

119TH CONGRESS
1ST SESSION

H. R. 1493

To reauthorize and make improvements to Federal programs relating to the prevention, detection, and treatment of traumatic brain injuries, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 21, 2025

Mr. PALLONE (for himself, Mr. BACON, Mr. MENENDEZ, and Mr. CRENSHAW) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To reauthorize and make improvements to Federal programs relating to the prevention, detection, and treatment of traumatic brain injuries, 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. PROGRAMS TO PREVENT, DETECT, AND TREAT**
4 **TRAUMATIC BRAIN INJURIES.**

5 (a) THE BILL PASCRELL, JR., NATIONAL PROGRAM
6 FOR TRAUMATIC BRAIN INJURY SURVEILLANCE AND
7 REGISTRIES.—

(1) PREVENTION OF TRAUMATIC BRAIN INJURY.—Section 393B of the Public Health Service Act (42 U.S.C. 280b–1c) is amended—

(A) in subsection (a), by inserting “and prevalence” after “incidence”;

(B) in subsection (b)—

(i) in paragraph (1), by inserting “and reduction of associated injuries and fatalities” before the semicolon;

(ii) in paragraph (2), by inserting “and related risk factors” before the semicolon; and

(iii) in paragraph (3)—

(I) in the matter preceding subparagraph (A), by striking “2020” each place it appears and inserting “2030”; and

(II) in subparagraph (A)—

(aa) in clause (i), by striking “; and” and inserting “of traumatic brain injury;”;

(bb) by redesignating clause (ii) as clause (iv);

(cc) by inserting after clause (i) the following:

1 “(ii) populations at higher risk of
 2 traumatic brain injury, including popu-
 3 lations whose increased risk is due to occu-
 4 pational or circumstantial factors;

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

7 (dd) in clause (iv), as so re-
 8 designated, by striking “arising
 9 from traumatic brain injury” and
 10 inserting “, which may include
 11 related mental health and other
 12 conditions, arising from trau-
 13 matic brain injury, including”;
 14 and

15 (C) in subsection (c), by inserting “, and
 16 other relevant Federal departments and agen-
 17 cies” before the period at the end.

18 (2) NATIONAL PROGRAM FOR TRAUMATIC
 19 BRAIN INJURY SURVEILLANCE AND REGISTRIES.—
 20 Section 393C of the Public Health Service Act (42
 21 U.S.C. 280b–1d) is amended—

22 (A) by amending the section heading to
 23 read as follows: “**THE BILL PASCRELL, JR.,**
 24 **NATIONAL PROGRAM FOR TRAUMATIC**

**BRAIN INJURY SURVEILLANCE AND REG-
ISTRIES”;**

(B) in subsection (a)—

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

(ii) in paragraph (1), by inserting “, including the occupation of the individual, when relevant to the circumstances surrounding the injury” before the semicolon; and

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

(C) by striking subsection (b);

(D) by redesignating subsection (c) as subsection (b);

(E) in subsection (b), as so redesignated, by inserting “and evidence-based practices to identify and address concussion” before the period at the end; and

(F) by adding at the end the following:

1 “(c) AVAILABILITY OF INFORMATION.—The Sec-
2 retary, acting through the Director of the Centers for Dis-
3 ease Control and Prevention, shall make publicly available
4 aggregated information on traumatic brain injury and
5 concussion described in this section, including on the
6 website of the Centers for Disease Control and Prevention.
7 Such website, to the extent feasible, shall include aggre-
8 gated information on populations that may be at higher
9 risk for traumatic brain injuries and strategies for pre-
10 venting or reducing risk of traumatic brain injury that are
11 tailored to such populations.”.

12 (3) AUTHORIZATION OF APPROPRIATIONS.—
13 Section 394A of the Public Health Service Act (42
14 U.S.C. 280b–3) is amended—

15 (A) in subsection (a), by striking “1994,
16 and” and inserting “1994,”; and

17 (B) in subsection (b), by striking “2020
18 through 2024” and inserting “2026 through
19 2030”.

20 (b) STATE GRANT PROGRAMS.—

21 (1) STATE GRANTS FOR PROJECTS REGARDING
22 TRAUMATIC BRAIN INJURY.—Section 1252 of the
23 Public Health Service Act (42 U.S.C. 300d–52) is
24 amended—

25 (A) in subsection (b)(2)—

(i) by inserting “, taking into consideration populations that may be at higher risk for traumatic brain injuries” after “outreach programs”; and

(ii) by inserting “Tribal,” after “State,”;

(B) in subsection (c), by adding at the end the following:

“(3) MAINTENANCE OF EFFORT.—With respect to activities for which a grant awarded under subsection (a) is to be expended, a State or American Indian consortium shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the State or American Indian consortium for the fiscal year preceding the fiscal year for which the State or American Indian consortium receives such a grant.

