

109<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 1554

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IN THE SENATE OF THE UNITED STATES

DECEMBER 9 (legislative day, DECEMBER 8), 2006

Received

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## AN ACT

To enhance and further research into paralysis and to improve rehabilitation and the quality of life for persons living with paralysis and other physical disabilities, 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 “Christopher and Dana  
3 Reeve Quality of Life for Persons with Paralysis Act”.

4 **SEC. 2. PROGRAMS TO IMPROVE QUALITY OF LIFE FOR**  
5 **PERSONS WITH PARALYSIS AND OTHER**  
6 **PHYSICAL DISABILITIES.**

7 (a) IN GENERAL.—The Secretary of Health and  
8 Human Services (in this Act referred to as the “Sec-  
9 retary”), acting through the Director of the Centers for  
10 Disease Control and Prevention, may study the unique  
11 health challenges associated with paralysis and other phys-  
12 ical disabilities and carry out projects and interventions  
13 to improve the quality of life and long-term health status  
14 of persons with paralysis and other physical disabilities.  
15 The Secretary may carry out such projects directly and  
16 through awards of grants or contracts.

17 (b) CERTAIN ACTIVITIES.—Activities under sub-  
18 section (a) may include—

19 (1) the development of a national paralysis and  
20 physical disability quality-of-life action plan, to pro-  
21 mote health and wellness in order to enhance full  
22 participation, independent living, self-sufficiency,  
23 and equality of opportunity in partnership with vol-  
24 untary health agencies focused on paralysis and  
25 other physical disabilities, to be carried out in co-  
26 ordination with the State-based Comprehensive Pa-

1       ralysis and Other Physical Disability Quality of Life  
2       Program of the Centers for Disease Control and  
3       Prevention;

4               (2) support for programs to disseminate infor-  
5       mation involving care and rehabilitation options and  
6       quality-of-life grant programs supportive of commu-  
7       nity-based programs and support systems for per-  
8       sons with paralysis and other physical disabilities;

9               (3) in collaboration with other centers and na-  
10      tional voluntary health agencies, the establishment  
11      of a hospital-based registry, and the conduct of rel-  
12      evant population-based research, on motor disability  
13      (including paralysis); and

14              (4) the development of comprehensive, unique,  
15      and innovative programs, services, and demonstra-  
16      tions within existing State-based disability and  
17      health programs of the Centers for Disease Control  
18      and Prevention which are designed to support and  
19      advance quality-of-life programs for persons living  
20      with paralysis and other physical disabilities focus-  
21      ing on—

22                      (A) caregiver education;

23                      (B) physical activity;

24                      (C) education and awareness programs for  
25      health care providers;

1 (D) prevention of secondary complications;

2 (E) home- and community-based interven-

3 tions;

4 (F) coordination of services and removal of

5 barriers that prevent full participation and inte-

6 gration into the community; and

7 (G) recognition of the unique needs of un-

8 derserved populations.

9 (c) GRANTS.—In carrying out subsection (a), the Sec-  
10 retary may award grants in accordance with the following:

11 (1) To State and local health and disability  
12 agencies for the purpose of—

13 (A) establishing paralysis registries for the  
14 support of relevant population-based research;

15 (B) developing comprehensive paralysis  
16 and other physical disability action plans and  
17 activities focused on the items listed in sub-  
18 section (b)(4);

19 (C) assisting State-based programs in es-  
20 tablishing and implementing partnerships and  
21 collaborations that maximize the input and sup-  
22 port of people with paralysis and other physical  
23 disabilities and their constituent organizations;

1 (D) coordinating paralysis and physical  
2 disability activities with existing State-based  
3 disability and health programs;

4 (E) providing education and training op-  
5 portunities and programs for health profes-  
6 sionals and allied caregivers; and

7 (F) developing, testing, evaluating, and  
8 replicating effective intervention programs to  
9 maintain or improve health and quality of life.

10 (2) To nonprofit private health and disability  
11 organizations for the purpose of—

12 (A) disseminating information to the pub-  
13 lic;

14 (B) improving access to services for per-  
15 sons living with paralysis and other physical  
16 disabilities and their caregivers;

17 (C) testing model intervention programs to  
18 improve health and quality of life; and

19 (D) coordinating existing services with  
20 State-based disability and health programs.

21 (d) COORDINATION OF ACTIVITIES.—The Secretary  
22 shall ensure that activities under this section are coordi-  
23 nated as appropriate with other activities of the Public  
24 Health Service.

1 (e) REPORT TO CONGRESS.—Not later than Decem-  
2 ber 1, 2007, the Secretary shall submit to the Congress  
3 a report describing the results of the study under sub-  
4 section (a) and, as applicable, the national plan developed  
5 under subsection (b)(1).

6 (f) AUTHORIZATION OF APPROPRIATIONS.—For the  
7 purpose of carrying out this section, there is authorized  
8 to be appropriated in the aggregate \$25,000,000 for the  
9 fiscal years 2007 through 2010.

10 **SEC. 3. SENSE OF CONGRESS.**

11 It is the sense of the Congress that—

12 (1) as science and research have advanced, so  
13 too has the need to increase strategic planning  
14 across the National Institutes of Health to identify  
15 research that is important to the advancement of  
16 biomedical science; and

17 (2) research involving collaboration among the  
18 national research institutes and national centers of  
19 the National Institutes of Health is crucial for ad-  
20 vancing research on paralysis and thereby improving  
21 rehabilitation and the quality of life for persons liv-  
22 ing with paralysis and other physical disabilities.

Passed the House of Representatives December 9  
(legislative day, December 8), 2006.

Attest:

KAREN L. HAAS,

*Clerk.*