

116TH CONGRESS  
1ST SESSION

# H. R. 280

To provide for systemic research, treatment, prevention, awareness, and dissemination of information with respect to sports-related and other concussions.

---

## IN THE HOUSE OF REPRESENTATIVES

JANUARY 8, 2019

Mrs. BEATTY introduced the following bill; which was referred to the  
Committee on Energy and Commerce

---

## A BILL

To provide for systemic research, treatment, prevention, awareness, and dissemination of information with respect to sports-related and other concussions.

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 Awareness  
5 and Education Act of 2019”.

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

7 The table of contents of this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.
- Sec. 3. Findings; purposes.
- Sec. 4. Surveillance of sports-related concussions.

Sec. 5. Research.

Sec. 6. Dissemination of information.

Sec. 7. Concussion Research Commission.

1 **SEC. 3. FINDINGS; PURPOSES.**

2 (a) FINDINGS.—The Congress finds as follows:

3 (1) There is currently no comprehensive system  
4 for acquiring accurate data on the incidence of  
5 sports- and recreation-related concussions across  
6 youth age groups and sports.

7 (2) Overall, according to a report entitled  
8 “Sports-Related Concussions in Youth: Improving  
9 the Science, Changing the Culture”, issued by the  
10 National Academies in 2013, each year in the  
11 United States, there are approximately 1.6 to 3.8  
12 million sports- and recreation-related traumatic  
13 brain injuries, including concussions and other head  
14 injuries. These figures are based on conservative es-  
15 timates.

16 (3) Between 2001 and 2009, the reported num-  
17 ber of our youth ages 21 and under treated in an  
18 emergency department for concussion and other non-  
19 fatal sports and recreation-related traumatic brain  
20 injuries increased from 150,000 to 250,000.

21 (4) Over the same time period between 2001  
22 and 2009, the rate of emergency room visits for con-  
23 cussive injuries increased by 57 percent.

1           (5) Yet, according to the National Academies  
2 there currently is—

3           (A) a lack of data to accurately estimate  
4 the incidence of sports-related concussions  
5 across a variety of sports and for youth across  
6 the pediatric age spectrum; and

7           (B) no comprehensive system for acquiring  
8 accurate data on the incidence of sports- and  
9 recreation-related concussions across all youth  
10 age groups and sports.

11          (6) Currently, there are significant information  
12 gaps in the proper protocol for diagnosis and treat-  
13 ment of sports-related concussions and more re-  
14 search desperately is needed.

15          (b) PURPOSES.—The purposes of this Act are—

16           (1) to increase awareness and knowledge about  
17 concussions through development of, implementation  
18 of, and evaluation of the effectiveness of, large-scale  
19 collaborative efforts and research by entities includ-  
20 ing, but not limited to, national sports associations,  
21 State high school associations, trainers' associations,  
22 appropriate Federal entities, and other stakeholders  
23 such as parents, coaches, and students; and

24           (2) to change the culture (including social  
25 norms, attitudes, and behaviors) surrounding con-



1           “(1) The incidence of sports-related concussions  
2           in individuals 5 through 21 years of age.

3           “(2) Demographic information of the injured  
4           individuals, including age, sex, race, and ethnicity.

5           “(3) Pre-existing conditions of the injured indi-  
6           viduals, such as attention deficit hyperactivity dis-  
7           order and learning disabilities.

8           “(4) The concussion history of the injured indi-  
9           viduals, such as the number and dates of prior con-  
10          cussions.

11          “(5) The use of protective equipment and im-  
12          pact monitoring devices.

13          “(6) The qualifications of personnel diagnosing  
14          the concussions.

15          “(7) The cause, nature, and extent of the con-  
16          cussive injury, including—

17                 “(A) the sport or activity involved;

18                 “(B) the recreational or competitive level  
19                 of the sport or activity involved;

20                 “(C) the event type involved, including  
21                 whether it was practice or competition;

22                 “(D) the impact location on the body;

23                 “(E) the impact nature, such as contact  
24                 with a playing surface, another player, or equip-  
25                 ment; and

1                   “(F) signs and symptoms consistent with a  
2                   concussion.”.

3 **SEC. 5. RESEARCH.**

4           Part B of title IV of the Public Health Service Act  
5 (42 U.S.C. 284 et seq.) is amended by adding at the end  
6 the following:

7 **“SEC. 409K. RESEARCH ON CONCUSSIONS IN YOUTH.**

8           “Beginning not later than 1 year after the date of  
9 enactment of the Concussion Awareness and Education  
10 Act of 2019, the Director of NIH shall conduct or sup-  
11 port—

12                   “(1) research designed to inform the creation of  
13 age-specific, evidence-based guidelines for the man-  
14 agement of short- and long-term sequelae of concus-  
15 sion in youth;

16                   “(2) research on the effects of concussions and  
17 repetitive head impacts on quality of life and the ac-  
18 tivities of daily living;

19                   “(3) research to identify predictors, and modi-  
20 fiers of outcomes, of concussions in youth, including  
21 the influence of socioeconomic status, race, ethnicity,  
22 sex, and comorbidities; and

23                   “(4) research on age- and sex-related bio-  
24 mechanical determinants of injury risk for concus-  
25 sion in youth, including how injury thresholds are

1 modified by the number of and time interval between  
2 head impacts and concussions.”.

