

TRAUMATIC BRAIN INJURY REAUTHORIZATION ACT OF
2013

MAY 20, 2014.—Committed to the Committee of the Whole House on the State of
the Union and ordered to be printed

Mr. UPTON, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 1098]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred
the bill (H.R. 1098) to amend the Public Health Service Act to re-
authorize certain programs relating to traumatic brain injury and
to trauma research, having considered the same, report favorably
thereon with an amendment and recommend that the bill as
amended do pass.

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AMENDMENT

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Traumatic Brain Injury Reauthorization Act of 2013”.

SEC. 2. CDC PROGRAMS FOR PREVENTION AND SURVEILLANCE OF TRAUMATIC BRAIN INJURY.

(a) PREVENTION.—Section 393B(b)(3) of the Public Health Service Act (42 U.S.C. 280b–1c(b)(3)) is amended by striking “health-status goals for 2010, commonly referred to as Healthy People 2010” and inserting “health-status goals for 2020, commonly referred to as Healthy People 2020”.

(b) SURVEILLANCE.—Subsection (b) of section 393C of the Public Health Service Act (42 U.S.C. 280b–1d) is amended—

(1) by striking “(b) Not later than” and inserting the following:

“(b) REPORTS.—

“(1) INITIAL REPORT.—Not later than”; and

(2) by adding at the end the following:

“(2) SUBSEQUENT REPORT.—Not later than 24 months after the date of enactment of the Traumatic Brain Injury Reauthorization Act of 2013, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health and in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall submit to the relevant committees of Congress a report that—

“(A) identifies which recommendations in the report under paragraph (1) have been adopted and which recommendations in such report have not been adopted; and

“(B) includes a description of planned activities to address each recommendation in such report that has not been adopted.”.

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

(1) by striking “and” after “1994.”;

(2) by striking the second period at the end; and

(3) by adding at the end the following: “Of the amounts made available to carry out this part for each of fiscal years 2014 through 2018, there is authorized to be appropriated \$6,100,000 to carry out sections 393B and 393C.”.

SEC. 3. STATE GRANTS FOR PROJECTS REGARDING TRAUMATIC BRAIN INJURY.

Section 1252 of the Public Health Service Act (42 U.S.C. 300d–52) is amended—

(1) in subsection (a), by striking “, acting through the Administrator of the Health Resources and Services Administration.”;

(2) in paragraphs (1)(A)(i) and (3)(E) of subsection (f), by striking “brain injury” and inserting “traumatic brain injury”;

(3) in subsection (h), by striking the comma after “under this section” and inserting a comma before “including”; and

(4) by amending subsection (j) to read as follows:

“(j) AUTHORIZATION OF APPROPRIATIONS.—For carrying out this section and section 1253, there is authorized to be appropriated \$9,760,000 for each of fiscal years 2014 through 2018.”.

SEC. 4. STATE GRANTS FOR PROTECTION AND ADVOCACY SERVICES.

Section 1253 of the Public Health Service Act (42 U.S.C. 300d–53) is amended—

(1) in subsection (a), by striking “, acting through the Administrator of the Health Resources and Services Administration (referred to in this section as the ‘Administrator’).”;

(2) in subsections (c), (d)(1), (e)(1), (e)(4), (g), (h), and (j)(1), by striking “Administrator” each place it appears and inserting “Secretary”;

(3) in subsection (h)—

(A) by striking the subsection heading and inserting “REPORTING”;

(B) by striking “Each protection and advocacy system” and inserting the following:

“(1) REPORTS BY SYSTEMS.—Each protection and advocacy system”; and

(C) by adding at the end the following:

“(2) REPORT BY SECRETARY.—Not later than 1 year after the date of enactment of the Traumatic Brain Injury Reauthorization Act of 2013, the Secretary shall prepare and submit to the appropriate committees of Congress a report

describing the services and activities carried out under this section during the period for which the report is being prepared.”.

