUDY ON TRAUMATIC BRAIN INJURY.**

11 (a) AMENDMENT.—Part J of title III of the Public
12 Health Service Act (42 U.S.C. 280b et seq.) is amended
13 by inserting after section 393B the following:

14 **“SEC. 393C. STUDY ON TRAUMATIC BRAIN INJURY.**

15 “(a) STUDY.—The Secretary, acting through the Di-
16 rector of the Centers for Disease Control and Prevention
17 with respect to paragraph (1) and the Director of the Na-
18 tional Institutes of Health with respect to paragraphs (2)
19 and (3), shall conduct a study with respect to traumatic
20 brain injury for the purpose of carrying out the following:

21 “(1) In collaboration with appropriate State
22 and local health-related agencies—

23 “(A) determining the incidence and preva-
24 lence of traumatic brain injury in all age groups
25 in the general population of the United States,
26 including institutional settings, such as nursing



1 homes, correctional facilities, psychiatric hos-
2 pitals, and residential institutes for people with
3 developmental disabilities;

4 “(B) obtaining and maintaining data on
5 the incidence and prevalence of mild traumatic
6 brain injury and report to Congress; and

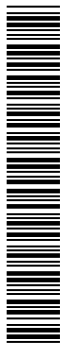
7 “(C) collecting, maintaining, and reporting
8 national trends in traumatic brain injury.

9 “(2) Identifying common therapeutic interven-
10 tions which are used for the rehabilitation of individ-
11 uals with such injuries, and, subject to the avail-
12 ability of information, including an analysis of—

13 “(A) the effectiveness of each such inter-
14 vention in improving the functioning, including
15 return to work or school and community par-
16 ticipation, of individuals with brain injuries;

17 “(B) the comparative effectiveness of inter-
18 ventions employed in the course of rehabilita-
19 tion of individuals with brain injuries to achieve
20 the same or similar clinical outcome; and

21 “(C) the adequacy of existing measures of
22 outcomes and knowledge of factors influencing
23 differential outcomes.



1 “(3) Developing practice guidelines for the re-
2 habilitation of traumatic brain injury at such time
3 as appropriate scientific research becomes available.

4 “(b) DATES CERTAIN FOR REPORTS.—Not later than
5 3 years after the date of the enactment of the Traumatic
6 Brain Injury Act of 2006, the Secretary shall submit to
7 the Congress a report describing findings made as a result
8 of carrying out subsection (a).

9 “(c) DEFINITION.—For purposes of this section, the
10 term ‘traumatic brain injury’ means an acquired injury
11 to the brain. Such term does not include brain dysfunction
12 caused by congenital or degenerative disorders, nor birth
13 trauma, but may include brain injuries caused by anoxia
14 due to near drowning. The Secretary may revise the defi-
15 nition of such term as the Secretary determines necessary.

16 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated to carry out this section
18 such sums as may be necessary for each of the fiscal years
19 2006 through 2010.”.

20 (b) CONFORMING AMENDMENT.—Public Law 104–
21 166 (42 U.S.C. 300d–61 note) is amended by striking sec-
22 tion 4.



1 **SEC. 5. PROGRAMS OF HEALTH RESOURCES AND SERVICES**

2 **ADMINISTRATION.**

3 (a) STATE GRANTS FOR PROJECTS REGARDING
4 TRAUMATIC BRAIN INJURY.—Section 1252 of the Public
5 Health Service Act (42 U.S.C. 300d–52) is amended—

6 (1) in subsection (a)—

7 (A) by striking “may make grants to
8 States” and inserting “may make grants to
9 States and American Indian consortia”; and

10 (B) by striking “health and other services”
11 and inserting “rehabilitation and other serv-
12 ices”;

13 (2) in subsection (b)—

14 (A) in paragraphs (1), (3)(A)(i),
15 (3)(A)(iii), and (3)(A)(iv), by striking the term
16 “State” each place such term appears and in-
17 serting the term “State or American Indian
18 consortium”; and

19 (B) in paragraph (2), by striking “rec-
20 ommendations to the State” and inserting “rec-
21 ommendations to the State or American Indian
22 consortium”;

23 (3) in subsection (c)—

24 (A) in paragraph (1), by striking “\$1 for
25 each \$2 of Federal funds” and inserting “\$1
26 for each \$5 of Federal funds”; and



1 (B) by striking the term “State” each
2 place such term appears and inserting “State or
3 American Indian consortium”;

4 (4) in subsection (e), by striking “A State that
5 received” and all that follows through the period and
6 inserting “A State or American Indian consortium
7 that received a grant under this section prior to the
8 date of the enactment of the Traumatic Brain In-
9 jury Act of 2006 may complete the activities funded
10 by the grant.”;

11 (5) in subsection (f)—

12 (A) in the subsection heading, by inserting
13 “AND AMERICAN INDIAN CONSORTIUM” after
14 “STATE”;

15 (B) in paragraph (1) in the matter pre-
16 ceding subparagraph (A), paragraph (1)(E),
17 paragraph (2)(A), paragraph (2)(B), paragraph
18 (3) in the matter preceding subparagraph (A),
19 paragraph (3)(E), and paragraph (3)(F), by
20 striking the term “State” each place such term
21 appears and inserting “State or American In-
22 dian consortium”;

23 (C) in clause (ii) of paragraph (1)(A), by
24 striking “children and other individuals” and
25 inserting “children, youth, and adults”; and



1 (D) in subsection (h)—

2 (i) by striking “Not later than 2 years
3 after the date of the enactment of this sec-
4 tion, the Secretary” and inserting “Not
5 less than bi-annually, the Secretary”; and

6 (ii) by inserting “section 1253, and
7 section 1254,” after “programs established
8 under this section,”;

9 (6) by amending subsection (i) to read as fol-
10 lows:

11 “(i) DEFINITIONS.—For purposes of this section:

12 “(1) The terms ‘American Indian consortium’
13 and ‘State’ have the meanings given to those terms
14 in section 1253.

