

**Calendar No. 397**

103D CONGRESS  
2D SESSION

**S. 725**

**[Report No. 103-243]**

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**A BILL**

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.

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MARCH 25 (legislative day, FEBRUARY 22), 1994  
Reported with an amendment

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## IN THE SENATE OF THE UNITED STATES

APRIL 1 (legislative day, MARCH 3), 1993

Mr. KENNEDY introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

MARCH 25 (legislative day, FEBRUARY 22), 1994

Reported by Mr. KENNEDY, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

**A BILL**

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.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Traumatic Brain In-  
3 jury Act of 1993”.

4 **SEC. 2. FINDINGS AND PURPOSE.**

5 (a) FINDINGS.—Congress finds that—

6 (1) the incidence of head injury in the United  
7 States is increasing, with over 2,000,000 head inju-  
8 ries per year resulting from automobile crashes,  
9 sports, recreational activities, assaults, violence and  
10 other falls and incidents;

11 (2) a majority of all head injuries are caused by  
12 motor vehicle accidents;

13 (3) individuals between the ages of 15 and 24  
14 are at greatest risk for sustaining head injuries;

15 (4) of the individuals who sustain head injuries  
16 each year, approximately 500,000 require hos-  
17 pitalization, and 75,000 to 100,000 of such individ-  
18 uals die within hours of the injury;

19 (5) of the individuals who survive head injuries  
20 each year, approximately 70,000 to 90,000 will suf-  
21 fer irreversible debilitating loss of function, 5,000  
22 will develop epilepsy as a result of the injury, and  
23 2,000 will exist in a coma;

24 (6) a significant number of individuals with  
25 traumatic brain injury are not easily restored to so-  
26 ciety and require years of rehabilitation, medical fol-

1 low-up and integrated community services, which are  
2 costly and frequently not readily available;

3 ~~(7) individuals sustaining traumatic brain in-~~  
4 ~~jury require coordinated and specialized services, in-~~  
5 ~~cluding post-injury supervised programs facilitating~~  
6 ~~reentry into the community;~~

7 ~~(8) many health and social service agencies,~~  
8 ~~both public and private, overlook, exclude or inad-~~  
9 ~~equately serve individuals surviving traumatic brain~~  
10 ~~injury;~~

11 ~~(9) society bears an economic cost of approxi-~~  
12 ~~mately \$25,000,000,000 per year for the direct and~~  
13 ~~indirect costs of traumatic brain injury, which in-~~  
14 ~~clude medical treatment, rehabilitative and support~~  
15 ~~services and lost income;~~

16 ~~(10) a program to develop national standards~~  
17 ~~for helmets used by bicyclists and others is needed;~~  
18 ~~and~~

19 ~~(11) a national plan to provide services for indi-~~  
20 ~~viduals surviving traumatic brain injuries and their~~  
21 ~~families is needed.~~

22 ~~(b) PURPOSE.—It is the purpose of this Act to—~~

23 ~~(1) facilitate the conduct of research and the~~  
24 ~~collection and compiling of accurate statistical data~~  
25 ~~on traumatic brain injury;~~

1           (2) raise public awareness concerning the risks  
2           and consequences of such injuries and the distinct  
3           needs of individuals (and their families) following  
4           survival from traumatic brain injury;

5           (3) promote the creation of innovative programs  
6           and policies to prevent traumatic brain injury and to  
7           rehabilitate those individuals who have survived such  
8           injuries;

9           (4) designate a Federal agency to oversee and  
10          promote projects relating to the prevention of, and  
11          rehabilitation from, traumatic brain injury;

12          (5) create State advisory boards to coordinate  
13          citizen participation in community programs dealing  
14          with traumatic brain injury;

15          (6) create a registry to advance epidemiologic  
16          research on such trauma;

17          (7) establish standards for the marketing of  
18          brain injury services;

19          (8) require the Secretary to publish various re-  
20          ports concerning the activities of the Department of  
21          Health and Human Services in this area, including  
22          an annual review of relevant activities; and

23          (9) provide for the initiation of a program to  
24          establish national standards for helmets used by  
25          bicyclists and others.

1 **SEC. 3. AMENDMENT TO PUBLIC HEALTH SERVICE ACT.**

2 Title XII of the Public Health Service Act (42 U.S.C.  
3 300d et seq.) is amended—

4 (1) by redesignating part C as part D;

5 (2) in section 1232(a) (42 U.S.C. 300d-32(a)),

6 by inserting “other than part C,” after “carrying  
7 out this title,”; and

8 (3) by inserting after part B, the following new  
9 part:

10 “PART C—TRAUMATIC BRAIN INJURY

11 **“SEC. 1225. DEFINITIONS.**

12 “As used in this part:

13 “(1) ADMINISTRATOR.—The term ‘Adminis-  
14 trator’ means the Administrator of the Agency for  
15 Health Care Policy and Research.

16 “(2) DIRECTOR.—The term ‘Director’ means  
17 the Director of the Centers for Disease Control and  
18 Prevention.

19 “(3) TRAUMATIC BRAIN INJURY.—The term  
20 ‘traumatic brain injury’ means an acquired injury to  
21 the brain caused by an external physical force. Such  
22 term does not include brain dysfunction caused by  
23 congenital or degenerative disorders, nor does such  
24 term include birth trauma. Such term is synonymous  
25 with the term ‘head injury’.

