

115TH CONGRESS
1ST SESSION

H. R. 2360

To provide for systemic research, treatment, prevention, awareness, and dissemination of information with respect to sports-related and other concussions.

IN THE HOUSE OF REPRESENTATIVES

MAY 4, 2017

Mrs. BEATTY (for herself, Mrs. WAGNER, Mr. MEEKS, Mr. CONYERS, Ms. KELLY of Illinois, Mr. EVANS, Mr. GRIFFITH, Ms. JACKSON LEE, Mr. PAYNE, Ms. SEWELL of Alabama, Mr. CARBAJAL, Ms. ROS-LEHTINEN, Mr. CÁRDENAS, Mr. RICHMOND, Mrs. DINGELL, Mr. BISHOP of Georgia, Mr. HASTINGS, Mr. BRADY of Pennsylvania, Ms. MOORE, Mr. SWALWELL of California, and Mr. CLAY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for systemic research, treatment, prevention, awareness, and dissemination of information with respect to sports-related and other concussions.

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 “Concussion Awareness
5 and Education Act of 2017”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

Sec. 1. Short title.
Sec. 2. Table of contents.
Sec. 3. Findings; purposes.
Sec. 4. Surveillance of sports-related concussions.
Sec. 5. Research.
Sec. 6. Dissemination of information.
Sec. 7. Concussion Research Commission.

1 **SEC. 3. FINDINGS; PURPOSES.**

2 (a) FINDINGS.—The Congress finds as follows:

3 (1) There is currently no comprehensive system
4 for acquiring accurate data on the incidence of
5 sports- and recreation-related concussions across
6 youth age groups and sports.

7 (2) Overall, according to a report entitled
8 “Sports-Related Concussions in Youth: Improving
9 the Science, Changing the Culture”, issued by the
10 National Academies in 2013, each year in the
11 United States, there are approximately 1.6 to 3.8
12 million sports- and recreation-related traumatic
13 brain injuries, including concussions and other head
14 injuries. These figures are based on conservative es-
15 timates.

16 (3) Between 2001 and 2009, the reported num-
17 ber of our youth ages 21 and under treated in an
18 emergency department for concussion and other non-
19 fatal sports and recreation-related traumatic brain
20 injuries increased from 150,000 to 250,000.

1 (4) Over the same time period between 2001
2 and 2009, the rate of emergency room visits for con-
3 cussive injuries increased by 57 percent.

4 (5) Yet, according to the National Academies
5 there currently is—

6 (A) a lack of data to accurately estimate
7 the incidence of sports-related concussions
8 across a variety of sports and for youth across
9 the pediatric age spectrum; and

10 (B) no comprehensive system for acquiring
11 accurate data on the incidence of sports- and
12 recreation-related concussions across all youth
13 age groups and sports.

14 (6) Currently, there are significant information
15 gaps in the proper protocol for diagnosis and treat-
16 ment of sports-related concussions and more re-
17 search desperately is needed.

18 (b) PURPOSES.—The purposes of this Act are—

19 (1) to increase awareness and knowledge about
20 concussions through development of, implementation
21 of, and evaluation of the effectiveness of, large-scale
22 collaborative efforts and research by entities includ-
23 ing, but not limited to, national sports associations,
24 State high school associations, trainers' associations,

1 appropriate Federal entities, and other stakeholders
2 such as parents, coaches, and students; and

3 (2) to change the culture (including social
4 norms, attitudes, and behaviors) surrounding con-
5 cussions among elementary school youth and their
6 parents, coaches, sports officials, educators, trainers,
7 and health care professionals, taking into account
8 demographic variations across population groups,
9 where appropriate.

10 **SEC. 4. SURVEILLANCE OF SPORTS-RELATED CONCUS-**
11 **SIONS.**

12 Title III of the Public Health Service Act is amended
13 by inserting after section 317T of such Act (42 U.S.C.
14 247b–22) the following:

15 **“SEC. 317U. SURVEILLANCE OF SPORTS-RELATED CONCUS-**
16 **SIONS.**

17 “(a) IN GENERAL.—The Secretary of Health and
18 Human Services, acting through the Director of the Cen-
19 ters for Disease Control and Prevention, and taking into
20 account other Federal data collection efforts, shall—

21 “(1) establish and oversee a national system to
22 accurately determine the incidence of sports-related
23 concussions among youth; and

1 “(2) begin implementation of such system not
2 later than 1 year after the date of enactment of the
3 Concussion Awareness and Education Act of 2017.

4 “(b) DATA TO BE COLLECTED.—The data collected
5 under subsection (a) shall, to the extent feasible, include
6 each of the following:

7 “(1) The incidence of sports-related concussions
8 in individuals 5 through 21 years of age.

9 “(2) Demographic information of the injured
10 individuals, including age, sex, race, and ethnicity.

11 “(3) Pre-existing conditions of the injured indi-
12 viduals, such as attention deficit hyperactivity dis-
13 order and learning disabilities.

14 “(4) The concussion history of the injured indi-
15 viduals, such as the number and dates of prior con-
16 cussions.

17 “(5) The use of protective equipment and im-
18 pact monitoring devices.

19 “(6) The qualifications of personnel diagnosing
20 the concussions.

21 “(7) The cause, nature, and extent of the con-
22 cussive injury, including—

23 “(A) the sport or activity involved;

24 “(B) the recreational or competitive level
25 of the sport or activity involved;

1 “(C) the event type involved, including
2 whether it was practice or competition;

3 “(D) the impact location on the body;

4 “(E) the impact nature, such as contact
5 with a playing surface, another player, or equip-
6 ment; and

7 “(F) signs and symptoms consistent with a
8 concussion.”.