(4) in subsection (i)—

(A) by striking “Administrator of the Health Resources and Services Administration” and inserting “Secretary”; and

(B) by striking “by the Administrator” and inserting “by the Secretary”;
(5) in subsection (k), by striking “subtitle C” and inserting “subtitle C of title I”;

(6) by striking subsection (l) (relating to authorization of appropriations); and

(7) by redesignating subsection (m) as subsection (l).

PURPOSE AND SUMMARY

H.R. 1098, Traumatic Brain Injury (TBI) Reauthorization Act of 2013, would reauthorize the TBI Act of 2008 and continue brain injury prevention and surveillance activities at the Centers for Disease Control and Prevention (CDC). The bill also would provide for State grants administered by Health Resources and Services Administration (HRSA) to help families access needed services such as rehabilitation and long-term care. In addition, HRSA currently provides grants to States for the protection and advocacy of TBI patients. The bill also would allow these grant programs to move from HRSA to another agency within the Department of Health and Human Services (HHS) in order to better coordinate TBI activities with services and support available to older Americans and individuals with other disabilities.

BACKGROUND AND NEED FOR LEGISLATION

Brain injury is a leading cause of death and disability that affects persons of all ages, races, and income levels.¹ TBI is a particularly concerning health issue among current and former military personnel and has been described as “one of the signature injuries of troops wounded in Afghanistan and Iraq.”² TBI can cause epilepsy and increase the risk for Alzheimer’s disease, Parkinson’s disease, and other brain disorders that become more prevalent with age.³

There were 2.4 million emergency department visits, hospitalizations, or deaths associated with TBI in the United States in 2009.⁴ According to the CDC, on average, 1.7 million Americans will sustain a TBI each year.⁵ It is estimated that up to 90,000 of these individuals will experience long-term, sometimes life-long, impairments as a result of their injury.⁶

Timely and comprehensive treatment is vital to save lives and improve the quality of life for TBI survivors. Individuals with TBI may need a variety of services and support, including rehabilitation, counseling, academic and vocational accommodations, independent living assistance, transportation assistance, and vocational training. The TBI Program was first established in 1996 and reauthorized in 2001 and 2008 to improve access to these services and

¹ http://docs.house.gov/meetings/IF/IF14/20131120/101509/HHRG-113-IF14-Wstate-NageleD_20131120.pdf.

² http://www.defense.gov/home/features/2012/0312_tbi/.

³ http://docs.house.gov/meetings/IF/IF14/20131120/101509/HHRG-113-IF14-Wstate-NageleD_20131120.pdf.

⁴ http://docs.house.gov/meetings/IF/IF14/20131120/101509/HHRG-113-IF14-Wstate-NageleD_20131120.pdf.

⁵ http://www.cdc.gov/traumaticbraininjury/tbi_ed.html.

⁶ <http://www.hrsa.gov/about/budget/budgetjustification2013.pdf>.

supports, among other goals.⁷ Through the TBI Program, State and Territorial governments receive funding to help individuals with TBI and their families receive the comprehensive care and services they need to manage ongoing conditions caused by their injuries.

The TBI Act of 2008 directed the Directors of CDC and the National Institutes of Health (NIH)—in consultation with the Secretaries of Defense and Veterans Affairs—to submit a report to Congress describing how CDC can improve TBI surveillance efforts for individuals formerly in the military and recommending ways in which these civilian and non-civilian departments and agencies can collaborate further on TBI diagnostic tools and treatments.⁸ CDC and NIH completed this report in June 2013, which included agency-specific recommendations as well as five general recommendations: strengthen collaboration, utilize standard definitions, enhance coding and classification, improve dissemination, and build an evidence base.⁹

HEARINGS

The Subcommittee on Health held a hearing on Wednesday, November 20, 2013, entitled “Examining Public Health Legislation to Help Local Communities.” The Subcommittee received testimony from: Dr. Marsha Ford of the American Association of Poison Control Centers, Dr. Edward R.B. McCabe of the March of Dimes Foundation, Ms. Laura Crandall of CJ Foundation for SIDS, Mr. Robert Mt. Joy of Cornerstone Care Inc., Dr. Drew Nagele from the Brain Injury Association of America, Ms. Pat Smith, President of the Lyme Disease Association Inc., and Dr. Steven Stack of the American Medical Association. H.R. 1098, the “Traumatic Brain Injury Reauthorization Act of 2013,” was one of the bills discussed at the hearing.