1 ~~“SEC. 1225A. AGENCY FOR HEALTH CARE POLICY AND RE-~~  
2 ~~SEARCH STUDY OF EFFECTIVENESS OF TRAU-~~  
3 ~~MATIC BRAIN INJURY INTERVENTIONS.~~

4 ~~“(a) IN GENERAL.—The Secretary, acting through~~  
5 ~~the Administrator, shall conduct a study concerning trau-~~  
6 ~~matic brain injury.~~

7 ~~“(b) MAJOR FINDINGS.—The study conducted under~~  
8 ~~subsection (a) shall seek to—~~

9 ~~“(1) identify common therapeutic interventions~~  
10 ~~which are used for the rehabilitation of individuals~~  
11 ~~with traumatic brain injuries, and shall include an~~  
12 ~~analysis of—~~

13 ~~“(A) the effectiveness of each such inter-~~  
14 ~~vention in improving the functioning of individ-~~  
15 ~~uals with brain injuries; and~~

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

20 ~~“(2) develop practice guidelines for the rehabili-~~  
21 ~~tation of traumatic brain injury.~~

22 ~~“(c) REPORTING REQUIREMENTS.—Not later than 4~~  
23 ~~years after the date of enactment of this part, the Sec-~~  
24 ~~retary shall prepare and submit to the appropriate com-~~  
25 ~~mittees of Congress, a report containing the results of the~~  
26 ~~studies conducted under this section.~~

1       “(d) AUTHORIZATION OF APPROPRIATION.—There  
2 are authorized to be appropriated to carry out this section,  
3 \$2,000,000 for fiscal year 1994, and such sums as may  
4 be necessary for each of the fiscal years 1995 through  
5 1996.

6       “**SEC. 1225B. CENTERS FOR DISEASE CONTROL AND PRE-**  
7                               **VENTION STUDY OF TRAUMATIC BRAIN IN-**  
8                               **JURY OCCURRENCE.**

9       “(a) IN GENERAL.—The Secretary, acting through  
10 the Director, and in cooperation with other Public Health  
11 Service agencies as may be necessary, shall conduct stud-  
12 ies concerning traumatic brain injury, and shall establish  
13 a reporting system under subsection (b).

14       “(b) REPORTING SYSTEM.—To assist in data and in-  
15 formation gathering, the Director shall establish a uniform  
16 reporting system under which hospitals, State and local  
17 health related agencies will report to the Director on mat-  
18 ters including—

19               “(1) the occurrence of traumatic brain injuries;

20               and

21               “(2) the health insurance status of individuals  
22               with traumatic brain injury.

23 The reporting system should be established to permit the  
24 Director to make an accurate assessment of resource  
25 needs and long term outcomes.



1       ~~“(c) SURVEY AND COOPERATIVE AGREEMENTS.—~~

2               ~~“(1) SURVEY.—The Director shall determine~~  
3       ~~which Federal, State, local or other entities collect~~  
4       ~~data on traumatic brain injury and the means by~~  
5       ~~which such entities collect such data.~~

6               ~~“(2) COOPERATIVE AGREEMENTS.—The Direc-~~  
7       ~~tor may enter into cooperative agreements with~~  
8       ~~other agencies, and provide assistance to other enti-~~  
9       ~~ties with responsibility for data collection, to estab-~~  
10       ~~lish traumatic brain injury as a specific reportable~~  
11       ~~condition in existing and future reporting systems.~~  
12       ~~Any data systems established in conjunction with~~  
13       ~~such agencies should be compatible with other such~~  
14       ~~data systems.~~

15       ~~“(d) MAJOR FINDINGS OF STUDIES.—The studies~~  
16       ~~conducted under subsection (a) shall seek to—~~

17               ~~“(1) determine the major causes of traumatic~~  
18       ~~brain injury;~~

19               ~~“(2) determine the preventive efforts that are~~  
20       ~~being used by States and non-profit agencies to re-~~  
21       ~~duce the occurrence of such injuries;~~

22               ~~“(3) determine the number of individuals sur-~~  
23       ~~viving traumatic brain injuries, and the cost of~~  
24       ~~treatment and other related costs;~~

1           “(4) develop a uniform reporting system to fa-  
2 cilitate the reporting to the Centers for Disease Con-  
3 trol and Prevention concerning the occurrence of  
4 traumatic brain injury;

5           “(5) identify States and localities that have ap-  
6 proved mandated helmet use laws for bicyclist and  
7 others;

8           “(6) determine the health insurance status of  
9 individuals with traumatic brain injury; and

10           “(7) initiate a program of prevention research  
11 to develop effective prevention of traumatic brain in-  
12 jury.

13           “(e) REPORTING REQUIREMENTS.—Not later than 4  
14 years after the date of enactment of this part, the Sec-  
15 retary shall prepare and submit to the appropriate com-  
16 mittees of Congress, a report containing the results of the  
17 studies conducted under this section.

18           “(f) BIENNIAL REPORT.—The Secretary shall bienni-  
19 ally prepare a report containing recommendations for the  
20 prevention of traumatic brain injuries. The report shall  
21 also identify States that have mandated helmet laws for  
22 bicyclists and others. Such reports shall be disseminated  
23 to State health officers.

24           “(g) AUTHORIZATION OF APPROPRIATION.—There  
25 are authorized to be appropriated to carry out this section,

1 \$2,000,000 for fiscal year 1994, and such sums as may  
2 be necessary for each of the fiscal years 1995 through  
3 1996.

