

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: In the nature of a substitute.

**IN THE SENATE OF THE UNITED STATES—118th Cong., 2d Sess.**

**S. 4755**

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

Referred to the Committee on \_\_\_\_\_ and  
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended  
to be proposed by \_\_\_\_\_

Viz:

1 Strike all after the enacting clause and insert the fol-  
2 lowing:

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—

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

1 (2) in subsection (b)—

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

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

7 (C) in paragraph (3)—

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

11 (ii) in subparagraph (A)—

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

14 (II) by redesignating clause (ii)  
15 as clause (iv);

16 (III) by inserting after clause (i)  
17 the following:

18 “(ii) populations at higher risk of  
19 traumatic brain injury, including popu-  
20 lations whose increased risk is due to occu-  
21 pational or circumstantial factors;

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

24 (IV) in clause (iv), as so redesign-  
25 nated, by striking “arising from trau-



1 (2) by striking subsection (b);

2 (3) by redesignating subsection (c) as sub-  
3 section (b);

4 (4) in subsection (b), as so redesignated, by in-  
5 sserting “and evidence-based practices to identify and  
6 address concussion” before the period at the end;  
7 and

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

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

20 (c) AUTHORIZATION OF APPROPRIATIONS.—Section  
21 394A of the Public Health Service Act (42 U.S.C. 280b-  
22 3) is amended—

23 (1) in subsection (a), by striking “1994, and”  
24 and inserting “1994,”; and

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

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

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

7 (1) in subsection (b)(2)—

8 (A) by inserting “, taking into consider-  
9 ation populations that may be at higher risk for  
10 traumatic brain injuries” after “outreach pro-  
11 grams”; and

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

13 (2) in subsection (e)(3)(B)—

14 (A) by striking “(such as third party pay-  
15 ers, State agencies, community-based providers,  
16 schools, and educators)”; and

17 (B) by inserting “(such as third party pay-  
18 ers, State agencies, community-based providers,  
19 schools, and educators” after “professionals”;

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

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

25 “(2) TRAUMATIC BRAIN INJURY.—

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

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

5                   “(ii) may include—

6                   “(I) brain injuries caused by an-  
7 oxa due to trauma; and

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

13                   “(iii) does not include brain dysfunc-  
14 tion caused by congenital or degenerative  
15 disorders, or birth trauma.

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

22                   (4) in subsection (i), by striking “2020 through  
23 2024” and inserting “2025 through 2029”.

24                   (b) STATE GRANTS FOR PROTECTION AND ADVO-  
25 CACY SERVICES.—Section 1253(l) of the Public Health

1 Service Act (42 U.S.C. 300d–53(l)) is amended by striking  
2 “2020 through 2024” and inserting “2025 through  
3 2029”.

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

5 Not later than 2 years after the date of enactment  
6 of this Act, the Secretary of Health and Human Services  
7 (referred to in this Act at the “Secretary”) shall submit  
8 to the Committee on Health, Education, Labor, and Pen-  
9 sions of the Senate and the Committee on Energy and  
10 Commerce of the House of Representatives a report that  
11 contains—

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

18 (2) an outline of existing surveys and activities  
19 of the Centers for Disease Control and Prevention  
20 on traumatic brain injuries and any steps the agency  
21 has taken to address gaps in data collection related  
22 to such higher risk populations, which may include  
23 leveraging surveys such as the National Intimate  
24 Partner and Sexual Violence Survey to collect data  
25 on traumatic brain injuries;

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.

5 **SEC. 5. STUDY ON LONG-TERM CONDITIONS OR SYMPTOMS**  
6 **RELATED TO TRAUMATIC BRAIN INJURY.**

7           (a) IN GENERAL.—The Secretary, in consultation  
8 with stakeholders and the heads of other relevant Federal  
9 departments and agencies, as appropriate, shall conduct,  
10 either directly or through a contract with a nonprofit pri-  
11 vate entity, a study to—

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

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

18           (3) assess existing services available for individ-  
19 uals with such long-term symptoms or conditions;  
20 and

21           (4) identify any gaps in research related to such  
22 long-term symptoms or conditions or symptoms of  
23 individuals who have experienced a traumatic brain  
24 injury.

1           (b) PUBLIC REPORT.—Not later than 2 years after  
2 the date of enactment of this Act, the Secretary shall  
3 make publicly available a report on the study conducted  
4 under subsection (a).