

103D CONGRESS
2D SESSION

S. 725

**SENATE AMENDMENT
TO HOUSE
AMENDMENT**

In the Senate of the United States,

October 7 (legislative day, September 12), 1994.

Resolved, That the Senate agree to the amendment of the House of Representatives to the bill (S. 725) entitled “An Act to amend the Public Health Service Act to provide for the conduct of expanded studies and the establishment of innovative programs with respect to traumatic brain injury, and for other purposes” with the following

**SENATE AMENDMENT TO
HOUSE AMENDMENT:**

In lieu of the matter proposed to be inserted by the House amendment to the text of the bill, insert:

1 ***SECTION 1. PROGRAMS OF CENTERS FOR DISEASE CON-***
2 ***TROL AND PREVENTION.***

3 *(a) IN GENERAL.—Part B of title III of the Public*
4 *Health Service Act (42 U.S.C. 243 et seq.), as amended by*
5 *section 209 of the Minority Health Improvement Act of*
6 *1994, is amended by inserting after section 317G the follow-*
7 *ing section:*

8 *“PREVENTION OF TRAUMATIC BRAIN INJURY*

9 *“SEC. 317H. (a) The Secretary, acting through the Di-*
10 *rector of the Centers for Disease Control and Prevention,*
11 *may carry out projects to reduce the incidence of traumatic*
12 *brain injury. Such projects may be carried out by the Sec-*
13 *retary directly or through awards of grants or contracts to*

1 *public or nonprofit private entities. The Secretary may di-*
2 *rectly or through such awards provide technical assistance*
3 *with respect to the planning, development, and operation*
4 *of such projects.*

5 “(b) *CERTAIN ACTIVITIES.*—Activities under sub-
6 *section (a) may include—*

7 “(1) *the conduct of research into identifying ef-*
8 *fective strategies for the prevention of traumatic brain*
9 *injury; and*

10 “(2) *the implementation of public information*
11 *and education programs for the prevention of such in-*
12 *jury and for broadening the awareness of the public*
13 *concerning the public health consequences of such in-*
14 *jury.*

15 “(c) *COORDINATION OF ACTIVITIES.*—The Secretary
16 *shall ensure that activities under this section are coordi-*
17 *nated as appropriate with other agencies of the Public*
18 *Health Service that carry out activities regarding trau-*
19 *matic brain injury.*

20 “(d) *DEFINITION.*—For purposes of this section, the
21 *term ‘traumatic brain injury’ means an acquired injury*
22 *to the brain. Such term does not include brain dysfunction*
23 *caused by congenital or degenerative disorders, nor birth*
24 *trauma, but may include brain injuries caused by anoxia*
25 *due to near drowning.”.*

1 **SEC. 2. 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 subsection (d)—*

5 *(A) in paragraph (2), by striking “and”*
6 *after the semicolon at the end;*

7 *(B) in paragraph (3), by striking the period*
8 *and inserting “; and”; and*

9 *(C) by adding at the end the following*
10 *paragraph:*

11 *“(4) the authority to make awards of grants or*
12 *contracts to public or nonprofit private entities for*
13 *the conduct of basic and applied research regarding*
14 *traumatic brain injury, which research may in-*
15 *clude—*

16 *“(A) the development of new methods and*
17 *modalities for the more effective diagnosis, meas-*
18 *urement of degree of injury, post-injury monitor-*
19 *ing and prognostic assessment of head injury for*
20 *acute, subacute and later phases of care;*

21 *“(B) the development, modification and*
22 *evaluation of therapies that retard, prevent or*
23 *reverse brain damage after acute head injury,*
24 *that arrest further deterioration following injury*
25 *and that provide the restitution of function for*
26 *individuals with long-term injuries;*

1 “(C) the development of research on a con-
 2 tinuum of care from acute care through rehabili-
 3 tation, designed, to the extent practicable, to in-
 4 tegrate rehabilitation and long-term outcome
 5 evaluation with acute care research; and

6 “(D) the development of programs that in-
 7 crease the participation of academic centers of
 8 excellence in head injury treatment and rehabili-
 9 tation research and training.”; and

10 (2) in subsection (h), by adding at the end the
 11 following paragraph:

12 “(4) The term ‘traumatic brain injury’ means
 13 an acquired injury to the brain. Such term does not
 14 include brain dysfunction caused by congenital or de-
 15 generative disorders, nor birth trauma, but may in-
 16 clude brain injuries caused by anoxia due to near
 17 drowning.”.