4 **“SEC. 1225C. SPECIAL PREVENTION PROJECTS.**

5       “(a) IN GENERAL.—The Secretary shall cooperate  
6 with, and may provide assistance to, public and private  
7 nonprofit entities to reduce the incidence of traumatic  
8 brain injury through the establishment and effectuation  
9 of prevention projects. In carrying out this section, the  
10 Secretary may award grants to State and local entities,  
11 and to public or non-profit private entities, to support—

12               “(1) special prevention and public awareness  
13 initiative projects;

14               “(2) model traumatic brain injury prevention,  
15 research and support programs;

16               “(3) projects that study the service needs of in-  
17 dividuals with traumatic brain injury; and

18               “(4) projects involving grants for services co-  
19 ordination.

20       “(b) REQUIREMENTS.—To be eligible to receive as-  
21 sistance under subsection (a), an entity shall—

22               “(1) prepare and submit to the Secretary an  
23 application, at such time, in such manner, and con-  
24 taining such information as the Secretary may re-  
25 quire; and

1           ~~“(2) provide assurances to the Secretary that~~  
2           ~~any preventive measures implemented under a pre-~~  
3           ~~vention project funded under this section may in-~~  
4           ~~clude—~~

5                   ~~“(A) behavioral and environmental inter-~~  
6                   ~~ventions (such as physical restraints or helmets~~  
7                   ~~for individuals using bicycles, in-line roller~~  
8                   ~~skates, and skateboards;~~

9                   ~~“(B) the use of innovative and proven~~  
10                  ~~model prevention approaches;~~

11                  ~~“(C) the promotion of activities that will~~  
12                  ~~minimize brain injury risk in athletes (such as~~  
13                  ~~the use of head protection gear); and~~

14                  ~~“(D) the improvement of community-level~~  
15                  ~~access to data-base systems to assist in design-~~  
16                  ~~ing, developing, and implementing traumatic~~  
17                  ~~brain injury prevention programs.~~

18           ~~“(c) AUTHORIZATION OF APPROPRIATIONS.—There~~  
19           ~~are authorized to be appropriated to carry out this section,~~  
20           ~~\$4,000,000 for fiscal year 1994, and such sums as may~~  
21           ~~be necessary for each of the fiscal years 1995 and 1996.~~

22           ~~**“SEC. 1225D. BASIC AND APPLIED RESEARCH.**~~

23                  ~~“(a) IN GENERAL.—The Secretary, acting through~~  
24                  ~~the Director of the National Institutes of Health, may pro-~~  
25                  ~~vide assistance to public and private nonprofit entities to~~

1 support the conduct of basic and applied research concern-  
2 ing traumatic brain injury, especially with respect to the  
3 biomechanics of brain injury, the molecular and cellular  
4 characteristics of primary and secondary injury to the  
5 brain and the development of improved experimental brain  
6 injury models.

7       “(b) SPECIFIC RESEARCH.—Research to be con-  
8 ducted with assistance provided under subsection (a) shall  
9 be determined by the Secretary, prior to the provision of  
10 such assistance, to contribute to the strategies that will  
11 limit primary and secondary mechanical, biochemical and  
12 metabolic insults to the brain and minimize the extent,  
13 severity and progression of resulting dysfunctions. In im-  
14 plementing this section the Secretary shall emphasize—

15               “(1) the development of new methods and mo-  
16 dalities for the more effective diagnosis, measure-  
17 ment of degree of injury, post-injury monitoring and  
18 prognostic assessment of head injury for acute,  
19 subacute and later phases of care;

20               “(2) the development, modification and evalua-  
21 tion of therapies that retard, prevent or reverse  
22 brain damage after acute head injury, that arrest  
23 further deterioration following injury and that pro-  
24 vide the restitution of function for individuals with  
25 long-term injuries;

1           ~~“(3) the integration of basic research into clinical care settings;~~

2  
3           ~~“(4) the development of a continuum of care from acute care through rehabilitation, designed, to the extent practicable, to integrate rehabilitation and long-term outcome evaluation with acute care research;~~

4  
5  
6  
7  
8           ~~“(5) the development of programs that increase the participation of academic centers of excellence in head injury treatment and rehabilitation research and training; and~~

9  
10  
11  
12           ~~“(6) the conduct of national consensus conferences on managing head injury and related rehabilitation concerns, the findings of which shall be published.~~

13  
14  
15  
16           ~~“(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$5,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996.~~

17  
18  
19  
20           ~~**“SEC. 1225E. STATEWIDE PROGRAM FOR TRAUMATIC BRAIN INJURY.**~~

21  
22           ~~“(a) GRANTS.—The Secretary shall award grants to States for the establishment of programs related to traumatic brain injury. Such programs shall include State advisory boards, patient advocacy and service coordination~~

1 systems, and State registries concerning individuals af-  
2 fected by traumatic brain injuries. Services may also be  
3 provided under this section, within the limits of service  
4 availability, to individuals whose deficits are not due to  
5 traumatic brain injury. To be eligible for such services,  
6 such individuals should be comparable to traumatic brain  
7 injury patients in regard to the range of services needed,  
8 the severity and duration of deficits, and the etiology of  
9 their deficits being due to a nonprogressive and non-  
10 recurring disorder.

