

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

# H. R. 7274

To amend title III of the Public Health Service Act to provide for the establishment and implementation of concussion management guidelines with respect to student athletes, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 19, 2008

Mr. PASCRELL (for himself, Mr. PLATTS, and Ms. JACKSON-LEE of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend title III of the Public Health Service Act to provide for the establishment and implementation of concussion management guidelines with respect to student athletes, 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 “Concussion Treatment  
5       and Care Tools Act of 2008” or the “ConTACT Act of  
6       2008”.

7       **SEC. 2. FINDINGS.**

8       Congress finds the following:

1           (1) Concussions are mild traumatic brain inju-  
2           ries, the long-term effects of which are not well un-  
3           derstood.

4           (2) As many as 3.8 million concussions related  
5           to sports and recreation are estimated to occur in  
6           the United States each year.

7           (3) There is an increased risk for subsequent  
8           brain injuries among persons who have had at least  
9           one previous brain injury.

10          (4) A repeat concussion, one that occurs before  
11          the brain recovers from a previous concussion, can  
12          slow recovery or increase the likelihood of having  
13          long-term problems.

14          (5) In rare cases, repeat concussions can result  
15          in second impact syndrome, which can be marked by  
16          brain swelling, permanent brain damage, and death.

17          (6) Recurrent brain injuries and second impact  
18          syndrome are highly preventable.

19          (7) Many national organizations, including the  
20          American Academy of Neurology, the National Foot-  
21          ball League, the American Academy of Family Phy-  
22          sicians, and the Brain Injury Association of Amer-  
23          ica, have adopted concussion management guide-  
24          lines, but multiple directives have created confusion  
25          and sparked debate.

1 **SEC. 3. CONCUSSION MANAGEMENT GUIDELINES WITH RE-**  
2 **SPECT TO STUDENT ATHLETES.**

3 Part B of title III of the Public Health Service Act  
4 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
5 tion 317T the following:

6 **“SEC. 317U. CONCUSSION MANAGEMENT GUIDELINES WITH**  
7 **RESPECT TO STUDENT ATHLETES.**

8 “(a) GRANTS TO STATES.—

9 “(1) IN GENERAL.—The Secretary, acting  
10 through the Director of the Centers for Disease  
11 Control and Prevention, may make grants to States  
12 for the purposes of—

13 “(A) establishing, disseminating, and en-  
14 suring the implementation by schools of concus-  
15 sion management guidelines with respect to the  
16 prevention, identification, treatment, and man-  
17 agement of sports-related concussions in stu-  
18 dent athletes, including standards for student  
19 athletes to return to play after a concussion;  
20 and

21 “(B) funding implementation by schools of  
22 computerized pre-season baseline and post-in-  
23 jury neuropsychological testing for student ath-  
24 letes.

25 “(2) GRANT APPLICATIONS.—To be eligible to  
26 receive a grant under this section, a State shall sub-

1 mit an application at such time, in such manner,  
2 and containing such information as the Secretary  
3 shall require. An application for the first grant to a  
4 State under this section shall include at least an  
5 agreement to establish concussion management  
6 guidelines with respect to the student athletes in  
7 such State.

8 “(3) UTILIZATION OF LOCAL CHAPTERS OF NA-  
9 TIONAL BRAIN INJURY ORGANIZATIONS.—In estab-  
10 lishing, disseminating, and ensuring the implementa-  
11 tion by schools of concussion management guidelines  
12 pursuant to a grant under this section, States shall  
13 utilize, to the extent practicable, applicable expertise  
14 and services offered by local chapters of national  
15 brain injury organizations.

16 “(b) CONFERENCE ON CONCUSSION MANAGEMENT  
17 GUIDELINES.—Not later than 2 years after the date of  
18 the enactment of this section, the Secretary, acting  
19 through the Director of the Centers for Disease Control  
20 and Prevention, shall convene a conference of medical,  
21 athletic, and educational stakeholders to establish model  
22 concussion management guidelines with respect to student  
23 athletes.

24 “(c) COORDINATION OF ACTIVITIES.—In carrying  
25 out activities under this section, the Secretary shall appro-

1 priately coordinate with Federal departments and agencies  
2 that carry out activities related to concussions and trau-  
3 matic brain injuries.

4 “(d) REPORT.—Not later than 2 years after the date  
5 of the enactment of this section, the Secretary shall sub-  
6 mit to Congress a report describing the results of activities  
7 carried out under this section, including the number of  
8 States that have established concussion management  
9 guidelines and the number of schools that have imple-  
10 mented computerized pre-season baseline and post-injury  
11 neuropsychological testing for student athletes.

12 “(e) DEFINITIONS.—In this section, the following  
13 definitions apply:

14 “(1) The term ‘State’ means each of the 50  
15 States and the District of Columbia.

16 “(2) The term ‘student athlete’ means an indi-  
17 vidual in any of the grades 6th through 12th who  
18 participates in a sport through their school.

19 “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
20 is authorized to be appropriated to carry out this section  
21 \$5,000,000 for fiscal year 2009 and such sums as may  
22 be necessary for each of fiscal years 2010 through 2013.”.

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