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118TH CONGRESS
2d Session
HOUSE OF REPRESENTATIVES
REPORT
118–518

DENNIS JOHN BENINGO TRAUMATIC BRAIN INJURY PROGRAM REAUTHORIZATION ACT OF 2024

MAY 22, 2024.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mrs. RODGERS of Washington, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 7208]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 7208) to reauthorize the Traumatic Brain Injury program, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Dennis John Beningo Traumatic Brain Injury Program Reauthorization Act of 2024".

SEC. 2. NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY SURVEILLANCE AND REGISTRIES.

Section 393C of the Public Health Service Act (42 U.S.C. 280b–1d) is amended by striking subsection (b).

SEC. 3. PREVENTION AND CONTROL OF INJURIES.

Section 394A(b) of the Public Health Service Act (42 U.S.C. 280b–3(b)) is amended by striking "fiscal years 2020 through 2024" and inserting "fiscal years 2025 through 2029".

SEC. 4. STATE GRANTS FOR PROJECTS REGARDING TRAUMATIC BRAIN INJURY.

Section 1252 of the Public Health Service Act (42 U.S.C. 300d–52) is amended—

(1) in subsection (c)(1), by striking "that is not less than $1 for each $2 of Federal funds provided under the grant." and inserting the following: "that is—

"(A) for fiscal years 2020 through 2024, not less than $1 for each $2 of Federal funds provided under the grant; and

"(B) for fiscal year 2025 and each succeeding fiscal year, not less than $0.50 for each $2 of Federal funds provided under the grant.";

(2) by striking subsection (e);

(3) by redesignating subsections (f) through (i) as subsections (e) through (h), respectively;

(4) by amending subsection (g)(2), as so redesignated, to read as follows:

"(2)(A) The term 'traumatic brain injury' means an acquired injury to the brain.

"(B) Such term—

"(i) does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma; and

"(ii) may include—

"(I) brain injuries caused by anoxia due to trauma; and

"(II) damage to the brain from an internal or external source that results in toxicity, surgery, or vascular disorders not associated with aging.

"(C) The Secretary may revise the definition of such term as the Secretary determines necessary, after consultation with States and other appropriate public or nonprofit private entities."; and

(5) in subsection (i), as so redesignated, by striking "fiscal years 2020 through 2024" and inserting "fiscal years 2025 through 2029".

SEC. 5. STATE GRANTS FOR PROTECTION AND ADVOCACY SERVICES.

Section 1253(l) of the Public Health Service Act (42 U.S.C. 300d–53(l)) is amended by striking "fiscal years 2020 through 2024" and inserting "fiscal years 2025 through 2029".

SEC. 6. REPORT ON DESIGNATING BRAIN INJURY AS A CHRONIC CONDITION.

The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall—

(1) examine the evidence base for designating brain injury as a chronic condition that can impact individuals with brain injury across the lifespan; and

(2) not later than 2 years after the date of enactment of this Act—

(A) submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report detailing the findings, conclusions, and recommendations of the examination described in paragraph (1); and

(B) make publicly available on the website of the Centers for Disease Control and Prevention the report described in subparagraph (A).

PURPOSE AND SUMMARY

H.R. 7208 reauthorizes Traumatic Brain Injuries (TBI) programs at the Department of Health and Human Services (HHS). The programs reauthorized in this bill allocate resources for TBI prevention, improving access to TBI rehabilitation, and TBI patient advocacy systems. The bill reauthorizes the program for five fiscal years from 2025 through 2029.

BACKGROUND AND NEED FOR LEGISLATION

In 2020 to 2021, there were approximately 214,110 TBI-related hospitalizations and 69,473 deaths. People aged 75 years and older

had the highest numbers and rates of TBI-related hospitalizations and deaths.[1] The TBI Act was originally signed into law in 1996 and provides resources to states to help support individuals diagnosed and living with a TBI through three agencies at HHS. The Centers for Disease Control and Prevention (CDC) is responsible for conducting public information, education, and prevention activities for determining the incidence and prevalence of TBI in the United States. The National Institutes of Health (NIH) is responsible for conducting research on prevention, diagnosis, and treatment of TBI. The Administration for Community Living (ACL) is responsible for two grants programs to states to improve access to service delivery and support for the Protection and Advocacy System in each state. Recent data suggests that over 1.5 million Americans annually survive a traumatic brain injury.[2] TBIs usually occur when an outside force causes severe damage to the brain, this can impact a person's life in many ways, putting patients at increased risk for depression, falls, and permanent cognitive decline.[3]