COMMITTEE CONSIDERATION

On December 10, 2013, the Subcommittee on Health met in open markup session and favorably forwarded H.R. 1098, as amended, to the full Committee by a voice vote.

On December 10 and 11, 2013, the Committee on Energy and Commerce met in open markup session and approved H.R. 1098, as amended, by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering reported H.R. 1098. A motion by Mr. Upton to order H.R. 1098 reported to the House, with amendment, was agreed to by a voice vote.

⁷ Pub. L. No. 104–166; Pub. L. No. 106–310; Pub. L. No. 110–206.

⁸ Pub. L. No. 110–206.

⁹ <http://www.nashia.org/pdf/report-to-congress-on-traumatic-brain-injury-2013-a.pdf>.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee has not held an oversight hearing on this legislation.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the goal of this legislation is to reauthorize the TBI Act of 2008, continue brain injury prevention and surveillance activities at CDC, and provide for State grants administered by HHS to help families access needed services such as rehabilitation and long-term care.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 1098 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

earmark, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

In compliance with clause 9(e), 9(f), and 9(g) of rule XXI of the Rules of the House of Representatives, the Committee finds that H.R. 1098 contains no earmarks, limited tax benefits, or limited tariff benefits.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, January 8, 2014.

Hon. FRED UPTON,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 1098, the Traumatic Brain Injury Reauthorization Act of 2013.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Lisa Ramirez-Branum.

Sincerely,

DOUGLAS W. ELMENDORF

Enclosure.

H.R. 1098—Traumatic Brain Injury Reauthorization Act of 2013

Summary: H.R. 1098 would amend provisions of the Public Health Service Act that authorize the Department of Health and Human Services to conduct activities related to traumatic brain injury. Those activities, including the study and surveillance of traumatic brain injury and the awarding of grants that support access to services, are carried out by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA).

The bill would authorize the appropriation of about \$16 million annually for fiscal years 2014 through 2018 for activities related to traumatic brain injury. CBO estimates that implementing the bill would cost about \$74 million over the 2014–2019 period, assuming appropriation of the authorized amounts. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 1098 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

		By fiscal year, in millions of dollars—						
		2014	2015	2016	2017	2018	2019	2014–2019
CHANGES IN SPENDING SUBJECT TO APPROPRIATION								
CDC:								
Authorization Level		6	6	6	6	6	0	31
Estimated Outlays		2	5	6	6	6	4	29
HRSA:								
Authorization Level		10	10	10	10	10	0	49
Estimated Outlays		2	7	9	10	10	8	45
Total Changes:								
Authorization Level		16	16	16	16	16	0	79
Estimated Outlays		4	12	15	16	16	11	74

Note: Numbers may not sum to totals because of rounding.

Basis of estimate: H.R. 1098 would authorize annual appropriations of about \$16 million each year for fiscal years 2014 through 2018 for CDC and HRSA to administer activities related to traumatic brain injury. The Congress appropriated about \$16 million for such activities for fiscal year 2013. Sequestration under the Budget Control Act of 2011 reduced the 2013 funding to about \$15 million. That reduced funding level has been continued in fiscal year 2014 through January 15, 2014. For this estimate, CBO assumes that the bill will be enacted in early 2014 and that the authorized amounts will be appropriated for each year.

The bill would authorize the appropriation of \$6.1 million annually for the fiscal year 2014–2018 period for CDC to provide grants to states to develop or operate surveillance systems that measure the incidence and prevalence of traumatic brain injury. The authorized appropriations also would support CDC's efforts to study traumatic brain injury. Based on historical spending for those activities, CBO estimates that implementing those provisions would cost about \$29 million over the 2014–2019 period, assuming the appropriation of specified amounts.