18 **SEC. 3. PROGRAMS OF HEALTH RESOURCES AND SERVICES**

19 **ADMINISTRATION.**

20 Part E of title XII of the Public Health Service Act
 21 (42 U.S.C. 300d–51 et seq.) is amended by adding at the
 22 end the following section:

1 **“SEC. 1252. STATE GRANTS FOR DEMONSTRATION**
2 **PROJECTS REGARDING TRAUMATIC BRAIN**
3 **INJURY.**

4 “(a) *IN GENERAL.*—The Secretary, acting through the
5 Administrator of the Health Resources and Services Admin-
6 istration, may make grants to States for the purpose of car-
7 rying out demonstration projects to improve the availabil-
8 ity of health services regarding traumatic brain injury.

9 “(b) *STATE ADVISORY BOARD.*—

10 “(1) *IN GENERAL.*—The Secretary may make a
11 grant under subsection (a) only if the State involved
12 agrees to establish an advisory board within the ap-
13 propriate health department of the State or within
14 another department as designated by the chief execu-
15 tive officer of the State.

16 “(2) *FUNCTIONS.*—An advisory board established
17 under paragraph (1) shall be cognizant of findings
18 and concerns of Federal, State and local agencies,
19 citizens groups, and private industry (such as insur-
20 ance, health care, automobile, and other industry en-
21 tities). Such advisory boards shall encourage citizen
22 participation through the establishment of public
23 hearings and other types of community outreach pro-
24 grams.

25 “(3) *COMPOSITION.*—An advisory board estab-
26 lished under paragraph (1) shall be composed of—

1 “(A) representatives of—

2 “(i) the corresponding State agencies
3 involved;

4 “(ii) public and nonprofit private
5 health related organizations;

6 “(iii) other disability advisory or
7 planning groups within the State;

8 “(iv) members of an organization or
9 foundation representing traumatic brain in-
10 jury survivors in that State; and

11 “(v) injury control programs at the
12 State or local level if such programs exist;
13 and

14 “(B) a substantial number of individuals
15 who are survivors of traumatic brain injury, or
16 the family members of such individuals.

17 “(C) MATCHING FUNDS.—

18 “(1) IN GENERAL.—With respect to the costs to
19 be incurred by a State in carrying out the purpose
20 described in subsection (a), the Secretary may make
21 a grant under such subsection only if the State agrees
22 to make available, in cash, non-Federal contributions
23 toward such costs in an amount that is not less than
24 \$1 for each \$2 of Federal funds provided under the
25 grant.

1 “(2) *DETERMINATION OF AMOUNT CONTRIB-*
2 *UTED.*—In determining the amount of non-Federal
3 contributions in cash that a State has provided pur-
4 suant to paragraph (1), the Secretary may not in-
5 clude any amounts provided to the State by the Fed-
6 eral Government.

7 “(d) *APPLICATION FOR GRANT.*—The Secretary may
8 make a grant under subsection (a) only if an application
9 for the grant is submitted to the Secretary and the applica-
10 tion is in such form, is made in such manner, and contains
11 such agreements, assurances, and information as the Sec-
12 retary determines to be necessary to carry out this section.

13 “(e) *COORDINATION OF ACTIVITIES.*—The Secretary
14 shall ensure that activities under this section are coordi-
15 nated as appropriate with other agencies of the Public
16 Health Service that carry out activities regarding trau-
17 matic brain injury.