11       “(b) GENERAL ELIGIBILITY REQUIREMENTS.—To be  
12 eligible to receive a grant under subsection (a), a State  
13 shall—

14           “(1) prepare and submit to the Secretary an  
15 application, at such time, in such manner, and con-  
16 taining such information as the Secretary may re-  
17 quire;

18           “(2) provide assurances that it will prepare and  
19 submit to the Secretary reports describing the activi-  
20 ties undertaken under the State system established  
21 under the grant, and

22           “(3) provide for the establishment of a State-  
23 wide program that includes a State registry for trau-  
24 matic brain injury information, a program of patient  
25 advocacy and service coordination, and a State advi-

1 sory board with respect to activities under this sec-  
2 tion.

3 ~~“(c) SPECIFIC PROGRAM REQUIREMENTS.—~~

4 ~~“(1) STATE REGISTRY.—To be eligible to re-~~  
5 ~~ceive a grant under subsection (a), a State shall—~~

6 ~~“(A)(i) establish and maintain, through~~  
7 ~~the utilization of procedures to ensure privacy~~  
8 ~~and maintain the confidentiality of information,~~  
9 ~~which are acceptable to the Secretary, a central~~  
10 ~~registry of persons who sustain traumatic brain~~  
11 ~~injury in order to—~~

12 ~~“(I) collect information to facilitate~~  
13 ~~the development of injury prevention,~~  
14 ~~treatment, and rehabilitation programs;~~  
15 ~~and~~

16 ~~“(II) report data to the Director on~~  
17 ~~an annual basis for State reporting re-~~  
18 ~~quirements; and~~

19 ~~“(ii) a violation of such privacy and con-~~  
20 ~~fidentiality procedures or the unauthorized use~~  
21 ~~of such information may result in a loss of sup-~~  
22 ~~port under this section; and~~

23 ~~“(B) provide summary registry data or~~  
24 ~~data that is not personally identifiable to public~~  
25 ~~and private entities to conduct studies using~~



1 data collected by the traumatic brain injury  
2 registry established under subparagraph (A),  
3 for which the coordinator may charge a fee for  
4 all expenses associated with the provision of  
5 data or data analysis.

6 ~~“(2) ADVOCACY AND SERVICE COORDINA-~~  
7 ~~TION.—To be eligible to receive a grant under sub-~~  
8 ~~section (a), a State shall—~~

9 ~~“(A) designate a State coordinator for~~  
10 ~~traumatic brain injuries who—~~

11 ~~“(i) shall establish policies and stand-~~  
12 ~~ards for coordinating services within the~~  
13 ~~State for individuals with traumatic brain~~  
14 ~~injury;~~

15 ~~“(ii) may contract with qualified agen-~~  
16 ~~cies or employ staff to provide services~~  
17 ~~under this section on a statewide basis to~~  
18 ~~eligible individuals;~~

19 ~~“(iii) shall be responsible for a pro-~~  
20 ~~gram of activities related to preventing and~~  
21 ~~reducing the rate of traumatic brain inju-~~  
22 ~~ries in the State according to standards es-~~  
23 ~~tablished by the Centers for Disease Con-~~  
24 ~~trol and Prevention; and~~

1           “(iv) shall, after consultation with the  
2           State advisory board established under  
3           paragraph (3), establish standards regard-  
4           ing the marketing of services (by hospitals  
5           and other providers) to traumatic brain in-  
6           jury patients or family members, dissemi-  
7           nate the standards to case management  
8           programs, and furnish information on such  
9           standards to individuals who sustain trau-  
10          matic brain injuries (and the family mem-  
11          bers of such individuals) at the earliest ap-  
12          propriate opportunity after the individual  
13          has sustained the injury (such standards to  
14          include (at a minimum) a rule prohibiting  
15          payments under a case management pro-  
16          gram under this section for referring pa-  
17          tients);

18           “(B) provide assurances that a protection  
19          and advocacy system established under this sec-  
20          tion will—

21           “(i) provide legal, administrative and  
22          other appropriate remedies or approaches  
23          to ensure the protection of, and advocacy  
24          for, the rights of individuals with trau-  
25          matic brain injury within the State who

1 are or may be eligible for treatment, serv-  
2 ices, or rehabilitation;

3 ~~“(ii) provide information and referral~~  
4 ~~to programs and services addressing the~~  
5 ~~needs of individuals with traumatic brain~~  
6 ~~injuries; and~~

7 ~~“(iii) provide for the investigation of~~  
8 ~~incidents of abuse and neglect of individ-~~  
9 ~~uals with traumatic brain injuries when in-~~  
10 ~~cidents are reported for the provision of~~  
11 ~~excessive or unnecessary services or other~~  
12 ~~complaints relating to the care of such in-~~  
13 ~~dividuals, and payment for the referral of~~  
14 ~~patients;~~

15 ~~“(C) ensure the provision to persons with~~  
16 ~~traumatic brain injury of information regarding~~  
17 ~~appropriate public or private agencies that pro-~~  
18 ~~vide rehabilitative services so that injured per-~~  
19 ~~sons or individuals responsible for such persons~~  
20 ~~may obtain needed service to alleviate injuries~~  
21 ~~and avoid secondary problems; and~~

22 ~~“(D) for purposes of identifying the serv-~~  
23 ~~ices required to prevent the institutionalization~~  
24 ~~or to minimize the need for residential rehabili-~~  
25 ~~tation in the case of traumatic brain injuries;~~

1 establish a services coordination program that  
2 shall—

3 “(i) provide for the initial assessment  
4 of the individual’s need for traumatic brain  
5 injury services;