H.R. 1098 would authorize the appropriation of \$9.7 million annually for fiscal years 2014 through 2018 for HRSA to provide grants to state and tribal governments to expand access to care and protection services for individuals with traumatic brain injury. Based on historical patterns of spending for those activities, CBO estimates that implementing those provisions would cost about \$45 million over the 2014–2019 period, assuming appropriation of the specified amounts.

Pay-As-You-Go considerations: None.

Intergovernmental and private-sector impact: H.R. 1098 contains no intergovernmental or private-sector mandates as defined in UMRA. State, local, and tribal governments that provide traumatic brain injury services could benefit from grant funds authorized by the bill.

Estimate prepared by: Federal costs: Lisa Ramirez-Branum and Santiago Vallinas; Impact on state, local, and tribal governments: Lisa Ramirez-Branum; Impact on the private sector: Alexia Diorio.

Estimate approved by: Holly Harvey, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

DUPLICATION OF FEDERAL PROGRAMS

No provision of H.R. 1098 establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULE MAKINGS

The Committee estimates that enacting H.R. 1098 would not specifically direct to be completed a rulemaking within the meaning of 5 U.S.C. 551.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 provides the short title of “Traumatic Brain Injury Reauthorization Act of 2013.”

Section 2. CDC programs for prevention and surveillance of Traumatic Brain Injury

Section 2 would reauthorize the CDC programs for the prevention and surveillance of TBI (sections 393B and 393C of the Public Health Service Act (PHSA)) at the currently-appropriated level of \$6.1 million for each of fiscal years 2014 through 2018.

Section 2 also would require a report to Congress no later than 24 months after the date of enactment by the Secretary, acting through the Directors of CDC and NIH, and in consultation with the Secretaries of Defense and Veterans Affairs, identifying which of the recommendations from the June 2013 report have been adopted and outlining plans for addressing those recommendations that have not been adopted. The Committee notes the importance of continued collaboration amongst civilian and non-civilian Federal departments and agencies in understanding the burden of TBI amongst current and former military personnel and preventing and treating of these injuries.

Section 3. State grants for projects regarding Traumatic Brain Injury

Section 3 would reauthorize State grants for projects regarding TBI and protection and advocacy services (sections 1252 and 1253 of the PHSA) at the currently-appropriated level of \$9.76 million for each of fiscal years 2014 through 2018.

Section 3, along with provisions in section 4, also would remove the requirement that the Secretary of HHS make grants for projects regarding TBI and for protection and advocacy services through the HRSA Administrator and, instead, gives the Secretary discretion to move these authorities to another operating division within HHS. Since the last reauthorization of the TBI Program, HHS has created a new operating division—the Administration for Community Living (ACL)—to oversee programs of services and supports for older Americans and people with disabilities, and maximize the ability of these individuals to reside at home and be active participants in their communities. The Committee believes the TBI authorities in sections 1252 and 1253 of the PHSA are very much consistent with ACL's mission and urges the Secretary of HHS to exercise her discretion to move these TBI programs to ACL.

Section 4. State grants for protection and advocacy services

Section 4 would augment the existing reporting requirement for protection and advocacy systems. Under current law, grantees submit an annual report to the Secretary of HHS describing TBI services and activities conducted under section 1253 of the PHSA. Section 4 requires the Secretary—in turn—to submit a one-time report to Congress one year after the date of enactment.

As noted above, protection and advocacy services are reauthorized in section 3 of the legislation. Section 3 also would give the Secretary of HHS discretion to have protection and advocacy services authorized in section 1253 of the PHSA administered by another operating division within the Department. The Committee's expectation is that the Secretary of HHS will exercise her discretion and charge ACL with administration of this program, along with State TBI grants authorized in section 1252 of the PHSA.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART J—PREVENTION AND CONTROL OF INJURIES

