

110TH CONGRESS  
1ST SESSION

# H. R. 446

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.

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 12, 2007

Mr. BILIRAKIS introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Christopher and Dana  
5 Reeve Quality of Life for Persons with Paralysis Act”.

6 **SEC. 2. TABLE OF CONTENTS.**

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—PARALYSIS RESEARCH

Sec. 101. Expansion and coordination of activities of the National Institutes of Health with respect to research on paralysis.

TITLE II—PARALYSIS REHABILITATION RESEARCH AND CARE

Sec. 201. Expansion and coordination of activities of the National Institutes of Health with respect to research with implications for enhancing daily function for persons with paralysis.

TITLE III—IMPROVING QUALITY OF LIFE FOR PERSONS WITH PARALYSIS AND OTHER PHYSICAL DISABILITIES

Sec. 301. Programs to improve quality of life for persons with paralysis and other physical disabilities.

TITLE IV—ACTIVITIES OF THE DEPARTMENT OF VETERANS AFFAIRS

Sec. 401. Expansion and coordination of activities of the Veterans Health Administration.

Sec. 402. Definitions.

1 **TITLE I—PARALYSIS RESEARCH**  
 2 **SEC. 101. EXPANSION AND COORDINATION OF ACTIVITIES**  
 3 **OF THE NATIONAL INSTITUTES OF HEALTH**  
 4 **WITH RESPECT TO RESEARCH ON PARALYSIS.**

5 (a) IN GENERAL.—

6 (1) ENHANCED COORDINATION OF ACTIVITIES.—The Director of the National Institutes of  
 7 Health (in this section referred to as the “Director”)  
 8 may expand and coordinate the activities of such In-  
 9 stitutes with respect to research on paralysis. In  
 10 order to further expand upon the activities of this  
 11 section, the Director may consider the methods out-  
 12 lined in the report under section 2(b) of Public Law  
 13 108–427 with respect to spinal cord injury and pa-  
 14

1        paralysis research (relating to the Roadmap for Med-  
2        ical Research of the National Institutes of Health).

3            (2) ADMINISTRATION OF PROGRAM; COLLABO-  
4        RATION AMONG AGENCIES.—The Director shall carry  
5        out this section acting through the Director of the  
6        National Institute of Neurological Disorders and  
7        Stroke (in this section referred to as the “Institute”)  
8        and in collaboration with any other agencies that the  
9        Director determines appropriate.

10        (b) COORDINATION.—

11            (1) IN GENERAL.—The Director may develop  
12        mechanisms to coordinate the paralysis research and  
13        rehabilitation activities of the agencies of the Na-  
14        tional Institutes of Health in order to further ad-  
15        vance such activities and avoid duplication of activi-  
16        ties.

17            (2) REPORT.—Not later than December 1,  
18        2007, the Director shall prepare a report to Con-  
19        gress that provides a description of the paralysis ac-  
20        tivities of the Institute and strategies for future ac-  
21        tivities.

22        (c) CHRISTOPHER REEVE PARALYSIS RESEARCH  
23        CONSORTIA.—

24            (1) IN GENERAL.—The Director may under  
25        subsection (a)(1) make awards of grants to public or

1 nonprofit private entities to pay all or part of the  
2 cost of planning, establishing, improving, and pro-  
3 viding basic operating support for consortia in paral-  
4 ysis research. The Director shall designate each con-  
5 sortium funded under grants as a Christopher Reeve  
6 Paralysis Research Consortium.

7 (2) RESEARCH.—Each consortium under para-  
8 graph (1)—

9 (A) may conduct basic and clinical paral-  
10 ysis research;

11 (B) may focus on advancing treatments  
12 and developing therapies in paralysis research;

13 (C) may focus on one or more forms of pa-  
14 ralysis that result from central nervous system  
15 trauma or stroke;

16 (D) may facilitate and enhance the dis-  
17 semination of clinical and scientific findings;  
18 and

19 (E) may replicate the findings of consortia  
20 members for scientific and translational pur-  
21 poses.

22 (3) COORDINATION OF CONSORTIA; REPORTS.—

23 The Director may, as appropriate, provide for the  
24 coordination of information among consortia under  
25 paragraph (1) and ensure regular communication

1 between members of the consortia, and may require  
2 the periodic preparation of reports on the activities  
3 of the consortia and the submission of the reports to  
4 the Director.

5 (4) ORGANIZATION OF CONSORTIA.—Each con-  
6 sortium under paragraph (1) may use the facilities  
7 of a single lead institution, or be formed from sev-  
8 eral cooperating institutions, meeting such require-  
9 ments as may be prescribed by the Director.

10 (d) PUBLIC INPUT.—The Director may under sub-  
11 section (a)(1) provide for a mechanism to educate and dis-  
12 seminate information on the existing and planned pro-  
13 grams and research activities of the National Institutes  
14 of Health with respect to paralysis and through which the  
15 Director can receive comments from the public regarding  
16 such programs and activities.