COMMITTEE ACTION

On February 14, 2024, the Subcommittee on Health held a hearing on H.R. 7208. The title of the hearing was "Legislative Proposals to Support Patients and Caregivers." The Subcommittee received testimony from:

- Andy Shih, PhD, Chief Science Officer, Autism Speaks;
- Corey Feist, JD, MBA, Co-Founder and CEO, Dr. Lorna Breen Heroes' Foundation;
- Joanne Pike, DrPH, President and CEO, Alzheimer's Association;
- Gordon Tomaselli, MD, Former President, American Heart Association; Marilyn and Stanley M. Katz Dean, Emeritus and Professor of Medicine, Albert Einstein College of Medicine; Adjunct Professor of Medicine, Johns Hopkins University School of Medicine;
- Michelle Whitten, President, CEO, and Co-Founder, Global Down Syndrome Foundation;
- Randy Strozyk, President, American Ambulance Association; and
- Christina Annunziata, MD, PhD, Senior Vice President of Extramural Discovery Science, American Cancer Society.

On March 12, 2024, the Subcommittee on Health met in open markup session and forwarded H.R. 7208, as amended, to the full Committee by voice vote.

On March 20, 2024, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 7208, as amended, favorably reported to the House by a record vote of 44 yeas and 0 nays.

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[1] Centers for Disease Control and Prevention, "National Center for Health Statistics Mortality Data on CDC WONDER", 2024. https://wonder.cdc.gov/mcd.html.

[2] Mayo Clinic, "Traumatic Brain Injury Model Systems National Database", 2024. https://www.mayo.edu/research/centers-programs/traumatic-brain-injury-model-system/projects/nidilrr-tbi-national-database.

[3] Administration of Community Living, "Traumatic Brain Injury", 2024. https://acl.gov/programs/post-injury-support/traumatic-brain-injury-tbi.

COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto. The following reflects the record votes taken during the Committee consideration:

COMMITTEE ON ENERGY AND COMMERCE
118TH CONGRESS
ROLL CALL VOTE # 16

BILL: H.R. 7208, Dennis John Beningo Traumatic Brain Injury Program Reauthorization Act of 2024

AMENDMENT: A motion by Chair Rodgers to order H.R. 7208 favorably reported to the House, as amended (Final Passage)

DISPOSITION: **AGREED TO**, by a roll call vote of 44 yeas to 0 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Rep. Rodgers	X			Rep. Pallone	X		
Rep. Burgess	X			Rep. Eshoo	X		
Rep. Latta	X			Rep. DeGette	X		
Rep. Guthrie	X			Rep. Schakowsky	X		
Rep. Griffith	X			Rep. Matsui	X		
Rep. Bilirakis	X			Rep. Castor	X		
Rep. Bucshon	X			Rep. Sarbanes	X		
Rep. Hudson	X			Rep. Tonko	X		
Rep. Walberg	X			Rep. Clarke			
Rep. Carter	X			Rep. Cárdenas	X		
Rep. Duncan	X			Rep. Ruiz	X		
Rep. Palmer				Rep. Peters	X		
Rep. Dunn	X			Rep. Dingell	X		
Rep. Curtis	X			Rep. Veasey	X		
Rep. Lesko	X			Rep. Kuster			
Rep. Pence	X			Rep. Kelly			
Rep. Crenshaw	X			Rep. Barragán	X		
Rep. Joyce	X			Rep. Blunt Rochester			
Rep. Armstrong				Rep. Soto	X		
Rep. Weber	X			Rep. Craig	X		
Rep. Allen	X			Rep. Schrier	X		
Rep. Balderson	X			Rep. Trahan	X		
Rep. Fulcher	X			Rep. Fletcher	X		
Rep. Pfluger							
Rep. Harshbarger	X						
Rep. Miller-Meeks	X						
Rep. Cammack	X						
Rep. Obernolte	X						