9 **SEC. 5. RESEARCH.**

10 Part B of title IV of the Public Health Service Act
11 (42 U.S.C. 284 et seq.) is amended by adding at the end
12 the following:

13 **“SEC. 409K. RESEARCH ON CONCUSSIONS IN YOUTH.**

14 “Beginning not later than 1 year after the date of
15 enactment of the Concussion Awareness and Education
16 Act of 2017, the Director of NIH shall conduct or sup-
17 port—

18 “(1) research designed to inform the creation of
19 age-specific, evidence-based guidelines for the man-
20 agement of short- and long-term sequelae of concus-
21 sion in youth;

22 “(2) research on the effects of concussions and
23 repetitive head impacts on quality of life and the ac-
24 tivities of daily living;

1 “(3) research to identify predictors, and modi-
2 fiers of outcomes, of concussions in youth, including
3 the influence of socioeconomic status, race, ethnicity,
4 sex, and comorbidities; and

5 “(4) research on age- and sex-related bio-
6 mechanical determinants of injury risk for concus-
7 sion in youth, including how injury thresholds are
8 modified by the number of and time interval between
9 head impacts and concussions.”.

10 **SEC. 6. DISSEMINATION OF INFORMATION.**

11 (a) IN GENERAL.—The Secretary of Health and
12 Human Services, acting through the Director of the Cen-
13 ters for Disease Control and Prevention, shall develop and
14 disseminate to the public information regarding concus-
15 sions.

16 (b) ARRANGEMENTS WITH OTHER ENTITIES.—In
17 carrying out paragraph (1), the Secretary may dissemi-
18 nate information through arrangements with nonprofit or-
19 ganizations, consumer groups, Federal, State, or local
20 agencies, or the media.

21 **SEC. 7. CONCUSSION RESEARCH COMMISSION.**

22 (a) ESTABLISHMENT.—There is established a Con-
23 cussion Research Commission (referred to in this section
24 as the “Commission”).

25 (b) MEMBERSHIP.—

1 (1) APPOINTMENT.—The Commission shall be
2 composed of the following nine members:

3 (A) Five shall be appointed by the Presi-
4 dent.

5 (B) One shall be appointed by the Speaker
6 of the House of Representatives.

7 (C) One shall be appointed by the minority
8 leader of the House of Representatives.

9 (D) One shall be appointed by the majority
10 leader of the Senate.

11 (E) One shall be appointed by the minority
12 leader of the Senate.

13 (2) QUALIFICATIONS.—To be eligible for ap-
14 pointment under paragraph (1), an individual
15 shall—

16 (A) have experience with research, treat-
17 ment, and prevention with respect to all types
18 of concussive injuries; and

19 (B) be a leading medical or scientific ex-
20 pert, or an otherwise authoritatively qualified
21 expert, in one or more relevant fields.

22 (3) TERMS.—Each member of the Commission
23 shall be appointed for the life of the Commission.

24 (4) VACANCIES.—Any member appointed to fill
25 a vacancy occurring before the expiration of the

1 term for which the member's predecessor was ap-
2 pointed shall be appointed only for the remainder of
3 that term. A member may serve after the expiration
4 of that member's term until a successor has taken
5 office. A vacancy in the Commission shall be filled
6 in the manner in which the original appointment was
7 made.

8 (5) NO PAY.—The members of the Commission
9 shall serve without pay. Members of the Commission
10 who are full-time officers or employees of the United
11 States or Members of Congress may not receive ad-
12 ditional pay, allowances, or benefits by reason of
13 their service on the Commission.

14 (6) TRAVEL EXPENSES.—Each member of the
15 Commission shall receive travel expenses, including
16 per diem in lieu of subsistence, in accordance with
17 applicable provisions under subchapter I of chapter
18 57 of title 5, United States Code.

19 (7) RESOURCES.—The Secretary shall ensure
20 that appropriate personnel, funding, and other re-
21 sources are provided to the Commission to carry out
22 its responsibilities.

23 (c) MEETINGS.—The Commission shall meet at least
24 4 times each year.

1 (d) STAFF OF FEDERAL AGENCIES.—Upon request
2 of the Commission, the head of any Federal department
3 or agency may detail, without reimbursement, any of the
4 personnel of that department or agency to the Commission
5 to assist in carrying out this section.

6 (e) STUDY.—The Commission shall—

7 (1) study the programs and activities conducted
8 pursuant to this Act; and

9 (2) based on the results of such programs and
10 activities, formulate systemic recommendations for
11 furthering the purposes of this Act, as described in
12 section 3(b).

13 (f) REVIEW OF NATIONAL ACADEMIES REPORT.—
14 The Commission shall review the report of the National
15 Academies entitled “Sports-Related Concussions in Youth:
16 Improving the Science, Changing the Culture” and rec-
17 ommend corrections or updates to such report, as the
18 Commission determines appropriate.

19 (g) REPORTING.—

20 (1) INTERIM REPORTS.—Every 6 months, the
21 Commission shall submit to the appropriate commit-
22 tees of Congress an interim report on the Commis-
23 sion’s activities.

24 (2) FINAL REPORT.—Not later than 36 months
25 after the date of enactment of this Act, the Commis-

1 sion shall submit to the appropriate committees of
2 Congress, and make available to the public, a final
3 report on the results of the Commission's study
4 under subsection (e) and review under subsection
5 (f).

6 (h) TERMINATION.—The Commission shall terminate
7 upon the date of submission of the final report required
8 by subsection (g)(2), unless the Secretary of Health and
9 Human Services chooses to maintain the Commission be-
10 yond such date.

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