* * * * *

PREVENTION OF TRAUMATIC BRAIN INJURY

SEC. 393B. (a) * * *

(b) CERTAIN ACTIVITIES.—Activities under subsection (a) may include—

(1) * * *

* * * * *

(3) the implementation of a national education and awareness campaign regarding such injury (in conjunction with the program of the Secretary regarding [health-status goals for 2010, commonly referred to as Healthy People 2010] *health-status goals for 2020, commonly referred to as Healthy People 2020*), including—

(A) * * *

* * * * *

NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY SURVEILLANCE AND REGISTRIES

SEC. 393C. (a) * * *

[(b) Not later than] (b) *REPORTS*.—

(1) *INITIAL REPORT*.—*Not later than 18 months after the date of enactment of the Traumatic Brain Injury Act of 2008, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health and in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall submit to the relevant committees of Congress a report that contains the findings derived from an evaluation concerning activities and procedures that can be implemented by the Centers for Disease Control and Prevention to improve the collection and dissemination of compatible epidemiological studies on the incidence and prevalence of traumatic brain injury in individuals who were formerly in the military. The report shall include recommendations on the manner in which such agencies can further collaborate on the development and improvement of traumatic brain injury diagnostic tools and treatments.*

(2) *SUBSEQUENT REPORT.*—Not later than 24 months after the date of enactment of the Traumatic Brain Injury Reauthorization Act of 2013, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health and in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall submit to the relevant committees of Congress a report that—

(A) identifies which recommendations in the report under paragraph (1) have been adopted and which recommendations in such report have not been adopted; and

(B) includes a description of planned activities to address each recommendation in such report that has not been adopted.

* * * * *

AUTHORIZATIONS OF APPROPRIATIONS

SEC. 394A. For the purpose of carrying out this part, there are authorized to be appropriated \$50,000,000 for fiscal year 1994, [and] such sums as may be necessary for each of the fiscal years 1995 through 1998, and such sums as may be necessary for each of the fiscal years 2001 through 2005.[.] *Of the amounts made available to carry out this part for each of fiscal years 2014 through 2018, there is authorized to be appropriated \$6,100,000 to carry out sections 393B and 393C.*

* * * * *

TITLE XII—TRAUMA CARE

* * * * *

Part E—Miscellaneous Programs

* * * * *

SEC. 1252. STATE GRANTS FOR PROJECTS REGARDING TRAUMATIC BRAIN INJURY.

(a) *IN GENERAL.*—The Secretary[, acting through the Administrator of the Health Resources and Services Administration,] may make grants to States and American Indian consortia for the purpose of carrying out projects to improve access to rehabilitation and other services regarding traumatic brain injury.

* * * * *

(f) USE OF STATE AND AMERICAN INDIAN CONSORTIUM GRANTS.—

(1) *COMMUNITY SERVICES AND SUPPORTS.*—A State or American Indian consortium shall (directly or through awards of contracts to nonprofit private entities) use amounts received under a grant under this section for the following:

(A) To develop, change, or enhance community-based service delivery systems that include timely access to comprehensive appropriate services and supports. Such service and supports—

(i) shall promote full participation by individuals with [brain injury] *traumatic brain injury* and their

families in decision making regarding the services and supports; and

* * * * *

(3) STATE CAPACITY BUILDING.—A State or American Indian consortium may use amounts received under a grant under this section to—

(A) * * *

* * * * *

(E) tailor existing State or American Indian consortium systems to provide accommodations to the needs of individuals with **brain injury** *traumatic brain injury* (including systems administered by the State or American Indian consortium departments responsible for health, mental health, labor/employment, education, intellectual disabilities or developmental disorders, transportation, and correctional systems);

* * * * *

(h) REPORT.—Not less than biennially, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Health, Education, Labor, and Pensions of the Senate, a report describing the findings and results of the programs established under this section~~[],~~ and section 1253, including measures of outcomes and consumer and surrogate satisfaction.

* * * * *

[(j) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005, and such sums as may be necessary for each of the fiscal years 2009 through 2012.]

(j) AUTHORIZATION OF APPROPRIATIONS.—For carrying out this section and section 1253, there is authorized to be appropriated \$9,760,000 for each of fiscal years 2014 through 2018.

