

104<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# S. 96

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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## IN THE SENATE OF THE UNITED STATES

JANUARY 4, 1995

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

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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.

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. PROGRAMS OF CENTERS FOR DISEASE CON-**  
4 **TROL AND PREVENTION.**

5 Part B of title III of the Public Health Service Act  
6 (42 U.S.C. 241 et seq.) is amended by inserting after sec-  
7 tion 317F the following section:

1           “PREVENTION OF TRAUMATIC BRAIN INJURY

2           “SEC. 317G. The Secretary, acting through the Di-  
3   rector of the Centers for Disease Control and Prevention,  
4   may carry out projects to reduce the incidence of trau-  
5   matic brain injury. Such projects may be carried out by  
6   the Secretary directly or through awards of grants or con-  
7   tracts to public or nonprofit private entities. The Sec-  
8   retary may directly or through such awards provide tech-  
9   nical assistance with respect to the planning, development,  
10  and operation of such projects.

11          “(b) CERTAIN ACTIVITIES.—Activities under sub-  
12  section (a) may include—

13               “(1) the conduct of research into identifying ef-  
14   fective strategies for the prevention of traumatic  
15   brain injury; and

16               “(2) the implementation of public information  
17   and education programs for the prevention of such  
18   injury and for broadening the awareness of the pub-  
19   lic concerning the public health consequences of such  
20   injury.

21          “(c) COORDINATION OF ACTIVITIES.—The Secretary  
22  shall ensure that activities under this section are coordi-  
23  nated as appropriate with other agencies of the Public  
24  Health Service that carry out activities regarding trau-  
25  matic brain injury.

1       “(d) DEFINITION.—For purposes of this section, the  
2 term ‘traumatic brain injury’ means an acquired injury  
3 to the brain. Such term does not include brain dysfunction  
4 caused by congenital or degenerative disorders, nor birth  
5 trauma, but may include brain injuries caused by anoxia  
6 due to near drowning. The Secretary may revise the defi-  
7 nition of such term as the Secretary determines nec-  
8 essary.”.

9 **SEC. 2. PROGRAMS OF NATIONAL INSTITUTES OF HEALTH.**

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

12               (1) in subsection (d)—

13                       (A) in paragraph (2), by striking “and”  
14 after the semicolon at the end;

15                       (B) in paragraph (3), by striking the pe-  
16 riod and inserting “; and”; and

17                       (C) by adding at the end the following  
18 paragraph:

19               “(4) the authority to make awards of grants or  
20 contracts to public or nonprofit private entities for  
21 the conduct of basic and applied research regarding  
22 traumatic brain injury, which research may in-  
23 clude—

24                       “(A) the development of new methods and  
25 modalities for the more effective diagnosis,

1 measurement of degree of injury, post-injury  
2 monitoring and prognostic assessment of head  
3 injury for acute, subacute and later phases of  
4 care;

5 “(B) the development, modification and  
6 evaluation of therapies that retard, prevent or  
7 reverse brain damage after acute head injury,  
8 that arrest further deterioration following in-  
9 jury and that provide the restitution of function  
10 for individuals with long-term injuries;

11 “(C) the development of research on a con-  
12 tinuum of care from acute care through reha-  
13 bilitation, designed, to the extent practicable, to  
14 integrate rehabilitation and long-term outcome  
15 evaluation with acute care research; and

16 “(D) the development of programs that in-  
17 crease the participation of academic centers of  
18 excellence in head injury treatment and reha-  
19 bilitation research and training.”; and

20 (2) in subsection (h), by adding at the end the  
21 following paragraph:

22 “(4) The term ‘traumatic brain injury’ means  
23 an acquired injury to the brain. Such term does not  
24 include brain dysfunction caused by congenital or  
25 degenerative disorders, nor birth trauma, but may

1 include brain injuries caused by anoxia due to near  
2 drowning. The Secretary may revise the definition of  
3 such term as the Secretary determines necessary.”.

4 **SEC. 3. PROGRAMS OF HEALTH RESOURCES AND SERVICES**  
5 **ADMINISTRATION.**

6 Part E of title XII of the Public Health Service Act  
7 (42 U.S.C. 300d–51 et seq.) is amended by adding at the  
8 end the following section:

9 **“SEC. 1252. STATE GRANTS FOR DEMONSTRATION**  
10 **PROJECTS REGARDING TRAUMATIC BRAIN**  
11 **INJURY.**

12 “(a) IN GENERAL.—The Secretary, acting through  
13 the Administrator of the Health Resources and Services  
14 Administration, may make grants to States for the pur-  
15 pose of carrying out demonstration projects to improve ac-  
16 cess to health and other services regarding traumatic  
17 brain injury.

18 “(b) STATE ADVISORY BOARD.—

19 “(1) IN GENERAL.—The Secretary may make a  
20 grant under subsection (a) only if the State involved  
21 agrees to establish an advisory board within the ap-  
22 propriate health department of the State or within  
23 another department as designated by the chief exec-  
24 utive officer of the State.

