

112TH CONGRESS
1ST SESSION

H. R. 2600

To provide for implementation of the National Pediatric Acquired Brain
Injury Plan.

IN THE HOUSE OF REPRESENTATIVES

JULY 20, 2011

Mr. LANCE (for himself, Mr. SESSIONS, Mr. MORAN, Mr. MCGOVERN, Ms. RICHARDSON, Ms. BALDWIN, Mr. MCKINLEY, Mr. JACKSON of Illinois, Mr. HARPER, Mr. BURGESS, Mr. TIBERI, Mr. GRIJALVA, Mr. CARSON of Indiana, Mr. GRIMM, Mrs. MALONEY, Mr. KING of New York, Mr. KISSELL, Mrs. BLACKBURN, Mr. BONNER, Mr. CONNOLLY of Virginia, Ms. FUDGE, Mrs. CAPITO, Mr. BARROW, Mr. GALLEGLY, Mr. MILLER of North Carolina, Mr. BLUMENAUER, Mr. PAYNE, Mr. RUSH, Mr. FRANK of Massachusetts, Mrs. MCMORRIS RODGERS, Ms. JACKSON LEE of Texas, Mr. KILDEE, Mr. SIRES, Ms. NORTON, Mr. PENCE, Mr. RYAN of Ohio, Mr. SCHIFF, Mr. BRADY of Pennsylvania, Mr. DOYLE, Mr. RANGEL, Mr. BURTON of Indiana, Mr. LARSON of Connecticut, Mr. MEEHAN, Mr. YARMUTH, Mr. MCKEON, Mr. RUNYAN, Mr. ROSS of Arkansas, Ms. BROWN of Florida, and Mr. HIMES) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for implementation of the National Pediatric
Acquired Brain Injury Plan.

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 “National Pediatric Ac-
3 quired Brain Injury Plan Act of 2011”.

4 **SEC. 2. NATIONAL PEDIATRIC ACQUIRED BRAIN INJURY**
5 **PLAN.**

6 (a) IN GENERAL.—For each of fiscal years 2012
7 through 2018, the Secretary shall make a payment to the
8 State Lead Center in each State for implementation of
9 the National Pediatric Acquired Brain Injury Plan.

10 (b) AMOUNT OF PAYMENTS.—In making payments
11 under subsection (a), the Secretary—

12 (1) shall allocate amounts among the State
13 Lead Centers consistently with the National Pedi-
14 atric Acquired Brain Injury Plan; and

15 (2) if the amounts available to carry out this
16 section for a fiscal year are insufficient to pay the
17 full amounts that all State Lead Centers are eligible
18 to receive under the National Pediatric Acquired
19 Brain Plan, shall ratably reduce the allocations to
20 the State Lead Centers.

21 (c) ASSURANCES.—As a condition on receipt of a pay-
22 ment under this section, a State Lead Center shall provide
23 such assurances as the Secretary may require to ensure
24 that the payment is used to implement the National Pedi-
25 atric Acquired Brain Injury Plan.

1 (d) ANNUAL REPORT.—The Secretary shall submit
2 to the Congress an annual report containing—

3 (1) an evaluation of all federally funded pedi-
4 atric acquired brain injury research, clinical care,
5 and institutional, home-based, and community-based
6 programs (including an evaluation of the outcomes
7 of such programs); and

8 (2) an up-to-date copy of the National Pediatric
9 Acquired Brain Injury Plan.

10 (e) DEFINITIONS.—In this section:

11 (1) The term “National Pediatric Acquired
12 Brain Injury Plan” means the National Pediatric
13 Acquired Brain Injury Plan, as developed by the
14 International Advisory Board of the Sarah Jane
15 Brain Foundation prior to the date of the enactment
16 of this Act and including any revisions or updates to
17 such Plan by the Secretary subsequent to such date
18 of enactment.

19 (2) The term “pediatric acquired brain injury”
20 means an injury to the developing brain of an indi-
21 vidual that—

22 (A) occurs during the period from birth
23 through 25 years of age; and

24 (B) is caused by either—

1 (i) trauma (such as a motor or non-
2 motor vehicle crash, child abuse or abusive
3 head trauma (commonly referred to as
4 “shaken baby syndrome”), a sport-related
5 concussion, a fall, a gun shot wound, a
6 blast injury from war, or being struck by
7 an object); or

8 (ii) a non-traumatic event (such as a
9 stroke, a brain tumor, meningitis, seizure,
10 ischemia, pediatric AIDS, an infection, poi-
11 soning, hypoxia, or encephalopathy).

12 (3) The term “Secretary” means the Secretary
13 of Health and Human Services.

14 (4) The term “State” means each of the 50
15 States, the District of Columbia, and the Common-
16 wealth of Puerto Rico.

17 (5) The term “State Lead Center” means a
18 State Lead Center of Excellence as defined and des-
19 ignated under the National Pediatric Acquired Brain
20 Injury Plan.

21 (f) FUNDING.—

22 (1) IN GENERAL.—Out of the discretionary
23 funds available to the Secretary for each of fiscal
24 years 2012 through 2018, the following amounts
25 shall be for carrying out this section—

- 1 (A) \$380,000,000 for fiscal year 2012;
2 (B) \$632,000,000 for fiscal year 2013;
3 (C) \$632,000,000 for fiscal year 2014;
4 (D) \$505,000,000 for fiscal year 2015;
5 (E) \$379,000,000 for fiscal year 2016;
6 (F) \$253,000,000 for fiscal year 2017; and
7 (G) \$126,000,000 for fiscal year 2018.

8 (2) RELATION TO OTHER FUNDS.—The amount
9 of discretionary funds allocated to carry out this sec-
10 tion under paragraph (1) shall be in addition to, not
11 in lieu of, the amount of discretionary funds that
12 would otherwise be used by the Secretary for brain
13 injury-specific programs and activities.

14 (3) SUNSET.—No Federal funds may be obli-
15 gated to carry out this section for any fiscal year
16 after fiscal year 2018.

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