6 “(ii) provide for the reassessment of  
7 each patient at regular intervals to deter-  
8 mine the extent of each patient’s progress,  
9 to ascertain whether a patient is being  
10 kept too long in a given setting or provided  
11 services inappropriately, or to determine  
12 whether the patient would be better served  
13 by other services or in another setting;

14 “(iii) prepare a treatment plan for  
15 each individual requiring services coordina-  
16 tion, within an appropriate period after the  
17 individual sustains the injury, based on a  
18 consultation with the individual (other  
19 than an individual who is comatose in  
20 which case consultation shall be with a  
21 person with legal responsibility over such  
22 individual) and any person named by the  
23 individual (preparation of the plan may be  
24 delayed based on a certification including a  
25 brief explanation of the reason for the

1 delay, by a physician attesting that such a  
2 delay is in the individual's best interests  
3 with a copy of the treatment plan and any  
4 modifications to the plan being presented  
5 to the individual or the individual's legal  
6 representative);

7 “(iv) ensure that each individual's  
8 treatment plan is regularly updated (based  
9 on consultation with the individual and the  
10 person responsible for the injured individ-  
11 ual) with data and information about  
12 treatments and services provided, as well  
13 as specific measures of the individual's  
14 current performance or activity relative to  
15 goals previously established;

16 “(v) assist the individual in obtaining  
17 services necessary to allow the individual to  
18 remain in the community;

19 “(vi) coordinate home care services  
20 with other services;

21 “(vii) ensure appropriate, accessible,  
22 and cost-effective services;

23 “(viii) assist the individual with prob-  
24 lems related to the provision of home care  
25 services;

1           ~~“(ix)~~ ensure the quality of home care  
2 services;

3           ~~“(x)~~ assess the individual’s need for  
4 and level of home care services at appro-  
5 priate intervals during the course of the in-  
6 dividual’s treatment under the program;  
7 and

8           ~~“(xi)~~ explore efforts to include serv-  
9 ices coordination provisions under the  
10 State’s medicaid program under section  
11 1931 of the Social Security Act.

12 ~~“(3)~~ STATE ADVISORY BOARD.—

13           ~~“(A)~~ IN GENERAL.—To be eligible to re-  
14 ceive a grant under subsection (a), a State shall  
15 establish an advisory board within the appro-  
16 priate health department of the State or within  
17 another department as designated by the chief  
18 executive officer of the State.

19           ~~“(B)~~ FUNCTIONS.—An advisory board es-  
20 tablished under subparagraph (A) shall be cog-  
21 nizant of findings and concerns of Federal,  
22 State and local agencies, citizens groups, and  
23 private industry (such as insurance, health care,  
24 automobile, and other industry entities). Such  
25 advisory boards shall encourage citizen partici-

1           pation through the establishment of public  
2           hearings and other types of community out-  
3           reach programs.

4           “(C) COMPOSITION.—An advisory board  
5           established under subparagraph (A) shall be  
6           composed of—

7                   “(i) representatives of—

8                           “(I) the corresponding State  
9                           agencies involved;

10                           “(II) public and nonprofit private  
11                           health related organizations;

12                           “(III) other disability advisory or  
13                           planning groups within the State;

14                           “(IV) members of an organiza-  
15                           tion or foundation representing trau-  
16                           matic brain injury survivors in that  
17                           State; and

18                           “(V) injury control programs at  
19                           the State or local level if such pro-  
20                           grams exist; and

21                           “(ii) a substantial number of individ-  
22                           uals who are survivors of traumatic brain  
23                           injury, or the family members of such indi-  
24                           viduals; and

1       “(d) **REPORT.**—Not later than 2 years after the date  
2 of enactment of this part, the Secretary shall prepare and  
3 submit to the appropriate committees of Congress a report  
4 concerning the findings and results of the programs estab-  
5 lished under this section, including measures of outcomes  
6 and consumer and surrogate satisfaction.

7       “(e) **AUTHORIZATION OF APPROPRIATIONS.**—There  
8 are authorized to be appropriated to carry out this section,  
9 \$27,000,000 for fiscal year 1994, and such sums as may  
10 be necessary for each of the fiscal years 1995 and 1996.”.

11 **SEC. 4. NATIONAL HEAD INJURY AWARENESS MONTH.**

12       The month of October, 1993, is hereby designated as  
13 “National Head Injury Month” and the President is re-  
14 quested to issue a proclamation calling on the people of  
15 the United States to observe such month with appropriate  
16 ceremonies and activities.

17 **SEC. 5. EFFECTIVE DATE.**

18       This Act shall become effective on October 1, 1993.

19 **SECTION 1. SHORT TITLE.**

20       *This Act may be cited as the “Traumatic Brain Injury*  
21 *Act of 1993”.*

22 **SEC. 2. FINDINGS AND PURPOSE.**

23       (a) *FINDINGS.*—Congress finds that—

24               (1) *each year 2,000,000 individuals suffer serious*  
25 *head injuries resulting from automobile accidents,*



1 *sports, recreational activities, assaults, violence and*  
2 *other falls and incidents;*

3 *(2) a majority of all head injuries are caused by*  
4 *motor vehicle accidents;*

5 *(3) individuals between the ages of 15 and 24*  
6 *are at greatest risk for sustaining head injuries;*

7 *(4) of the individuals who sustain head injuries*  
8 *each year, approximately 500,000 require hospitaliza-*  
9 *tion, and 75,000 to 100,000 of such individuals die*  
10 *within hours of the injury;*