15 “(2) The term ‘traumatic brain injury’ means
16 an acquired injury to the brain. Such term does not
17 include brain dysfunction caused by congenital or
18 degenerative disorders, nor birth trauma, but may
19 include brain injuries caused by anoxia due to trau-
20 ma. The Secretary may revise the definition of such
21 term as the Secretary determines necessary, after
22 consultation with States and other appropriate pub-
23 lic or nonprofit private entities.”; and



1 (7) in subsection (j), by inserting “, and such
2 sums as may be necessary for each of the fiscal
3 years 2006 through 2010” before the period.

4 (b) STATE GRANTS FOR PROTECTION AND ADVOCACY SERVICES.—Section 1253 of the Public Health Service Act (42 U.S.C. 300d–53) is amended—

7 (1) in subsections (d) and (e), by striking the
8 term “subsection (i)” each place such term appears
9 and inserting “subsection (l)”;

10 (2) in subsection (g), by inserting “each fiscal
11 year not later than October 1,” before “the Administrator shall pay”;

13 (3) by redesignating subsections (i) and (j) as
14 subsections (l) and (m), respectively;

15 (4) by inserting after subsection (h) the following:

17 “(i) DATA COLLECTION.—The Administrator of the
18 Health Resources and Services Administration and the
19 Commissioner of the Administration on Developmental
20 Disabilities shall enter into an agreement to coordinate the
21 collection of data by the Administrator and the Commissioner regarding protection and advocacy services.

23 “(j) TRAINING AND TECHNICAL ASSISTANCE.—

24 “(1) GRANTS.—For any fiscal year for which
25 the amount appropriated to carry out this section is



1 \$6,000,000 or greater, the Administrator shall use 2
2 percent of such amount to make a grant to an eligi-
3 ble national association for providing for training
4 and technical assistance to protection and advocacy
5 systems.

6 “(2) DEFINITION.—In this subsection, the term
7 ‘eligible national association’ means a national asso-
8 ciation with demonstrated experience in providing
9 training and technical assistance to protection and
10 advocacy systems.

11 “(k) SYSTEM AUTHORITY.—In providing services
12 under this section, a protection and advocacy system shall
13 have the same authorities, including access to records, as
14 such system would have for purposes of providing services
15 under subtitle C of the Developmental Disabilities Assist-
16 ance and Bill of Rights Act of 2000.”; and

17 (5) in subsection (l) (as redesignated by this
18 subsection)—

19 (A) by striking “and” after “fiscal year
20 2001,” ; and

21 (B) by inserting “and such sums as may
22 be necessary for each of the fiscal years 2006
23 through 2010”.

24 “(c) NATIONAL GRANTS OF SIGNIFICANCE.—Part E
25 of title XII of the Public Health Service Act (42



1 U.S.C.300d–52 et seq.) is amended by adding at end the
2 following:

3 **“SEC. 1254. NATIONAL GRANTS OF SIGNIFICANCE.**

4 “(a) IN GENERAL.—The Secretary, acting through
5 the Administrator of the Health Resources and Services
6 Administration, may make grants to, or enter into con-
7 tracts or cooperative agreements with, nonprofit organiza-
8 tions, education institutions, States, and other such enti-
9 ties for projects of national significance that—

10 “(1) support the development of national and
11 State policies that reinforce and promote self-deter-
12 mination, independence, productivity, integration,
13 and inclusion in all facets of community life for indi-
14 viduals with traumatic brain injury;

15 “(2) hold promise to improve or expand oppor-
16 tunities for such individuals, including projects or
17 initiatives significant in scope that—

18 “(A) improve access to services and sys-
19 tems of care and support that reflect best prac-
20 tices that can be demonstrated and replicated
21 through technical assistance, training, and edu-
22 cation;

23 “(B) assist States in developing service ca-
24 pacity such as community living options and
25 housing; programs and services that address



1 challenging behaviors of individuals with trau-
2 matic brain injury and individuals with dual di-
3 agnosis, such as substance abuse; case manage-
4 ment; respite; information and referral; and
5 family and community supports;

6 “(C) improve the capability of systems to
7 monitor and evaluate quality of rehabilitation,
8 long-term care, community services and sup-
9 ports; and

10 “(D) address emerging needs such as
11 aging caregivers, aging individuals with trau-
12 matic brain injury, and servicemen, service-
13 women and veterans with traumatic brain in-
14 jury; v. address trends and issues in State serv-
15 ice delivery through data collection and report-
16 ing of funding, policies, and services on a peri-
17 odic basis.

18 “(b) DEFINITIONS.—For purposes of this section, the
19 term ‘traumatic brain injury’ means an acquired injury
20 to the brain. Such term does not include brain dysfunction
21 caused by congenital or degenerative disorders, nor birth
22 trauma, but may include brain injuries caused by anoxia
23 due to trauma. The Secretary may revise the definition
24 of such term as the Secretary determines necessary, after



1 consultation with States and other appropriate public or
2 nonprofit private entities.

3 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the
4 purpose of carrying out this section, there are authorized
5 to be appropriated such sums as may be necessary for
6 each of the fiscal years 2006 through 2010.”.