17 (e) AUTHORIZATION OF APPROPRIATIONS.—For the  
18 purpose of carrying out this section, there are authorized  
19 to be appropriated in the aggregate \$25,000,000 for the  
20 fiscal years 2008 through 2011. Amounts appropriated  
21 under this subsection are in addition to any other amounts  
22 appropriated for such purpose.

1 **TITLE II—PARALYSIS REHABILI-**  
2 **TATION RESEARCH AND CARE**

3 **SEC. 201. EXPANSION AND COORDINATION OF ACTIVITIES**  
4 **OF THE NATIONAL INSTITUTES OF HEALTH**  
5 **WITH RESPECT TO RESEARCH WITH IMPLICA-**  
6 **TIONS FOR ENHANCING DAILY FUNCTION**  
7 **FOR PERSONS WITH PARALYSIS.**

8 (a) IN GENERAL.—

9 (1) EXPANSION OF ACTIVITIES.—The Director  
10 of the National Institutes of Health (in this section  
11 referred to as the “Director”) may expand and co-  
12 ordinate the activities of such Institutes with respect  
13 to research with implications for enhancing daily  
14 function for people with paralysis.

15 (2) ADMINISTRATION OF PROGRAM; COLLABO-  
16 RATION AMONG AGENCIES.—The Director shall carry  
17 out this section acting through the Director of the  
18 National Institute on Child Health and Human De-  
19 velopment and the National Center for Medical Re-  
20 habilitation Research and in collaboration with the  
21 National Institute on Neurological Disorders and  
22 Stroke, the Centers for Disease Control and Preven-  
23 tion, and any other agencies that the Director deter-  
24 mines appropriate.

25 (b) PARALYSIS CLINICAL TRIALS NETWORKS.—

1           (1) IN GENERAL.—The Director may make  
2 awards of grants to public or nonprofit private enti-  
3 ties to pay all or part of the costs of planning, estab-  
4 lishing, improving, and providing basic operating  
5 support to multicenter networks of clinical sites that  
6 will collaborate to design clinical rehabilitation inter-  
7 vention protocols and measures of outcomes on one  
8 or more forms of paralysis that result from central  
9 nervous system trauma, disorders, or stroke, or any  
10 combination of such conditions.

11           (2) RESEARCH.—Each multicenter clinical trial  
12 network may—

13           (A) focus on areas of key scientific con-  
14 cern, including—

15                   (i) improving functional mobility;

16                   (ii) promoting behavioral adaptation  
17 to functional losses, especially to prevent  
18 secondary complications;

19                   (iii) assessing the efficacy and out-  
20 comes of medical rehabilitation therapies  
21 and practices and assisting technologies;

22                   (iv) developing improved assistive  
23 technology to improve function and inde-  
24 pendence; and

1 (v) understanding whole body system  
2 responses to physical impairments, disabil-  
3 ities, and societal and functional limita-  
4 tions; and

5 (B) replicate the findings of network mem-  
6 bers for scientific and translation purposes.

7 (3) COORDINATION OF CLINICAL TRIALS NET-  
8 WORKS; REPORTS.—The Director may, as appro-  
9 priate, provide for the coordination of information  
10 among networks and ensure regular communication  
11 between members of the networks, and may require  
12 the periodic preparation of reports on the activities  
13 of the networks and submission of reports to the Di-  
14 rector.

15 (c) REPORT.—Not later than December 1, 2007, the  
16 Director shall submit to the Congress a report that pro-  
17 vides a description of research activities with implications  
18 for enhancing daily function for persons with paralysis.

19 (d) AUTHORIZATION OF APPROPRIATIONS.—For the  
20 purpose of carrying out this section, there are authorized  
21 to be appropriated in the aggregate \$25,000,000 for the  
22 fiscal years 2008 through 2011. Amounts appropriated  
23 under this subsection are in addition to any other amounts  
24 appropriated for such purpose.



1 **TITLE III—IMPROVING QUALITY**  
2 **OF LIFE FOR PERSONS WITH**  
3 **PARALYSIS AND OTHER PHYS-**  
4 **ICAL DISABILITIES**

5 **SEC. 301. PROGRAMS TO IMPROVE QUALITY OF LIFE FOR**  
6 **PERSONS WITH PARALYSIS AND OTHER**  
7 **PHYSICAL DISABILITIES.**

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

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

20 (1) the development of a national paralysis and  
21 physical disability quality of life action plan, to pro-  
22 mote health and wellness in order to enhance full  
23 participation, independent living, self-sufficiency and  
24 equality of opportunity in partnership with voluntary  
25 health agencies focused on paralysis and other phys-

1 ical disabilities, to be carried out in coordination  
2 with the State-based Comprehensive Paralysis and  
3 Other Physical Disability Quality of Life Program of  
4 the Centers for Disease Control and Prevention;

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

10 (3) in collaboration with other centers and na-  
11 tional voluntary health agencies, establish a hospital-  
12 based paralysis registry and conduct relevant popu-  
13 lation-based research; 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) coordinating services and removing  
5 barriers that prevent full participation and inte-  
6 gration into the community; and

7 (G) recognizing the unique needs of under-  
8 served populations.