11 *(5) of the individuals who survive head injuries*  
12 *each year, approximately 70,000 to 90,000 will suffer*  
13 *irreversible debilitating loss of function, 5,000 will de-*  
14 *velop epilepsy as a result of the injury, and 2,000*  
15 *will exist in a coma;*

16 *(6) a significant number of individuals with*  
17 *traumatic brain injury are not easily restored to soci-*  
18 *ety and require years of rehabilitation, medical fol-*  
19 *low-up and integrated community services, which are*  
20 *costly and frequently not readily available;*

21 *(7) individuals sustaining traumatic brain in-*  
22 *jury require coordinated and specialized services, in-*  
23 *cluding post-injury supervised programs facilitating*  
24 *reentry into the community;*

1           (8) many health and social service agencies, both  
2           public and private, overlook, exclude or inadequately  
3           serve individuals surviving traumatic brain injury;

4           (9) society bears an economic cost of approxi-  
5           mately \$25,000,000,000 per year for the direct and  
6           indirect costs of traumatic brain injury, which in-  
7           clude medical treatment, rehabilitative and support  
8           services and lost income; and

9           (10) prevention efforts will reduce the mortality,  
10          morbidity, disability and costs associated with trau-  
11          matic brain injury.

12          (b) *PURPOSE.*—It is the purpose of this Act to—

13           (1) facilitate the conduct of research and the col-  
14           lection and compiling of accurate statistical data on  
15           traumatic brain injury;

16           (2) raise public awareness concerning the risks  
17           and consequences of such injuries;

18           (3) promote the creation of innovative programs  
19           and policies to prevent traumatic brain injury and to  
20           rehabilitate those individuals who have survived such  
21           injuries;

22           (4) designate a Federal agency to oversee and  
23           promote projects relating to the prevention of, and re-  
24           habilitation from, traumatic brain injury;

1           (5) *establish State advisory boards to coordinate*  
 2           *citizen participation in community programs dealing*  
 3           *with traumatic brain injury;*

4           (6) *determine the incidence and prevalence of*  
 5           *traumatic brain injury; and*

6           (7) *encourage States to develop or adopt market-*  
 7           *ing standards for brain injury rehabilitation services.*

8   **SEC. 3. AMENDMENT TO PUBLIC HEALTH SERVICE ACT.**

9           *Title XII of the Public Health Service Act (42 U.S.C.*  
 10          *300d et seq.) is amended—*

11           (1) *by redesignating part C as part D;*

12           (2) *in section 1232(a) (42 U.S.C. 300d-32(a)),*  
 13          *by inserting “other than part C,” after “carrying out*  
 14          *this title,”; and*

15           (3) *by inserting after part B, the following new*  
 16          *part:*

17                   “PART C—TRAUMATIC BRAIN INJURY

18           **“SEC. 1225A. AGENCY FOR HEALTH CARE POLICY AND RE-**

19                               **SEARCH STUDY OF EFFECTIVENESS OF TRAU-**

20                               **MATIC BRAIN INJURY INTERVENTIONS.**

21           “(a) *IN GENERAL.—The Secretary, acting through the*  
 22          *Administrator of the Agency for Health Care Policy and*  
 23          *Research and subject to the availability of appropriations,*  
 24          *shall conduct a study concerning traumatic brain injury.*  
 25          *The Secretary shall ensure that activities carried out under*

1 *this section will be coordinated with activities of other agen-*  
2 *cies of the Public Health Service.*

3 *“(b) MAJOR FINDINGS.—The study conducted under*  
4 *subsection (a) shall seek to—*

5 *“(1) identify common therapeutic interventions*  
6 *which are used for the rehabilitation of individuals*  
7 *with traumatic brain injuries, and shall, subject to*  
8 *the availability of information, include an analysis*  
9 *of—*

10 *“(A) the effectiveness of each such interven-*  
11 *tion in improving the functioning of individuals*  
12 *with brain injuries;*

13 *“(B) the comparative effectiveness of inter-*  
14 *ventions employed in the course of rehabilitation*  
15 *of individuals with brain injuries to achieve the*  
16 *same or similar clinical outcome; and*

17 *“(C) the adequacy of existing measures of*  
18 *outcomes and knowledge of factors influencing*  
19 *differential outcomes; and*

20 *“(2) develop practice guidelines for the rehabili-*  
21 *tation of traumatic brain injury at such time as ap-*  
22 *propriate scientific research becomes available.*

23 *“(c) REPORTING REQUIREMENTS.—Not later than 4*  
24 *years after the date of enactment of this part, the Secretary*  
25 *shall prepare and submit to the Energy and Commerce*

1 *Committee of the House of Representatives and the Labor*  
2 *and Human Resources Committee of the Senate, and a re-*  
3 *port containing the results of the studies conducted under*  
4 *this section.*

5       “(d) *AUTHORIZATION OF APPROPRIATIONS.*—*There*  
6 *are authorized to be appropriated to carry out this section,*  
7 *\$2,000,000 for fiscal year 1994, and such sums as may be*  
8 *necessary for each of the fiscal years 1995 through 1996.*

9 **“SEC. 1225B. PREVENTION OF TRAUMATIC BRAIN INJURY.**

10       “(a) *IN GENERAL.*—*The Secretary, acting through the*  
11 *Director of the Centers for Disease Control and Prevention,*  
12 *may conduct, support and provide technical assistance to*  
13 *public and private nonprofit entities to reduce the incidence*  
14 *of traumatic brain injury through the establishment of pre-*  
15 *vention projects. The Secretary shall ensure that activities*  
16 *carried out under this section will be coordinated with ac-*  
17 *tivities of the agencies of the Public Health Service.*