SEC. 1253. STATE GRANTS FOR PROTECTION AND ADVOCACY SERVICES.

(a) IN GENERAL.—The Secretary~~[],~~ acting through the Administrator of the Health Resources and Services Administration (referred to in this section as the “Administrator”),~~]~~ shall make grants to protection and advocacy systems for the purpose of enabling such systems to provide services to individuals with traumatic brain injury.

* * * * *

(c) APPLICATION.—To be eligible to receive a grant under this section, a protection and advocacy system shall submit an application to the **[Administrator]** *Secretary* at such time, in such form and manner, and accompanied by such information and assurances as the **[Administrator]** *Secretary* may require.

(d) APPROPRIATIONS LESS THAN \$2,700,000.—

(1) IN GENERAL.—With respect to any fiscal year in which the amount appropriated under subsection (l) to carry out this section is less than \$2,700,000, the **[Administrator]** *Secretary* shall make grants from such amount to individual protection

and advocacy systems within States to enable such systems to plan for, develop outreach strategies for, and carry out services authorized under this section for individuals with traumatic brain injury.

* * * * *

(e) APPROPRIATIONS OF \$2,700,000 OR MORE.—

(1) POPULATION BASIS.—Except as provided in paragraph (2), with respect to each fiscal year in which the amount appropriated under subsection (1) to carry out this section is \$2,700,000 or more, the [Administrator] *Secretary* shall make a grant to a protection and advocacy system within each State.

* * * * *

(4) INFLATION ADJUSTMENT.—For each fiscal year in which the total amount appropriated under subsection (1) to carry out this section is \$5,000,000 or more, and such appropriated amount exceeds the total amount appropriated to carry out this section in the preceding fiscal year, the [Administrator] *Secretary* shall increase each of the minimum grants amount described in subparagraphs (A) and (B) of paragraph (3) by a percentage equal to the percentage increase in the total amount appropriated under subsection (1) to carry out this section between the preceding fiscal year and the fiscal year involved.

* * * * *

(g) DIRECT PAYMENT.—Notwithstanding any other provision of law, each fiscal year not later than October 1, the [Administrator] *Secretary* shall pay directly to any protection and advocacy system that complies with the provisions of this section, the total amount of the grant for such system, unless the system provides otherwise for such payment.

(h) [ANNUAL REPORT.—] *REPORTING.*— [Each protection and advocacy system]

(1) *REPORTS BY SYSTEMS.*—*Each protection and advocacy system that receives a payment under this section shall submit an annual report to the [Administrator] Secretary concerning the services provided to individuals with traumatic brain injury by such system.*

(2) *REPORT BY SECRETARY.*—*Not later than 1 year after the date of enactment of the Traumatic Brain Injury Reauthorization Act of 2013, the Secretary shall prepare and submit to the appropriate committees of Congress a report describing the services and activities carried out under this section during the period for which the report is being prepared.*

(i) DATA COLLECTION.—The [Administrator of the Health Resources and Services Administration] *Secretary* and the Commissioner of the Administration on Developmental Disabilities shall enter into an agreement to coordinate the collection of data [by the Administrator] *by the Secretary* and the Commissioner regarding protection and advocacy services.

(j) TRAINING AND TECHNICAL ASSISTANCE.—

(1) GRANTS.—For any fiscal year for which the amount appropriated to carry out this section is \$6,000,000 or greater, the [Administrator] *Secretary* shall use 2 percent of such

amount to make a grant to an eligible national association for providing for training and technical assistance to protection and advocacy systems.

* * * * *

(k) SYSTEM AUTHORITY.—In providing services under this section, a protection and advocacy system shall have the same authorities, including access to records, as such system would have for purposes of providing services under **[(subtitle C)]** *subtitle C of title I* of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.

[(l)] AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$5,000,000 for fiscal year 2001, and such sums as may be necessary for each the fiscal years 2009 through 2012.

[(m)] (l) DEFINITIONS.—In this section:

(1) * * *

* * * * *