3 **SEC. 6. DISSEMINATION OF INFORMATION.**

4 (a) IN GENERAL.—The Secretary of Health and  
5 Human Services, acting through the Director of the Cen-  
6 ters for Disease Control and Prevention, shall develop and  
7 disseminate to the public information regarding concus-  
8 sions.

9 (b) ARRANGEMENTS WITH OTHER ENTITIES.—In  
10 carrying out paragraph (1), the Secretary may dissemi-  
11 nate information through arrangements with nonprofit or-  
12 ganizations, consumer groups, Federal, State, or local  
13 agencies, or the media.

14 **SEC. 7. CONCUSSION RESEARCH COMMISSION.**

15 (a) ESTABLISHMENT.—There is established a Con-  
16 cussion Research Commission (referred to in this section  
17 as the “Commission”).

18 (b) MEMBERSHIP.—

19 (1) APPOINTMENT.—The Commission shall be  
20 composed of the following nine members:

21 (A) Five shall be appointed by the Presi-  
22 dent.

23 (B) One shall be appointed by the Speaker  
24 of the House of Representatives.

1 (C) One shall be appointed by the minority  
2 leader of the House of Representatives.

3 (D) One shall be appointed by the majority  
4 leader of the Senate.

5 (E) One shall be appointed by the minority  
6 leader of the Senate.

7 (2) QUALIFICATIONS.—To be eligible for ap-  
8 pointment under paragraph (1), an individual  
9 shall—

10 (A) have experience with research, treat-  
11 ment, and prevention with respect to all types  
12 of concussive injuries; and

13 (B) be a leading medical or scientific ex-  
14 pert, or an otherwise authoritatively qualified  
15 expert, in one or more relevant fields.

16 (3) TERMS.—Each member of the Commission  
17 shall be appointed for the life of the Commission.

18 (4) VACANCIES.—Any member appointed to fill  
19 a vacancy occurring before the expiration of the  
20 term for which the member's predecessor was ap-  
21 pointed shall be appointed only for the remainder of  
22 that term. A member may serve after the expiration  
23 of that member's term until a successor has taken  
24 office. A vacancy in the Commission shall be filled



1 in the manner in which the original appointment was  
2 made.

3 (5) NO PAY.—The members of the Commission  
4 shall serve without pay. Members of the Commission  
5 who are full-time officers or employees of the United  
6 States or Members of Congress may not receive ad-  
7 ditional pay, allowances, or benefits by reason of  
8 their service on the Commission.

9 (6) TRAVEL EXPENSES.—Each member of the  
10 Commission shall receive travel expenses, including  
11 per diem in lieu of subsistence, in accordance with  
12 applicable provisions under subchapter I of chapter  
13 57 of title 5, United States Code.

14 (7) RESOURCES.—The Secretary shall ensure  
15 that appropriate personnel, funding, and other re-  
16 sources are provided to the Commission to carry out  
17 its responsibilities.

18 (c) MEETINGS.—The Commission shall meet at least  
19 4 times each year.

20 (d) STAFF OF FEDERAL AGENCIES.—Upon request  
21 of the Commission, the head of any Federal department  
22 or agency may detail, without reimbursement, any of the  
23 personnel of that department or agency to the Commission  
24 to assist in carrying out this section.

25 (e) STUDY.—The Commission shall—

1           (1) study the programs and activities conducted  
2           pursuant to this Act; and

3           (2) based on the results of such programs and  
4           activities, formulate systemic recommendations for  
5           furthering the purposes of this Act, as described in  
6           section 3(b).

7           (f) REVIEW OF NATIONAL ACADEMIES REPORT.—

8           The Commission shall review the report of the National  
9           Academies entitled “Sports-Related Concussions in Youth:  
10          Improving the Science, Changing the Culture” and rec-  
11          ommend corrections or updates to such report, as the  
12          Commission determines appropriate.

13          (g) REPORTING.—

14           (1) INTERIM REPORTS.—Every 6 months, the  
15          Commission shall submit to the appropriate commit-  
16          tees of Congress an interim report on the Commis-  
17          sion’s activities.

18           (2) FINAL REPORT.—Not later than 36 months  
19          after the date of enactment of this Act, the Commis-  
20          sion shall submit to the appropriate committees of  
21          Congress, and make available to the public, a final  
22          report on the results of the Commission’s study  
23          under subsection (e) and review under subsection  
24          (f).

1           (h) TERMINATION.—The Commission shall terminate  
2 upon the date of submission of the final report required  
3 by subsection (g)(2), unless the Secretary of Health and  
4 Human Services chooses to maintain the Commission be-  
5 yond such date.

○