18       “(b) *GRANTS.*—*In carrying out this section, the Sec-*  
19 *retary may award grants to State and local entities, and*  
20 *to public or non-profit private entities, to support—*

21               “(1) *the conduct of research into identifying ef-*  
22 *fective strategies to prevent traumatic brain injury;*  
23 *and*

24               “(2) *the implementation of public information*  
25 *and education programs for the prevention of trau-*

1        *matic brain injury and to broaden the awareness of*  
2        *the public concerning the public health consequences*  
3        *of traumatic brain injury.*

4        “(c) *STUDY.*—

5            “(1) *IN GENERAL.*—*The Secretary, acting*  
6        *through the Director of the Centers for Disease Con-*  
7        *trol and Prevention, shall collaborate with appro-*  
8        *priate State and local health-related agencies, to con-*  
9        *duct a study on the incidence and prevalence of trau-*  
10       *matic brain injury. In conducting such study the Sec-*  
11       *retary may develop a uniform reporting system under*  
12       *which States report incidences of traumatic brain*  
13       *injury.*

14           “(2) *REPORT.*—*Not later than 3 years after the*  
15       *date of enactment of this part, the Secretary shall*  
16       *prepare and submit to State health departments a re-*  
17       *port that contains the results of the study conducted*  
18       *under paragraph (1).*

19           “(d) *APPLICATION.*—*To be eligible to receive assistance*  
20       *under subsections (a) and (b), an entity shall prepare and*  
21       *submit to the Secretary an application, at such time, in*  
22       *such manner, and containing such information as the Sec-*  
23       *retary may require.*

24           “(e) *AUTHORIZATION OF APPROPRIATIONS.*—*There are*  
25       *authorized to be appropriated to carry out this section,*

1 \$6,000,000 for fiscal year 1994, and such sums as may be  
2 necessary for each of the fiscal years 1995 and 1996. The  
3 Secretary shall ensure that activities carried out under this  
4 section will be coordinated with activities of other agencies  
5 of the Public Health Service.

6 **“SEC. 1225C. BASIC AND APPLIED RESEARCH.**

7       “(a) *IN GENERAL.*—The Secretary, acting through the  
8 Director of the National Institutes of Health, may provide  
9 assistance to public and private nonprofit entities to con-  
10 duct basic and applied research concerning traumatic brain  
11 injury. The Secretary shall ensure that activities carried  
12 out under this section will be coordinated with activities  
13 of the agencies of the Public Health Service.

14       “(b) *GRANTS.*—In carrying out this section, the Sec-  
15 retary may award grants to public or nonprofit entities  
16 for—

17               “(1) *the development of new methods and modal-*  
18 *ities for the more effective diagnosis, measurement of*  
19 *degree of injury, post-injury monitoring and prognos-*  
20 *tic assessment of head injury for acute, subacute and*  
21 *later phases of care;*

22               “(2) *the development, modification and evalua-*  
23 *tion of therapies that retard, prevent or reverse brain*  
24 *damage after acute head injury, that arrest further*  
25 *deterioration following injury and that provide the*

1       *restitution of function for individuals with long-term*  
2       *injuries;*

3             “(3) *the development of research on a continuum*  
4       *of care from acute care through rehabilitation, de-*  
5       *signed, to the extent practicable, to integrate rehabili-*  
6       *tation and long-term outcome evaluation with acute*  
7       *care research; and*

8             “(4) *the development of programs that increase*  
9       *the participation of academic centers of excellence in*  
10       *head injury treatment and rehabilitation research*  
11       *and training.*

12       “(c) *CONSENSUS CONFERENCE.—The Secretary, act-*  
13       *ing through the Director of the National Center for Medical*  
14       *Rehabilitation Research within the National Institute for*  
15       *Child Health and Human Development, shall conduct a na-*  
16       *tional consensus conference on managing head injury and*  
17       *related rehabilitation concerns. The findings of such con-*  
18       *ference shall be provided to the Agency for Health Care*  
19       *Policy and Research.*

20       “(d) *AUTHORIZATION OF APPROPRIATIONS.—There*  
21       *are authorized to be appropriated to carry out this section,*  
22       *\$5,000,000 for fiscal year 1994, and such sums as may be*  
23       *necessary for each of the fiscal years 1995 and 1996.*



1 **“SEC. 1225D. STATEWIDE DEMONSTRATION PROJECTS FOR**  
2 **TRAUMATIC BRAIN INJURY.**

3 *“(a) GRANTS.—The Secretary, acting through the Di-*  
4 *rector of Health Resources and Services Administration,*  
5 *may award grants to States for the purpose of assisting*  
6 *grantees in carrying out demonstration projects for the—*

7 *“(1) establishment of policies for coordinating*  
8 *services within the State for individuals with trau-*  
9 *matic brain injury;*

10 *“(2) establishment of standards, or adoption of*  
11 *nationally recognized standards, regarding the mar-*  
12 *keting of rehabilitation services (by hospitals and*  
13 *other providers) to traumatic brain injury patients or*  
14 *family members, dissemination of the standards to*  
15 *case management programs, and furnishing of infor-*  
16 *mation on such standards to individuals who sustain*  
17 *traumatic brain injuries (and the family members of*  
18 *such individuals) at the earliest appropriate oppor-*  
19 *tunity after the individual has sustained the injury*  
20 *(such standards to include (at a minimum) a rule*  
21 *prohibiting payments under a case management pro-*  
22 *gram under this section for referring patients);*

