

# Union Calendar No. 625

119<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 1493

**[Report No. 119–720]**

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

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## 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

JULY 2, 2026

Additional sponsors: Mr. DELUZIO, Mr. RUTHERFORD, and Mr. VINDMAN

JULY 2, 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.

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.—

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

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

13               (B) in subsection (b)—

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

17                       (ii) in paragraph (2), by inserting  
 18                       “and related risk factors” before the semi-  
 19                       colon; and

20                       (iii) in paragraph (3)—

21                               (I) in the matter preceding sub-  
 22                               paragraph (A), by striking “2020”  
 23                               each place it appears and inserting  
 24                               “2030”; and

25                               (II) in subparagraph (A)—

1 (aa) in clause (i), by striking  
2 “; and” and inserting “of trau-  
3 matic brain injury;”;

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

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

8 “(ii) populations at higher risk of  
9 traumatic brain injury, including popu-  
10 lations whose increased risk is due to occu-  
11 pational or circumstantial factors;

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

14 (dd) in clause (iv), as so re-  
15 designated, by striking “arising  
16 from traumatic brain injury” and  
17 inserting “, which may include  
18 related mental health and other  
19 conditions, arising from trau-  
20 matic brain injury, including”;  
21 and

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

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

5           (A) by amending the section heading to  
6       read as follows: “**THE BILL PASCRELL, JR.,**  
7       **NATIONAL PROGRAM FOR TRAUMATIC**  
8       **BRAIN INJURY SURVEILLANCE AND REG-**  
9       **ISTRIES**”;

10          (B) in subsection (a)—

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

17           (ii) in paragraph (1), by inserting “,  
18          including the occupation of the individual,  
19          when relevant to the circumstances sur-  
20          rounding the injury” before the semicolon;  
21          and

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

24          (C) by striking subsection (b);

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

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

7 (F) by adding at the end the following:

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

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

22 (A) in subsection (a), by striking “1994,  
23 and” and inserting “1994,”; and

1 (B) in subsection (b), by striking “2020  
2 through 2024” and inserting “2026 through  
3 2030”.

4 (b) STATE GRANT PROGRAMS.—

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

9 (A) in subsection (b)(2)—

10 (i) by inserting “, taking into consid-  
11 eration populations that may be at higher  
12 risk for traumatic brain injuries” after  
13 “outreach programs”; and

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

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

18 “(3) MAINTENANCE OF EFFORT.—With respect  
19 to activities for which a grant awarded under sub-  
20 section (a) is to be expended, a State or American  
21 Indian consortium shall agree to maintain expendi-  
22 tures of non-Federal amounts for such activities at  
23 a level that is not less than the level of such expendi-  
24 tures maintained by the State or American Indian  
25 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.



1 “(2) TRAUMATIC BRAIN INJURY.—

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

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

6 “(ii) may include—

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

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

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

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

23 (E) in subsection (i), by striking “2020  
24 through 2024” and inserting “2026 through  
25 2030”.

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

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

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

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

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

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

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

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

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

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

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

21 (C) examine any correlations between trau-  
22 matic brain injury and increased risk of other  
23 conditions, such as dementia and mental health  
24 conditions;

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

4 (E) identify any gaps in research related to  
5 such long-term or chronic symptoms or condi-  
6 tions of individuals who have experienced a  
7 traumatic brain injury.

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

11 (A) submit to the Committee on Energy  
12 and Commerce of the House of Representatives  
13 and the Committee on Health, Education,  
14 Labor, and Pensions of the Senate a report de-  
15 tailing the findings, conclusions, and rec-  
16 ommendations of the study described in para-  
17 graph (1); and

18 (B) in the case that such study is con-  
19 ducted directly by the Secretary, make the re-  
20 port described in subparagraph (A) publicly  
21 available on the website of the Department of  
22 Health and Human Services.



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