“(4) WAIVER.—The Secretary may, upon the request of a State or American Indian consortium, waive not more than 50 percent of the matching fund amount under paragraph (1), if the Secretary determines that such matching fund amount would result in an inability of the State or American Indian consortium to carry out the purposes under

subsection (a). A waiver provided by the Secretary under this paragraph shall apply only to the fiscal year involved.”;

(C) in subsection (e)(3)(B)—

(i) by striking “(such as third party payers, State agencies, community-based providers, schools, and educators)”;

(ii) by inserting “(such as third party payers, State agencies, community-based providers, schools, and educators)” after “professionals”;

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

“(1) AMERICAN INDIAN CONSORTIUM; STATE.—

The terms ‘American Indian consortium’ and ‘State’ have the meanings given such terms in section 1253.

“(2) TRAUMATIC BRAIN INJURY.—

“(A) IN GENERAL.—Subject to subparagraph (B), the term ‘traumatic brain injury’—

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

“(ii) may include—

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

1 “(II) damage to the brain from
2 an internal or external source that re-
3 sults in infection, toxicity, surgery, or
4 vascular disorders not associated with
5 aging; and

6 “(iii) does not include brain dysfunc-
7 tion caused by congenital or degenerative
8 disorders, or birth trauma.

9 “(B) REVISIONS TO DEFINITION.—The
10 Secretary may revise the definition of the term
11 ‘traumatic brain injury’ under this paragraph,
12 as the Secretary determines necessary, after
13 consultation with States and other appropriate
14 public or nonprofit private entities.”; and

15 (E) in subsection (i), by striking “2020
16 through 2024” and inserting “2026 through
17 2030”.

18 (2) STATE GRANTS FOR PROTECTION AND AD-
19 VOCACY SERVICES.—Section 1253(l) of the Public
20 Health Service Act (42 U.S.C. 300d–53(l)) is
21 amended by striking “2020 through 2024” and in-
22 serting “2026 through 2030”.

23 (c) REPORT TO CONGRESS.—Not later than 2 years
24 after the date of enactment of this Act, the Secretary of
25 Health and Human Services (referred to in this Act as

1 the “Secretary”) shall submit to the Committee on
2 Health, Education, Labor, and Pensions of the Senate and
3 the Committee on Energy and Commerce of the House
4 of Representatives a report that contains—

5 (1) an overview of populations who may be at
6 higher risk for traumatic brain injury, such as indi-
7 viduals affected by domestic violence or sexual as-
8 sault and public safety officers as defined in section
9 1204 of the Omnibus Crime Control and Safe
10 Streets Act of 1968 (34 U.S.C. 10284);

11 (2) an outline of existing surveys and activities
12 of the Centers for Disease Control and Prevention
13 on traumatic brain injuries and any steps the agency
14 has taken to address gaps in data collection related
15 to such higher risk populations, which may include
16 leveraging surveys such as the National Intimate
17 Partner and Sexual Violence Survey to collect data
18 on traumatic brain injuries;

19 (3) an overview of any outreach or education ef-
20 forts to reach such higher risk populations; and

21 (4) any challenges associated with reaching
22 such higher risk populations.

23 (d) STUDY ON LONG-TERM SYMPTOMS OR CONDI-
24 TIONS RELATED TO TRAUMATIC BRAIN INJURY.—

1 (1) IN GENERAL.—The Secretary, in consulta-
2 tion with stakeholders and the heads of other rel-
3 evant Federal departments and agencies, as appro-
4 priate, shall conduct, either directly or through a
5 contract with a nonprofit private entity, a study to—

6 (A) examine the incidence and prevalence
7 of long-term or chronic symptoms or conditions
8 in individuals who have experienced a traumatic
9 brain injury;

10 (B) examine the evidence base of research
11 related to the chronic effects of traumatic brain
12 injury across the lifespan;

13 (C) examine any correlations between trau-
14 matic brain injury and increased risk of other
15 conditions, such as dementia and mental health
16 conditions;

17 (D) assess existing services available for
18 individuals with such long-term or chronic
19 symptoms or conditions; and

20 (E) identify any gaps in research related to
21 such long-term or chronic symptoms or condi-
22 tions of individuals who have experienced a
23 traumatic brain injury.

1 (2) PUBLIC REPORT.—Not later than 2 years
2 after the date of enactment of this Act, the Sec-
3 retary shall—

4 (A) submit to the Committee on Energy
5 and Commerce of the House of Representatives
6 and the Committee on Health, Education,
7 Labor, and Pensions of the Senate a report de-
8 tailing the findings, conclusions, and rec-
9 ommendations of the study described in para-
10 graph (1); and

11 (B) in the case that such study is con-
12 ducted directly by the Secretary, make the re-
13 port described in subparagraph (A) publicly
14 available on the website of the Department of
15 Health and Human Services.

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