1           “(2) FUNCTIONS.—An advisory board estab-  
2           lished under paragraph (1) shall advise and make  
3           recommendations to the State on ways to improve  
4           services coordination regarding traumatic brain in-  
5           jury. Such advisory boards shall encourage citizen  
6           participation through the establishment of public  
7           hearings and other types of community outreach  
8           programs.

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

11                   “(A) representatives of—

12                           “(i) the corresponding State agencies  
13                           involved;

14                           “(ii) public and nonprofit private  
15                           health related organizations;

16                           “(iii) other disability advisory or plan-  
17                           ning groups within the State;

18                           “(iv) members of an organization or  
19                           foundation representing traumatic brain  
20                           injury survivors in that State; and

21                           “(v) injury control programs at the  
22                           State or local level if such programs exist;  
23                           and

1           “(B) a substantial number of individuals  
2           who are survivors of traumatic brain injury, or  
3           the family members of such individuals.

4           “(c) MATCHING FUNDS.—

5           “(1) IN GENERAL.—With respect to the costs to  
6           be incurred by a State in carrying out the purpose  
7           described in subsection (a), the Secretary may make  
8           a grant under such subsection only if the State  
9           agrees to make available, in cash, non-Federal con-  
10          tributions toward such costs in an amount that is  
11          not less than \$1 for each \$2 of Federal funds pro-  
12          vided under the grant.

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

19          “(d) APPLICATION FOR GRANT.—The Secretary may  
20          make a grant under subsection (a) only if an application  
21          for the grant is submitted to the Secretary and the appli-  
22          cation is in such form, is made in such manner, and con-  
23          tains such agreements, assurances, and information as the  
24          Secretary determines to be necessary to carry out this sec-  
25          tion.

1       “(e) COORDINATION OF ACTIVITIES.—The Secretary  
2 shall ensure that activities under this section are coordi-  
3 nated as appropriate with other agencies of the Public  
4 Health Service that carry out activities regarding trau-  
5 matic brain injury.

6       “(f) REPORT.—Not later than 2 years after the date  
7 of the enactment of this section, the Secretary shall sub-  
8 mit to the Committee on Energy and Commerce of the  
9 House of Representatives, and to the Committee on Labor  
10 and Human Resources of the Senate, a report describing  
11 the findings and results of the programs established under  
12 this section, including measures of outcomes and  
13 consumer and surrogate satisfaction.

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

21       “(h) AUTHORIZATION OF APPROPRIATIONS.—There  
22 are authorized to be appropriated to carry out this section  
23 such sums as may be necessary for each of the fiscal years  
24 1995 through 1997.”.



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

2 (a) STUDY.—

3 (1) IN GENERAL.—The Secretary of Health and  
4 Human Services (in this section referred to as the  
5 “Secretary”), acting through the appropriate agen-  
6 cies of the Public Health Service, shall conduct a  
7 study for the purpose of carrying out the following  
8 with respect to traumatic brain injury:

9 (A) In collaboration with appropriate State  
10 and local health-related agencies—

11 (i) determine the incidence and preva-  
12 lence of traumatic brain injury; and

13 (ii) develop a uniform reporting sys-  
14 tem under which States report incidents of  
15 traumatic brain injury, if the Secretary de-  
16 termines that such a system is appropriate.

17 (B) Identify common therapeutic interven-  
18 tions which are used for the rehabilitation of in-  
19 dividuals with such injuries, and shall, subject  
20 to the availability of information, include an  
21 analysis of—

22 (i) the effectiveness of each such  
23 intervention in improving the functioning  
24 of individuals with brain injuries;

25 (ii) the comparative effectiveness of  
26 interventions employed in the course of re-

1           habilitation of individuals with brain inju-  
2           ries to achieve the same or similar clinical  
3           outcome; and

4                   (iii) the adequacy of existing measures  
5           of outcomes and knowledge of factors in-  
6           fluencing differential outcomes.

7           (C) Develop practice guidelines for the re-  
8           habilitation of traumatic brain injury at such  
9           time as appropriate scientific research becomes  
10          available.

11          (2) DATES CERTAIN FOR REPORTS.—

12           (A) Not later than 18 months after the  
13          date of the enactment of this Act, the Secretary  
14          shall submit to the Committee on Energy and  
15          Commerce of the House of Representatives, and  
16          to the Committee on Labor and Human Re-  
17          sources of the Senate, a report describing the  
18          findings made as a result of carrying out para-  
19          graph (1)(A).

20           (B) Not later than 3 years after the date  
21          of the enactment of this Act, the Secretary shall  
22          submit to the Committees specified in subpara-  
23          graph (A) a report describing the findings made  
24          as a result of carrying out subparagraphs (B)  
25          and (C) of paragraph (1).

1       (b) CONSENSUS CONFERENCE.—The Secretary, act-  
2 ing through the Director of the National Center for Medi-  
3 cal Rehabilitation Research within the National Institute  
4 for Child Health and Human Development, shall conduct  
5 a national consensus conference on managing traumatic  
6 brain injury and related rehabilitation concerns.

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

14       (d) AUTHORIZATION OF APPROPRIATIONS.—There  
15 are authorized to be appropriated to carry out this section  
16 such sums as may be necessary for each of the fiscal years  
17 1995 through 1997.

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