9 (c) GRANTS.—The Secretary may award grants in ac-  
10 cordance 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 dis-  
3 ability 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 assure that activities under this section are coordi-  
23 nated as appropriate with other agencies 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 evaluation under sub-  
 4 section (a), and as applicable, the strategies developed  
 5 under such subsection.

6 (f) AUTHORIZATION OF APPROPRIATIONS.—For the  
 7 purpose of carrying out this section, there are authorized  
 8 to be appropriated in the aggregate \$25,000,000 for the  
 9 fiscal years 2008 through 2011.

10 **TITLE IV—ACTIVITIES OF THE**  
 11 **DEPARTMENT OF VETERANS**  
 12 **AFFAIRS**

13 **SEC. 401. EXPANSION AND COORDINATION OF ACTIVITIES**  
 14 **OF THE VETERANS HEALTH ADMINISTRA-**  
 15 **TION.**

16 (a) IN GENERAL.—

17 (1) ENHANCED COORDINATION OF ACTIVI-  
 18 TIES.—The Secretary of Veterans Affairs may ex-  
 19 pand and coordinate activities of the Veterans  
 20 Health Administration of the Department of Vet-  
 21 erans Affairs with respect to research on paralysis.

22 (2) ADMINISTRATION OF PROGRAM.—The Sec-  
 23 retary shall carry out this section through the Chief  
 24 Research and Development Officer of the Adminis-  
 25 tration and in collaboration with the National Insti-

1       tutes of Health and other agencies the Secretary de-  
2       termines appropriate.

3       (b) ESTABLISHMENT OF PARALYSIS RESEARCH,  
4       EDUCATION, AND CLINICAL CARE.—

5             (1) IN GENERAL.—The Secretary may establish  
6       within the Department of Veterans Affairs centers  
7       to be known as Paralysis Research, Education and  
8       Clinical Care Centers. Such centers shall be estab-  
9       lished through the award of grants to Administra-  
10      tion medical centers that are affiliated with medical  
11      schools or other organizations the Secretary con-  
12      siders appropriate. Such grants may be used to pay  
13      all or part of the costs of planning, establishing, im-  
14      proving, and providing basic operating support for  
15      such centers.

16            (2) RESEARCH.—Each center under paragraph  
17      (1)—

18                    (A) may focus on basic biomedical research  
19                    on the types of paralysis that result from  
20                    neurologic dysfunction, neurodegeneration, or  
21                    trauma;

22                    (B) may focus on clinical science research  
23                    on the types of paralysis that result from  
24                    neurologic dysfunction, neurodegeneration, or  
25                    trauma;

1 (C) may focus on rehabilitation research  
2 on the types of paralysis that result from  
3 neurologic dysfunction, neurodegeneration, or  
4 trauma;

5 (D) may focus on health services research  
6 on the types of paralysis that result from  
7 neurologic dysfunction, neurodegeneration, or  
8 trauma to improve health outcomes, increase  
9 the cost-effectiveness of service, and implement  
10 best practices in the treatment of such types of  
11 paralysis; and

12 (E) may facilitate and enhance the dis-  
13 semination of scientific findings and evidence-  
14 based practices.

15 (3) COORDINATION OF CENTERS INTO CON-  
16 SORTIA.—The Secretary may, as appropriate, pro-  
17 vide for the linkage and coordination of information  
18 among centers under paragraph (1) in order to cre-  
19 ate national consortia of centers and to ensure reg-  
20 ular communications between members of the cen-  
21 ters. Each consortium—

22 (A) may expand the capacity of its Admin-  
23 istration medical centers to conduct basic, clin-  
24 ical, rehabilitation, and health-sciences research

1 with respect to paralysis by increasing the avail-  
2 able research resources;

3 (B) may identify gaps in research, clinical  
4 service, or implementation strategies;

5 (C) may operate as a multidisciplinary re-  
6 search and clinical care team to determine best  
7 practices, to develop standards of care, and to  
8 establish guidelines for implementation through-  
9 out the Department of Veterans Affairs; and

10 (D) may use the facilities of a single lead  
11 institution, or facilities formed from several co-  
12 operating institutions, that meet such require-  
13 ments as prescribed by the Secretary and—

14 (i) may provide core funding that will  
15 enhance ongoing research by bringing to-  
16 gether paralysis health care and research  
17 communities in a manner that will enrich  
18 the effectiveness of clinical care, present  
19 research and future directions; and

20 (ii) may include administrative, re-  
21 search, clinical, educational and implemen-  
22 tation cores, other cores may be proposed.