18 “(f) *REPORT.*—Not later than 2 years after the effec-
19 tive date under section 901 of the Minority Health Improve-
20 ment Act of 1994, the Secretary shall submit to the Commit-
21 tee on Energy and Commerce of the House of Representa-
22 tives, and to the Committee on Labor and Human Re-
23 sources of the Senate, a report describing the findings and
24 results of the programs established under this section, in-

1 *cluding measures of outcomes and consumer and surrogate*
 2 *satisfaction.*

3 “(g) *DEFINITION.*—For purposes of this section, the
 4 term ‘traumatic brain injury’ means an acquired injury
 5 to the brain. Such term does not include brain dysfunction
 6 caused by congenital or degenerative disorders, nor birth
 7 trauma, but may include brain injuries caused by anoxia
 8 due to near drowning.

9 “(h) *AUTHORIZATION OF APPROPRIATIONS.*—There
 10 are authorized to be appropriated to carry out this section,
 11 \$5,000,000 for fiscal year 1995, and such sums as may be
 12 necessary for each of the fiscal years 1996 and 1997.”.

13 ***SEC. 4. STUDY; CONSENSUS CONFERENCE.***

14 (a) *STUDY.*—

15 (1) *IN GENERAL.*—The Secretary of Health and
 16 Human Services (in this section referred to as the
 17 “Secretary”), acting through the appropriate agencies
 18 of the Public Health Service, shall conduct a study for
 19 the purpose of carrying out the following with respect
 20 to traumatic brain injury:

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

23 (i) *determine the incidence and preva-*
 24 *lence of traumatic brain injury; and*

1 (ii) develop a uniform reporting sys-
2 tem under which States report incidence of
3 traumatic brain injury, if the Secretary de-
4 termines that such a system is appropriate.

5 (B) Identify common therapeutic interven-
6 tions which are used for the rehabilitation of in-
7 dividuals with such injuries, and shall, subject to
8 the availability of information, include an anal-
9 ysis of—

10 (i) the effectiveness of each such inter-
11 vention in improving the functioning of in-
12 dividuals with brain injuries;

13 (ii) the comparative effectiveness of
14 interventions employed in the course of re-
15 habilitation of individuals with brain inju-
16 ries to achieve the same or similar clinical
17 outcome; and

18 (iii) the adequacy of existing measures
19 of outcomes and knowledge of factors influ-
20 encing differential outcomes.

21 (C) Develop practice guidelines for the reha-
22 bilitation of traumatic brain injury at such time
23 as appropriate scientific research becomes avail-
24 able.

25 (2) DATES CERTAIN FOR REPORTS.—

1 (A) Not later than 18 months after the effec-
2 tive date under section 901, the Secretary shall
3 submit to the Committee on Energy and Com-
4 merce of the House of Representatives, and to the
5 Committee on Labor and Human Resources of
6 the Senate, a report describing the findings made
7 as a result of carrying out paragraph (1)(A).

8 (B) Not later than 3 years after the effective
9 date under section 901, the Secretary shall sub-
10 mit to the Committees specified in subparagraph
11 (A) a report describing the findings made as a
12 result of carrying out subparagraphs (B) and
13 (C) of paragraph (1).

14 (b) *CONSENSUS CONFERENCE.*—The Secretary, acting
15 through the Director of the National Center for Medical Re-
16 habilitation Research within the National Institute for
17 Child Health and Human Development, shall conduct a na-
18 tional consensus conference on managing traumatic brain
19 injury and related rehabilitation concerns.

20 (c) *DEFINITION.*—For purposes of this section, the
21 term “traumatic brain injury” means an acquired injury
22 to the brain. Such term does not include brain dysfunction
23 caused by congenital or degenerative disorders, nor birth

- 1 *trauma, but may include brain injuries caused by anoxia*
- 2 *due to near drowning.*

Attest:

Secretary.