

106TH CONGRESS
2D SESSION

S. 3081

To amend the Public Health Service Act to provide for the conduct of studies and the establishment of innovative programs with respect to traumatic brain injury, and other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 20, 2000

Mr. HATCH introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide for the conduct of studies and the establishment of innovative programs with respect to traumatic brain injury, and 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 “Traumatic Brain In-
5 jury Act Amendments of 2000”.

6 **SEC. 2. FINDINGS AND PURPOSES.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

1 (1) Traumatic brain injury is among the na-
2 tion’s most significant public health concerns. It is
3 the leading cause of death and disability in young
4 Americans.

5 (2) 1,500,000 traumatic brain injuries occur
6 each year. 1,000,000 of those injuries are serious
7 enough to require treatment in hospital emergency
8 departments. An estimated 5,300,000 Americans live
9 with a disability as a result of brain injury. The an-
10 nual cost to society is estimated conservatively at
11 \$38,700,000,000.

12 (3) Traumatic brain injury often results in sig-
13 nificant impairment of an individual’s physical, cog-
14 nitive, and psychosocial functioning requiring access
15 to an array of health care, education, social services
16 and long-term supports from acute care to rehabili-
17 tation to community re-entry and participation.

18 (b) PURPOSES.—In is the purpose of this Act to—

19 (1) require the Secretary of Health and Human
20 Services, working in cooperation with other Federal
21 agencies, to study and monitor the incidence and
22 prevalence of traumatic brain injury and conduct na-
23 tional education activities to increase awareness of
24 the causes and consequences of traumatic brain in-
25 jury;

1 (2) require the Secretary of Health and Human
2 Services to cause to be identified best practices in
3 diagnosis, emergent care, special education, and re-
4 habilitation with the ultimate goal of independent
5 functioning within the community;

6 (3) require the Secretary of Health and Human
7 Services to encourage States to build capacity and
8 enhance community based service delivery systems to
9 provide adequate, appropriate, and accessible serv-
10 ices to individuals with traumatic brain injury and
11 their families; and

12 (4) require the Secretary of Health and Human
13 Services to conduct basic and applied research re-
14 garding traumatic brain injury, including diagnosis,
15 treatment, and rehabilitation.

16 **SEC. 3. PROGRAMS OF CENTERS FOR DISEASE CONTROL**
17 **AND PREVENTION.**

18 Section 393A(b) of the Public Health Service Act (42
19 U.S.C. 280b-1b(b)) is amended—

20 (1) in paragraph (1), by striking “and” at the
21 end;

22 (2) in paragraph (2), by striking the period and
23 inserting “; and”; and

24 (3) by adding at the end the following:

1 “(3) the implementation of a national education
2 and awareness campaign in conjunction with
3 Healthy People 2010, including—

4 “(A) national dissemination and distribu-
5 tion of incidence and prevalence findings;

6 “(B) national dissemination of information
7 relating to traumatic brain injury and the
8 sequelae of secondary conditions arising from
9 traumatic brain injury upon discharge from
10 hospitals and trauma centers; and

11 “(C) the provision of information in pri-
12 mary care settings, including emergency rooms
13 and trauma centers, concerning the availability
14 of State level services and resources.”.

15 **SEC. 4. STUDY AND MONITOR INCIDENCE AND PREVA-**
16 **LENCE.**

17 Section 4 of Public Law 104–166 (42 U.S.C. 300d–
18 61 note) is amended—

19 (1) in subsection (a)(1)(A)—

20 (A) by striking clause (i) and inserting the
21 following:

22 “(i) determine—

23 “(I) the incidence and prevalence
24 of traumatic brain injury in all age
25 groups in the general population of

1 the United States, including institu-
2 tional setting; and

3 “(II) appropriate methodological
4 strategies to obtain data on the inci-
5 dence and prevalence of mild trau-
6 matic brain injury and report to Con-
7 gress on such strategies within 18
8 months of the date of enactment of
9 the Traumatic Brain Injury Act
10 Amendments of 2000; and”;

11 (B) in clause (ii), by striking “, if the Sec-
12 retary determines that such a system is appro-
13 priate”;

14 (2) in subsection (a)(1)(B)(i), by inserting “,
15 including return to work or school and optimal com-
16 munity participation,” after “functioning”; and

17 (3) in subsection (d), to read as follows:

18 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
19 is authorized to be appropriated to carry out this section,
20 such sums as may be necessary for each of the fiscal years
21 2001 through 2005.”.

1 **SEC. 5. PROGRAMS OF THE NATIONAL INSTITUTES OF**
2 **HEALTH.**

3 (a) INTERAGENCY PROGRAM.—Section 1261(d)(4) of
4 the Public Health Service Act (42 U.S.C. 300d–61(d)(4))
5 is amended—

6 (1) in subparagraph (A), by striking “degree of
7 injury” and inserting “degree of brain injury”;

8 (2) in subparagraph (B), by striking “acute in-
9 jury” and inserting “acute brain injury”; and

10 (3) in subparagraph (D), by striking “injury
11 treatment” and inserting “brain injury treatment”.

12 (b) RESEARCH ON COGNITIVE DISORDERS ARISING
13 FROM TRAUMATIC BRAIN INJURY.—Section 1261(d)(4)
14 of the Public Health Service Act (42 U.S.C. 300d–
15 61(d)(4)) is amended—

16 (1) in subparagraph (C), by striking “and”
17 after the semicolon at the end;

18 (2) in subparagraph (D), by striking the period
19 at the end and inserting “; and”; and

20 (3) by adding at the end the following:

21 “(E) carrying out subparagraphs (A)
22 through (D) with respect to cognitive disorders
23 and the neurobehavioral consequences arising
24 from traumatic brain injury, including the de-
25 velopment, modification, and evaluation of
26 therapies and programs of rehabilitation toward

1 restoring normal capabilities to read, com-
2 prehend, speak, reason, and deduce.”.