23 (4) COORDINATION OF INFORMATION; RE-  
24 PORTS.—The Secretary may, as appropriate, provide  
25 for the coordination of information among centers



1 and consortia under this section and ensure regular  
2 communication with respect to the activities of the  
3 centers and consortia, and may require the periodic  
4 preparation of reports on the activities of the centers  
5 and consortia, and require the submission of such  
6 reports.

7 (c) ESTABLISHMENT OF QUALITY ENHANCEMENT  
8 RESEARCH INITIATIVES FOR PARALYSIS.—

9 (1) IN GENERAL.—The Secretary may make  
10 grants to Administration medical centers for the  
11 purpose of carrying out projects to translate clinical  
12 findings and recommendations with respect to paral-  
13 ysis into evidence-based best practices for use by the  
14 Administration. Such projects shall be designated by  
15 the Secretary as Quality Enhancement Research Ini-  
16 tiative projects (referred to in this subsection as  
17 “QUERI projects”).

18 (2) REQUIREMENT.—A grant may be made  
19 under paragraph (1) to an Administration medical  
20 center only if the center is affiliated with a school  
21 of medicine or with another entity determined by the  
22 Secretary to be appropriate.

23 (3) CERTAIN USES OF GRANT.—The activities  
24 for which a grant under paragraph (1) may be ex-  
25 pended by a QUERI project include the following:

1 (A) To pay all or part of the costs of plan-  
2 ning, establishing, improving and providing  
3 basic operating support for the project.

4 (B) To work toward implementing best  
5 practices identified under paragraph (1)  
6 throughout the Administration through efforts  
7 to facilitate comprehensive organizational  
8 change, and to evaluate and refine such imple-  
9 mentation efforts through the collection, anal-  
10 ysis, and reporting of data on critical patient  
11 outcomes and system performance.

12 (C) To identify high-risk or high-volume  
13 primary or secondary consequences of paralysis  
14 that results from neurologic dysfunction,  
15 neurodegeneration, or trauma.

16 (D) To systematically examine quality of  
17 care for persons with paralysis from neurologic  
18 dysfunction, neurodegeneration, or trauma.

19 (E) To define existing practice patterns  
20 and outcomes for persons with paralysis  
21 throughout the Administration and current var-  
22 iation from best practices both within and out-  
23 side of the Department of Veterans Affairs.

24 (F) To enhance ongoing research by bring-  
25 ing together paralysis clinical care and health

1 service research communities to identify the  
2 health care needs of the paralysis community,  
3 examine standard practices, determine best  
4 practices and to implement best practices for  
5 persons with paralysis and their families.

6 (G) To formulate health service research  
7 protocols aimed at determining paralysis-care  
8 related best practices, closing the gap between  
9 current practices in paralysis care in the De-  
10 partment of Veterans Affairs, assessing the best  
11 practices within and outside of the Department  
12 of Veterans Affairs, and developing strategies  
13 for the implementation of best practices.

14 (H) To implement information, tools, prod-  
15 ucts and other interventions determined to be in  
16 the best interest of persons with paralysis (in-  
17 cluding performance criteria for clinicians and  
18 psychosocial interventions for veterans and their  
19 families).

20 (I) To disseminate findings in scientific  
21 peer-reviewed journals and other venues deemed  
22 appropriate, such as veteran service organiza-  
23 tion publications.

24 (4) ORGANIZATION OF PROJECT.—Each  
25 QUERI project may use the facilities of a single

1 lead Administration medical center, or be formed  
2 from cooperating such centers that meet such re-  
3 quirements as may be prescribed by the Secretary.

4 (5) MAINTENANCE OF EFFORT.—A grant may  
5 be made under paragraph (1) only if, with respect  
6 to activities for which the award is authorized to be  
7 expended, the applicant for the award agrees to  
8 maintain expenditures of non-Federal amounts for  
9 such activities at a level that is not less than the  
10 level of such expenditures maintained by the appli-  
11 cant for the fiscal year preceding the first fiscal year  
12 for which the applicant receives such an award.

13 (d) AUTHORIZATION OF APPROPRIATIONS.—For the  
14 purpose of carrying out this section, there are authorized  
15 to be appropriated in the aggregate \$25,000,000 for fiscal  
16 years 2008 through 2011. Amounts appropriated under  
17 this section are in addition to any other amounts appro-  
18 priated for such purpose.

19 **SEC. 402. DEFINITIONS.**

20 For purposes of this title:

21 (1) The term “Administration” means the Vet-  
22 erans Health Administration of the Department of  
23 Veterans Affairs.

1           (2) The term “Secretary” means the Secretary  
2           of Veterans Affairs.

○