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H. R. 1493

[Report No. 119–]

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

JUNE --, 2026

Committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PROGRAMS TO PREVENT, DETECT, AND TREAT TRAUMATIC BRAIN INJURIES.

(a) THE BILL PASCRELL, JR., NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY SURVEILLANCE AND 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:

''(ii) populations at higher risk of traumatic brain injury, including populations whose increased risk is due to occupational or circumstantial factors;

''(iii) causes of, and risk factors for, traumatic brain injury; and''; and

(dd) in clause (iv), as so redesignated, by striking ''arising from traumatic brain injury'' and inserting '', which may include related mental health and other conditions, arising from traumatic brain injury, including''; and

(C) in subsection (c), by inserting '', and other relevant Federal departments and agencies'' before the period at the end.

(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—

(A) by amending the section heading to read as follows: ''**THE BILL PASCRELL, JR., NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY SURVEILLANCE AND REGISTRIES**'';

(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:

''(c) AVAILABILITY OF INFORMATION.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall make publicly available aggregated information on traumatic brain injury and concussion described in this section, including on the website of the Centers for Disease Control and Prevention. Such website, to the extent feasible, shall include aggregated information on populations that may be at higher risk for traumatic brain injuries and strategies for preventing or reducing risk of traumatic brain injury that are tailored to such populations.''.

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

(A) in subsection (a), by striking ''1994, and'' and inserting ''1994,''; and

(B) in subsection (b), by striking ''2020 through 2024'' and inserting ''2026 through 2030''.

(b) STATE GRANT PROGRAMS.—

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

(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)''; and

(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

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

''(iii) does not include brain dysfunction caused by congenital or degenerative disorders, or birth trauma.

''(B) REVISIONS TO DEFINITION.—The Secretary may revise the definition of the term 'traumatic brain injury' under this paragraph, as the Secretary determines necessary, after consultation with States and other appropriate public or nonprofit private entities.''; and

(E) in subsection (i), by striking ''2020 through 2024'' and inserting ''2026 through 2030''.

(2) 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 ''2020 through 2024'' and inserting ''2026 through 2030''.

(c) REPORT TO CONGRESS.—Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this Act as the ''Secretary'') shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that contains—

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

(2) an outline of existing surveys and activities of the Centers for Disease Control and Prevention on traumatic brain injuries and any steps the agency has taken to address gaps in data collection related to such higher risk populations, which may include leveraging surveys such as the National Intimate

Partner and Sexual Violence Survey to collect data on traumatic brain injuries;

(3) an overview of any outreach or education efforts to reach such higher risk populations; and

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

(d) STUDY ON LONG-TERM SYMPTOMS OR CONDITIONS RELATED TO TRAUMATIC BRAIN INJURY.—

(1) IN GENERAL.—The Secretary, in consultation with stakeholders and the heads of other relevant Federal departments and agencies, as appropriate, shall conduct, either directly or through a contract with a nonprofit private entity, a study to—

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

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

(C) examine any correlations between traumatic brain injury and increased risk of other conditions, such as dementia and mental health conditions;

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

(E) identify any gaps in research related to such long-term or chronic symptoms or conditions of individuals who have experienced a traumatic brain injury.

(2) PUBLIC REPORT.—Not later than 2 years after the date of enactment of this Act, the Secretary shall—

(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 study described in paragraph (1); and

(B) in the case that such study is conducted directly by the Secretary, make the report described in subparagraph (A) publicly available on the website of the Department of Health and Human Services.