3 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
4 1261 of the Public Health Service Act (42 U.S.C. 300d–
5 61) is amended by adding at the end the following:

6 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
7 authorized to be appropriated to carry out this section,
8 such sums as may be necessary for each of the fiscal years
9 2001 through 2005.”.

10 **SEC. 6. PROGRAMS OF HEALTH RESOURCES AND SERVICES**
11 **ADMINISTRATION.**

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

14 (1) in the section heading by striking “**DEM-**
15 **ONSTRATION**”;

16 (2) in subsection (a), by striking “demonstra-
17 tion”;

18 (3) in subsection (b)(3)—

19 (A) in subparagraph (A)(iv), by striking
20 “representing traumatic brain injury survivors”
21 and inserting “representing individuals with
22 traumatic brain injury”; and

23 (B) in subparagraph (B), by striking “who
24 are survivors of” and inserting “with”;

25 (4) in subsection (c)—

1 (A) in paragraph (1), by striking “in cash”
2 and inserting “in cash (or with respect to the
3 second and each subsequent year for which
4 matching funds are required, in-kind)”; and

5 (B) by adding at the end the following:

6 “(3) EFFECTIVE DATE.—The requirements of
7 this subsection shall apply with respect to a State
8 for grant years beginning after the first year in
9 which the State receives a grant under this sec-
10 tion.”;

11 (5) by redesignating subsections (e) through (h)
12 as subsections (g) through (j), respectively;

13 (6) by inserting after subsection (d), the fol-
14 lowing:

15 “(e) CONTINUATION OF PREVIOUSLY AWARDED
16 DEMONSTRATION PROJECTS.—A State that received a
17 grant under this section prior to the date of enactment
18 of the Traumatic Brain Injury Act Amendments of 2000
19 may compete for new project grants under this section
20 after such date of enactment.

21 “(f) USE OF STATE GRANTS.—

22 “(1) COMMUNITY SERVICES AND SUPPORTS.—A
23 State shall use amounts received under a grant
24 under this section to, directly or through grants or
25 contracts with nonprofit entities—

1 “(A) develop, change, or enhance commu-
2 nity based service delivery systems that include
3 timely access to an array of comprehensive serv-
4 ices and supports that promote full community
5 participation by individuals with brain injury
6 and their families;

7 “(B) reflect local consumer or family driv-
8 en values;

9 “(C) address the needs of individuals of all
10 ages;

11 “(D) provide outreach and services to un-
12 derserved and inappropriately served individ-
13 uals, such as individuals in institutional set-
14 tings, individuals with low socioeconomic re-
15 sources, individuals in rural communities, and
16 individuals in culturally and linguistically di-
17 verse communities;

18 “(E) provide grants to nonprofit entities
19 for consumer or family service access training,
20 consumer support, peer mentoring, and parent
21 to parent programs;

22 “(F) provide individual and family service
23 coordination or case management systems; and

24 “(G) support other needs identified by a
25 State plan that is supported by its advisory

1 council and that reflects local consumer or fam-
2 ily driven values.

3 “(2) BEST PRACTICES.—

4 “(A) IN GENERAL.—State services and
5 supports provided under a grant under this sec-
6 tion shall reflect the best practices in the field
7 of traumatic brain injury, and shall be sup-
8 ported by quality assurance measures as well as
9 the appropriate standard of health care and in-
10 tegrated community supports.

11 “(B) DEMONSTRATION BY STATE AGEN-
12 CY.—The State agency responsible for admin-
13 istering amounts receive under a grant under
14 this section shall demonstrate or obtain exper-
15 tise and knowledge of traumatic brain injury
16 and the unique needs associated with traumatic
17 brain injury.

18 “(3) STATE CAPACITY BUILDING.—A State may
19 use amounts received under a grant under this sec-
20 tion to leverage State resources to—

21 “(A) educate consumers and families;

22 “(B) train professionals in public and pri-
23 vate sector financing (such as third party pay-
24 ers, State agencies, community-based providers,
25 schools, and educators);

1 “(C) develop or improve case management
2 or service coordination systems;

3 “(D) develop best practices in areas such
4 as family or consumer support, return to work,
5 housing or supportive living, personal assistance
6 services, assistive technology, substance abuse,
7 behavioral health services, and traumatic brain
8 injury treatment and rehabilitation;

9 “(E) tailor existing State systems to pro-
10 vide accommodation to the needs of individuals
11 with brain injury (including systems adminis-
12 tered by the State departments responsible for
13 health, mental health, labor, education, mental
14 retardation or developmental disabilities, trans-
15 portation, housing, and correctional systems);
16 and

17 “(F) improve data sets coordinated across
18 systems and other needs identified by a State
19 plan supported by its advisory council.”;

20 (7) in subsection (g) (as so redesignated), by
21 striking “agencies of the Public Health Service” and
22 inserting “Federal agencies”;

23 (8) in subsection (j) (as so redesignated), to
24 read as follows:

1 “(j) AUTHORIZATION OF APPROPRIATIONS.—For the
2 purpose of carrying out this section, there is authorized
3 to be appropriated—

4 “(1) \$7,000,000 for fiscal year 2001;

5 “(2) \$9,000,000 for fiscal year 2002;

6 “(3) \$7,500,000 for fiscal year 2003;

7 “(4) \$6,500,000 for fiscal year 2004; and

8 “(5) \$6,000,000 for fiscal year 2005.”; and

9 (9) by adding at the end the following:

10 “(k) STATE.—In this section, the term ‘State’ in-
11 cludes territories of the United States.”.

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