23 *“(3) coordination of legal, administrative and*  
24 *other appropriate remedies or approaches to ensure*  
25 *the protection of, and advocacy for, the rights of indi-*  
26 *viduals with traumatic brain injury within the State*

1        *who are or may be eligible for treatment, services, or*  
2        *rehabilitation, such treatment, services or rehabilita-*  
3        *tion to be coordinated with existing protection and*  
4        *advocacy systems through the State;*

5            *“(4) the provision to persons with traumatic*  
6        *brain injury of information regarding appropriate*  
7        *public or private agencies that provide rehabilitative*  
8        *services so that injured persons or individuals respon-*  
9        *sible for such persons may obtain needed service to al-*  
10       *leviate injuries and avoid secondary problems; and*

11           *“(5) identification of the services required to pre-*  
12       *vent the institutionalization or to minimize the need*  
13       *for residential rehabilitation in the case of traumatic*  
14       *brain injury.*

15           *“(b) GENERAL ELIGIBILITY REQUIREMENTS.—To be*  
16       *eligible to receive a grant under subsection (a), a State shall*  
17       *prepare and submit to the Secretary an application, at such*  
18       *time, in such manner, and containing such information as*  
19       *the Secretary may require.*

20           *“(c) STATE ADVISORY BOARD.—*

21           *“(1) IN GENERAL.—To be eligible to receive a*  
22       *grant under subsection (a), a State shall establish an*  
23       *advisory board within the appropriate health depart-*  
24       *ment of the State or within another department as*  
25       *designated by the chief executive officer of the State.*

1           “(2) *FUNCTIONS.*—An advisory board established  
2           under paragraph (1) shall assist the State in develop-  
3           ing and implementing State programs to carry out  
4           activities under this section. The advisory board shall  
5           be cognizant of findings and concerns of Federal,  
6           State and local agencies, citizens groups, and private  
7           industry (such as insurance, health care, automobile,  
8           and other industry entities). Such advisory boards  
9           shall encourage citizen participation through the es-  
10          tablishment of public hearings and other types of  
11          community outreach programs.

12          “(3) *COMPETITION.*—An advisory board estab-  
13          lished under paragraph (1) shall be composed of—

14                 “(A) representatives of—

15                         “(i) the corresponding States agencies  
16                         involved;

17                         “(ii) public and nonprofit private  
18                         health related organizations;

19                         “(iii) other disability advisory or  
20                         planning groups within the State;

21                         “(iv) members of an organization or  
22                         foundation representing traumatic brain in-  
23                         jury survivors in that State; and

1                   “(v) *injury control programs at the*  
2                   *State or local level if such programs exist;*  
3                   *and*

4                   “(B) *a substantial number of individuals*  
5                   *who are survivors of traumatic brain injury, or*  
6                   *the family members of such individuals.*

7                   “(d) *REQUIREMENT OF MATCHING FUNDS.—*

8                   “(1) *IN GENERAL.—With respect to the costs to*  
9                   *be incurred by a State in carrying out the purpose*  
10                  *described in subsection (a), the Secretary may not*  
11                  *make a grant under such subsection unless the State*  
12                  *agrees to provide non-Federal contributions toward*  
13                  *such costs, in cash, in an amount that is not less than*  
14                  *\$1 for each \$2 of Federal funds provided under the*  
15                  *grant.*

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

22                  “(e) *REPORT.—Not later than 2 years after the date*  
23                  *of enactment of this part, the Secretary shall prepare and*  
24                  *submit to the appropriate committees of Congress a report*  
25                  *concerning the findings and results of the programs estab-*

1 lished under this section, including measures of outcomes  
2 and consumer and surrogate satisfaction.

3 “(f) *AUTHORIZATION OF APPROPRIATIONS.*—There are  
4 authorized to be appropriated to carry out this section,  
5 \$20,000,000 for fiscal year 1994, and such sums as may  
6 be necessary for each of the fiscal years 1995 and 1996.

7 **“SEC. 1225E. DEFINITION**

8 “As used in this part, the term ‘traumatic brain in-  
9 jury’ means an acquired injury to the brain. Such term  
10 does not include brain dysfunction caused by congenital or  
11 degenerative disorders, nor birth trauma, but may include  
12 brain injuries caused by anoxia due to near drowning. Such  
13 term is synonymous with the term ‘traumatic head injury’.  
14 The Secretary, acting through the Director of the National  
15 Center for Injury Prevention and Control within the Cen-  
16 ters for Disease Prevention and Control, may modify the  
17 definition of ‘traumatic brain injury’.”.

18 **SEC. 4. NATIONAL HEAD INJURY PREVENTION AND AWARE-**

19 **NESS MONTH.**

20 The month of October, 1994, is hereby designated as  
21 “National Head Injury Prevention and Awareness Month”  
22 and the President is requested to issue a proclamation call-  
23 ing on the people of the United States to observe such month  
24 with appropriate ceremonies and activities.

1 **SEC. 5. EFFECTIVE DATE.**

2       *This Act and the amendments made by this Act shall*  
3 *take effect on October 1, 1994, or upon the date of enactment*  
4 *of this Act, whichever occurs later.*

S 725 RS—2

S 725 RS—3

S 725 RS—4