03/20/2024

OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee held a hearing and made findings that are reflected in this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 7208 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, at the time this report was filed, the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974 was not available.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to continue support to states and other entities to help educate providers and patients on the incidence of TBIs and how they can be treated and prevented.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 7208 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

RELATED COMMITTEE AND SUBCOMMITTEE HEARINGS

Pursuant to clause 3(c)(6) of rule XIII, the following related hearing was used to develop or consider H.R. 7208:

- On February 14, 2024, the Subcommittee on Health held a hearing on H.R. 7208. The title of the hearing was "Legislative Proposals to Support Patients and Caregivers." The Subcommittee received testimony from:
  - Andy Shih, PhD, Chief Science Officer, Autism Speaks;
  - Corey Feist, JD, MBA, Co-Founder and CEO, Dr. Lorna Breen Heroes' Foundation;
  - Joanne Pike, DrPH, President and CEO, Alzheimer's Association;
  - Gordon Tomaselli, MD, Former President, American Heart Association; Marilyn and Stanley M. Katz Dean, Emeritus and Professor of Medicine, Albert Einstein Col-

lege of Medicine; Adjunct Professor of Medicine, Johns Hopkins University School of Medicine;

- Michelle Whitten, President, CEO, and Co-Founder, Global Down Syndrome Foundation;
- Randy Strozyk, President, American Ambulance Association; and
- Christina Annunziata, MD, PhD, Senior Vice President of Extramural Discovery Science, American Cancer Society.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974. At the time this report was filed, the estimate was not available.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 7208 contains no earmarks, limited tax benefits, or limited tariff benefits.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 provides that the Act may be cited as the "Dennis John Beningo Traumatic Brain Injury Program Reauthorization Act of 2024".

Section 2. National program for traumatic brain injury surveillance and registries

Section 2 repeals the reporting requirements that were established in 2008.

Section 3. Prevention and control of injuries

Section 3 amends section 394A(b) of the Public Health Service Act to reauthorize activities related to the prevention and control of TBIs for five fiscal years, from fiscal year 2025 through 2029.

Section 4. State grants for projects regarding traumatic brain injury

Section 4 amends the definition of a TBI and makes technical and conforming changes. The section amends Title XII of the Public Health Service Act to reauthorize State grants for TBI projects for five fiscal years, from fiscal year 2025 through 2029.

Section 5. State grants for protection and advocacy services

Section 5 amends Title XII of the Public Health Service Act to reauthorize State grants that provide services to individuals with TBIs for five fiscal years, from fiscal year 2025 through 2029.

Section 6. Report on designating brain injury as a chronic condition

Section 6 provides for a report examining evidence for designating TBI as a chronic condition.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * * * *

PART J—PREVENTION AND CONTROL OF INJURIES

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NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY SURVEILLANCE AND REGISTRIES

SEC. 393C. (a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States or their designees to develop or operate the State's traumatic brain injury surveillance system or registry to determine the incidence and prevalence of traumatic brain injury and related disability, to ensure the uniformity of reporting under such system or registry, to link individuals with traumatic brain injury to services and supports, and to link such individuals with academic institutions to conduct applied research that will support the development of such surveillance systems and registries as may be necessary. A surveillance system or registry under this section shall provide for the collection of data concerning—

(1) demographic information about each traumatic brain injury;

(2) information about the circumstances surrounding the injury event associated with each traumatic brain injury;

(3) administrative information about the source of the collected information, dates of hospitalization and treatment, and the date of injury; and

(4) information characterizing the clinical aspects of the traumatic brain injury, including the severity of the injury, outcomes of the injury, the types of treatments received, and the types of services utilized.

[(b) Not later than 18 months after the date of enactment of the Traumatic Brain Injury Act of 2008, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health and in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall submit to the relevant committees of Congress a report that contains the findings derived from an evaluation concerning activities and procedures that can be implemented by the Centers for Disease Control and Prevention to improve the collection and dissemination of compatible epidemiological studies on the incidence and prevalence of traumatic brain injury in individuals who were formerly in the military. The report shall include recommendations on the manner in which such agencies can further collaborate on the development and improvement of traumatic brain injury diagnostic tools and treatments.]

