

118TH CONGRESS
2D SESSION

S. 4755

To reauthorize traumatic brain injury programs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 23, 2024

Mr. MULLIN (for himself and Mr. CASEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To reauthorize traumatic brain injury programs, 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 “Traumatic Brain In-
5 jury Program Reauthorization Act of 2024”.

6 **SEC. 2. PREVENTION AND CONTROL OF TRAUMATIC BRAIN**
7 **INJURY.**

8 (a) PREVENTION OF TRAUMATIC BRAIN INJURY.—

9 Section 393B of the Public Health Service Act (42 U.S.C.
10 280b–1c) is amended—

1 (1) in subsection (a), by inserting “and preva-
2 lence” after “incidence”;

3 (2) in subsection (b)—

4 (A) in paragraph (1), by inserting “and re-
5 duction of associated injuries and fatalities” be-
6 fore the semicolon;

7 (B) in paragraph (2), by inserting “and re-
8 lated risk factors” before the semicolon; and

9 (C) in paragraph (3)—

10 (i) in the matter preceding subpara-
11 graph (A), by striking “2020” each place
12 it appears and inserting “2030”; and

13 (ii) in subparagraph (A)—

14 (I) in clause (i), by striking “;
15 and” and inserting a semicolon;

16 (II) by redesignating clause (ii)
17 as clause (iv); and

18 (III) by inserting after clause (i)
19 the following:

20 “(ii) populations at higher risk of
21 traumatic brain injury;

22 “(iii) causes of, and risk factors for,
23 traumatic brain injury; and”;

1 (3) in subsection (c), by inserting “, and other
2 relevant Federal departments and agencies” before
3 the period at the end.

4 (b) NATIONAL PROGRAM FOR TRAUMATIC BRAIN IN-
5 JURY SURVEILLANCE AND REGISTRIES.—Section 393C of
6 the Public Health Service Act (42 U.S.C. 280b–1d) is
7 amended—

8 (1) in subsection (a)—

9 (A) in the matter preceding paragraph (1),
10 by inserting “to identify populations that may
11 be at higher risk for traumatic brain injuries, to
12 collect data on the causes of, and risk factors
13 for, traumatic brain injuries,” after “related
14 disability,”; and

15 (B) in paragraph (4), by inserting “short-
16 and long-term” before “outcomes”;

17 (2) by striking subsection (b);

18 (3) by redesignating subsection (c) as sub-
19 section (b); and

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

21 “(c) AVAILABILITY OF INFORMATION.—The Sec-
22 retary, acting through the Director of the Centers for Dis-
23 ease Control and Prevention, shall make publicly available
24 aggregated information on traumatic brain injury de-
25 scribed in this section, including on the website of the Cen-

1 ters for Disease Control and Prevention. Such website, to
2 the extent feasible, shall include aggregated information
3 on populations that may be at higher risk for traumatic
4 brain injuries and strategies for preventing or reducing
5 risk of traumatic brain injury that are tailored to such
6 populations.”.

7 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
8 394A of the Public Health Service Act (42 U.S.C. 280b–
9 3) is amended—

10 (1) in subsection (a), by striking “1994, and”
11 and inserting “1994,”; and

12 (2) in subsection (b), by striking “2020 through
13 2024” and inserting “2025 through 2029”.

14 **SEC. 3. STATE GRANT PROGRAMS.**

15 (a) STATE GRANTS FOR PROJECTS REGARDING
16 TRAUMATIC BRAIN INJURY.—Section 1252 of the Public
17 Health Service Act (42 U.S.C. 300d–52) is amended—

18 (1) in subsection (b)(2)—

19 (A) by inserting “, taking into consider-
20 ation populations that may be at higher risk for
21 traumatic brain injuries” after “outreach pro-
22 grams”; and

23 (B) by inserting “Tribal,” after “State,”;

24 (2) in subsection (h), by striking paragraphs
25 (1) and (2) and inserting the following:

1 “(1) AMERICAN INDIAN CONSORTIUM; STATE.—
2 The terms ‘American Indian consortium’ and ‘State’
3 have the meanings given such terms in section 1253.

4 “(2) TRAUMATIC BRAIN INJURY.—

5 “(A) IN GENERAL.—Subject to subpara-
6 graph (B), the term ‘traumatic brain injury’—

7 “(i) means an acquired injury to the
8 brain;

9 “(ii) may include—

10 “(I) brain injuries caused by an-
11 oxia due to trauma; and

12 “(II) damage to the brain from
13 an internal or external source that re-
14 sults in infection, toxicity, surgery, or
15 vascular disorders not associated with
16 aging; and

17 “(iii) does not include brain dysfunc-
18 tion caused by congenital or degenerative
19 disorders, or birth trauma.

20 “(B) REVISIONS TO DEFINITION.—The
21 Secretary may revise the definition of the term
22 ‘traumatic brain injury’ under this paragraph,
23 as the Secretary determines necessary, after
24 consultation with States and other appropriate
25 public or nonprofit private entities.”; and

1 (3) in subsection (i), by striking “2020 through
2 2024” and inserting “2025 through 2029”.

3 (b) STATE GRANTS FOR PROTECTION AND ADVO-
4 CACY SERVICES.—Section 1253(l) of the Public Health
5 Service Act (42 U.S.C. 300d–53(l)) is amended by striking
6 “2020 through 2024” and inserting “2025 through
7 2029”.

8 **SEC. 4. REPORT TO CONGRESS.**

9 Not later than 1 year after the date of enactment
10 of this Act, the Secretary of Health and Human Services
11 shall submit to the Committee on Health, Education,
12 Labor, and Pensions of the Senate and the Committee on
13 Energy and Commerce of the House of Representatives
14 a report that contains—

15 (1) an overview of populations who may be at
16 higher risk for traumatic brain injury, such as indi-
17 viduals affected by domestic violence or sexual as-
18 sault and public safety officers as defined in section
19 1204 of the Omnibus Crime Control and Safe
20 Streets Act of 1968 (34 U.S.C. 10284);

21 (2) an outline of existing surveys and activities
22 of the Centers for Disease Control and Prevention
23 on traumatic brain injuries and any steps the agency
24 has taken to address gaps in data collection related
25 to such higher risk populations;

- 1 (3) an overview of any outreach or education ef-
- 2 forts to reach such higher risk populations; and
- 3 (4) any challenges associated with reaching
- 4 such higher risk populations.

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