(c) NATIONAL CONCUSSION DATA COLLECTION AND ANALYSIS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may implement concussion data collection and analysis to determine the prevalence and incidence of concussion.

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SEC. 394A. AUTHORIZATIONS OF APPROPRIATIONS.

(a) IN GENERAL.—For thepurpose of carrying out this part, there are authorized to be appropriated $50,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through 1998, and such sums as may be necessary for each of the fiscal years 2001 through 2005.

(b) TRAUMATIC BRAIN INJURY.—To carry out sections 393B and 393C, there are authorized to be appropriated $11,750,000 for each of [fiscal years 2020 through 2024] *fiscal years 2025 through 2029*.

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TITLE XII—TRAUMA CARE

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Part E—Miscellaneous Programs

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SEC. 1252. STATE GRANTS FOR PROJECTS REGARDING TRAUMATIC BRAIN INJURY.

(a) IN GENERAL.—The Secretary, acting through the Administrator for the Administration for Community Living, may make grants to States and American Indian consortia for the purpose of carrying out projects to improve access to rehabilitation and other services regarding traumatic brain injury.

(b) STATE ADVISORY BOARD.—

(1) IN GENERAL.—The Secretary may make a grant under subsection (a) only if the State or American Indian consortium involved agrees to establish an advisory board within the appropriate health department of the State or American Indian consortium or within another department as designated by the chief executive officer of the State or American Indian consortium.

(2) FUNCTIONS.—An advisory board established under paragraph (1) shall advise and make recommendations to the State or American Indian consortium on ways to improve services coordination regarding traumatic brain injury. Such advisory boards shall encourage citizen participation through the establishment of public hearings and other types of community outreach programs. In developing recommendations under this paragraph, such boards shall consult with Federal, State, and local governmental agencies and with citizens groups and other private entities.

(3) COMPOSITION.—An advisory board established under paragraph (1) shall be composed of—

(A) representatives of—

(i) the corresponding State or American Indian consortium agencies involved;

(ii) public and nonprofit private health related organizations;

(iii) other disability advisory or planning groups within the State or American Indian consortium;

(iv) members of an organization or foundation representing individuals with traumatic brain injury in that State or American Indian consortium; and

(v) injury control programs at the State or local level if such programs exist; and

(B) a substantial number of individuals with traumatic brain injury, or the family members of such individuals.

(c) MATCHING FUNDS.—

(1) IN GENERAL.—With respect to the costs to be incurred by a State or American Indian consortium in carrying out the purpose described in subsection (a), the Secretary may make a grant under such subsection only if the State or American Indian consortium agrees to make available non-Federal contributions toward such costs in an amount **[**that is not less than $1 for each $2 of Federal funds provided under the grant.**]** *that is—*

(A) for fiscal years 2020 through 2024, not less than $1 for each $2 of Federal funds provided under the grant; and

(B) for fiscal year 2025 and each succeeding fiscal year, not less than $0.50 for each $2 of Federal funds provided under the grant.

(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions under paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such contributions.

(d) APPLICATION FOR GRANT.—The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

[(e) USE OF STATE AND AMERICAN INDIAN CONSORTIUM GRANTS.—

[(1) COMMUNITY SERVICES AND SUPPORTS.—A State or American Indian consortium shall (directly or through awards of contracts to nonprofit private entities) use amounts received under a grant under this section for the following:

[(A) To develop, change, or enhance community-based service delivery systems that include timely access to comprehensive appropriate services and supports. Such service and supports—

[(i) shall promote full participation by individuals with traumatic brain injury and their families in decision making regarding the services and supports; and

[(ii) shall be designed for children, youth, and adults with traumatic brain injury.

[(B) To focus on outreach to underserved and inappropriately served individuals, such as individuals in institutional settings, individuals with low socioeconomic resources, individuals in rural communities, and individuals in culturally and linguistically diverse communities.

[(C) To award contracts to nonprofit entities for consumer or family service access training, consumer support, peer mentoring, and parent to parent programs.

[(D) To develop individual and family service coordination or case management systems.

[(E) To support other needs identified by the advisory board under subsection (b) for the State or American Indian consortium involved.

[(2) BEST PRACTICES.—

[(A) IN GENERAL.—State or American Indian consortium services and supports provided under a grant under this section shall reflect the best practices in the field of traumatic brain injury, shall be in compliance with title II of the Americans with Disabilities Act of 1990, and shall be supported by quality assurance measures as well as state-of-the-art health care and integrated community supports, regardless of the severity of injury.

[(B) DEMONSTRATION BY STATE AGENCY.—The State or American Indian consortium agency responsible for administering amounts received under a grant under this section shall demonstrate that it has obtained knowledge and expertise of traumatic brain injury and the unique needs associated with traumatic brain injury.

[(3) STATE CAPACITY BUILDING.—A State or American Indian consortium may use amounts received under a grant under this section to—

[(A) educate consumers and families;

[(B) train professionals in public and private sector financing (such as third party payers, State agencies, community-based providers, schools, and educators);

[(C) develop or improve case management or service coordination systems;

[(D) develop best practices in areas such as family or consumer support, return to work, housing or supportive living personal assistance services, assistive technology and devices, behavioral health services, substance abuse

services, and traumatic brain injury treatment and rehabilitation;

[(E) tailor existing State or American Indian consortium systems to provide accommodations to the needs of individuals with traumatic brain injury (including systems administered by the State or American Indian consortium departments responsible for health, mental health, labor/employment, education, intellectual disabilities or developmental disorders, transportation, and correctional systems);

[(F) improve data sets coordinated across systems and other needs identified by a State or American Indian consortium plan supported by its advisory council; and

[(G) develop capacity within targeted communities.]

[(f)] *(e)* COORDINATION OF ACTIVITIES.—The Secretary shall ensure that activities under this section are coordinated as appropriate with other Federal agencies that carry out activities regarding traumatic brain injury.

[(g)] *(f)* REPORT.—Not less than biennially, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Health, Education, Labor, and Pensions of the Senate, a report describing the findings and results of the programs established under this section and section 1253, including measures of outcomes and consumer and surrogate satisfaction.

[(h)] *(g)* DEFINITIONS.—For purposes of this section:

(1) The terms "American Indian consortium" and "State" have the meanings given to those terms in section 1253.

[(2) The term "traumatic brain injury" means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to trauma. The Secretary may revise the definition of such term as the Secretary determines necessary, after consultation with States and other appropriate public or nonprofit private entities.]

(2)(A) The term "traumatic brain injury" means an acquired injury to the brain.

(B) Such term—

(i) does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma; and

(ii) may include—

(I) brain injuries caused by anoxia due to trauma; and

(II) damage to the brain from an internal or external source that results in toxicity, surgery, or vascular disorders not associated with aging.

(C) The Secretary may revise the definition of such term as the Secretary determines necessary, after consultation with States and other appropriate public or nonprofit private entities.

[(i)] *(h)* AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $7,321,000 for each of [fiscal years 2020 through 2024] *fiscal years 2025 through 2029*.

SEC. 1253. STATE GRANTS FOR PROTECTION AND ADVOCACY SERVICES.

(a) IN GENERAL.—The Secretary, acting through the Administrator for the Administration for Community Living, shall make grants to protection and advocacy systems for the purpose of enabling such systems to provide services to individuals with traumatic brain injury.

(b) SERVICES PROVIDED.—Services provided under this section may include the provision of—

(1) information, referrals, and advice;

(2) individual and family advocacy;

(3) legal representation; and

(4) specific assistance in self-advocacy.

(c) APPLICATION.—To be eligible to receive a grant under this section, a protection and advocacy system shall submit an application to the Secretary at such time, in such form and manner, and accompanied by such information and assurances as the Secretary may require.

(d) APPROPRIATIONS LESS THAN $2,700,000.—

(1) IN GENERAL.—With respect to any fiscal year in which the amount appropriated under subsection (l) to carry out this section is less than $2,700,000, the Secretary shall make grants from such amount to individual protection and advocacy systems within States to enable such systems to plan for, develop outreach strategies for, and carry out services authorized under this section for individuals with traumatic brain injury.

(2) AMOUNT.—The amount of each grant provided under paragraph (1) shall be determined as set forth in paragraphs (2) and (3) of subsection (e).

(e) APPROPRIATIONS OF $2,700,000 OR MORE.—

(1) POPULATION BASIS.—Except as provided in paragraph (2), with respect to each fiscal year in which the amount appropriated under subsection (l) to carry out this section is $2,700,000 or more, the Secretary shall make a grant to a protection and advocacy system within each State.

(2) AMOUNT.—The amount of a grant provided to a system under paragraph (1) shall be equal to an amount bearing the same ratio to the total amount appropriated for the fiscal year involved under subsection (l) as the population of the State in which the grantee is located bears to the population of all States.

(3) MINIMUMS.—Subject to the availability of appropriations, the amount of a grant a protection and advocacy system under paragraph (1) for a fiscal year shall—

(A) in the case of a protection and advocacy system located in American Samoa, Guam, the United States Virgin Islands, or the Commonwealth of the Northern Mariana Islands, and the protection and advocacy system serving the American Indian consortium, not be less than $20,000; and

(B) in the case of a protection and advocacy system in a State not described in subparagraph (A), not be less than $50,000.

(4) INFLATION ADJUSTMENT.—For each fiscal year in which the total amount appropriated under subsection (l) to carry out

this section is $5,000,000 or more, and such appropriated amount exceeds the total amount appropriated to carry out this section in the preceding fiscal year, the Secretary shall increase each of the minimum grants amount described in subparagraphs (A) and (B) of paragraph (3) by a percentage equal to the percentage increase in the total amount appropriated under subsection (l) to carry out this section between the preceding fiscal year and the fiscal year involved.

(f) CARRYOVER.—Any amount paid to a protection and advocacy system that serves a State or the American Indian consortium for a fiscal year under this section that remains unobligated at the end of such fiscal year shall remain available to such system for obligation during the next fiscal year for the purposes for which such amount was originally provided.

(g) DIRECT PAYMENT.—Notwithstanding any other provision of law, each fiscal year not later than October 1, the Secretary shall pay directly to any protection and advocacy system that complies with the provisions of this section, the total amount of the grant for such system, unless the system provides otherwise for such payment.

(h) REPORTING.—

(1) REPORTS BY SYSTEMS.—Each protection and advocacy system that receives a payment under this section shall submit an annual report to the Secretary concerning the services provided to individuals with traumatic brain injury by such system.

(2) REPORT BY SECRETARY.—Not later than 1 year after the date of enactment of the Traumatic Brain Injury Reauthorization Act of 2014, the Secretary shall prepare and submit to the appropriate committees of Congress a report describing the services and activities carried out under this section during the period for which the report is being prepared.

(i) DATA COLLECTION.—The Secretary shall facilitate agreements to coordinate the collection of data by agencies within the Department of Health and Human Services regarding protection and advocacy services.

(j) TRAINING AND TECHNICAL ASSISTANCE.—

(1) GRANTS.—For any fiscal year for which the amount appropriated to carry out this section is $6,000,000 or greater, the Secretary shall use 2 percent of such amount to make a grant to an eligible national association for providing for training and technical assistance to protection and advocacy systems.

(2) DEFINITION.—In this subsection, the term "eligible national association" means a national association with demonstrated experience in providing training and technical assistance to protection and advocacy systems.

(k) SYSTEM AUTHORITY.—In providing services under this section, a protection and advocacy system shall have the same authorities, including access to records, as such system would have for purposes of providing services under subtitle C of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15041 et seq.).

(l) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $4,000,000 for each of [fiscal years 2020 through 2024] *fiscal years 2025 through 2029*.

(m) DEFINITIONS.—In this section:

(1) AMERICAN INDIAN CONSORTIUM.—The term "American Indian consortium" means a consortium established under subtitle C of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15041 et seq.).

(2) PROTECTION AND ADVOCACY SYSTEM.—The term "protection and advocacy system" means a protection and advocacy system established under subtitle C of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15041 et seq.).

(3) STATE.—The term "State", unless otherwise specified, means the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

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