

119TH CONGRESS
2D SESSION

S. 5600

To reauthorize the Traumatic Brain Injury program.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 29, 2026

Mr. ARMSTRONG (for himself, Mr. KIM, Mr. CORNYN, and Ms. CORTEZ MASTO) introduced the following bill; which was read twice, considered, read the third time, and passed

A BILL

To reauthorize the Traumatic Brain Injury program.

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 “Dennis John Benigno
5 Traumatic Brain Injury Program Reauthorization Act of
6 2026”.

1 **SEC. 2. THE BILL PASCRELL, JR., NATIONAL PROGRAM FOR**
 2 **TRAUMATIC BRAIN INJURY SURVEILLANCE**
 3 **AND REGISTRIES.**

4 (a) PREVENTION OF TRAUMATIC BRAIN INJURY.—
 5 Section 393B of the Public Health Service Act (42 U.S.C.
 6 280b–1c) is amended—

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

9 (2) in subsection (b)—

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

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

15 (C) in paragraph (3)—

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

19 (ii) in subparagraph (A)—

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

22 (II) by redesignating clause (ii)
 23 as clause (iv);

24 (III) by inserting after clause (i)
 25 the following:

1 “(ii) populations at higher risk of
 2 traumatic brain injury, including popu-
 3 lations whose increased risk is due to occu-
 4 pational or circumstantial factors;

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

7 (IV) in clause (iv), as so redesign-
 8 nated, by striking “arising from trau-
 9 matic brain injury” and inserting “,
 10 which may include related mental
 11 health and other conditions, arising
 12 from traumatic brain injury, includ-
 13 ing”;

14 (3) in subsection (c), by inserting “, and other
 15 relevant Federal departments and agencies” before
 16 the period at the end.

17 (b) NATIONAL PROGRAM FOR TRAUMATIC BRAIN IN-
 18 JURY SURVEILLANCE AND REGISTRIES.—Section 393C of
 19 the Public Health Service Act (42 U.S.C. 280b–1d) is
 20 amended—

21 (1) by amending the section heading to read as
 22 follows: “**THE BILL PASCRELL, JR., NATIONAL**
 23 **PROGRAM FOR TRAUMATIC BRAIN INJURY**
 24 **SURVEILLANCE AND REGISTRIES”;**

25 (2) in subsection (a)—

1 (A) in the matter preceding paragraph (1),
2 by inserting “to identify populations that may
3 be at higher risk for traumatic brain injuries, to
4 collect data on the causes of, and risk factors
5 for, traumatic brain injuries,” after “related
6 disability,”;

7 (B) in paragraph (1), by inserting “, in-
8 cluding the occupation of the individual, when
9 relevant to the circumstances surrounding the
10 injury” before the semicolon; and

11 (C) in paragraph (4), by inserting “short-
12 and long-term” before “outcomes”;

13 (3) by striking subsection (b);

14 (4) by redesignating subsection (c) as sub-
15 section (b);

16 (5) in subsection (b), as so redesignated, by in-
17 serting “and evidence-based practices to identify and
18 address concussion” before the period at the end;
19 and

20 (6) by adding at the end the following:

21 “(c) AVAILABILITY OF INFORMATION.—The Sec-
22 retary, acting through the Director of the Centers for Dis-
23 ease Control and Prevention, shall make publicly available
24 aggregated information on traumatic brain injury and
25 concussion described in this section, including on the

1 website of the Centers for Disease Control and Prevention.
 2 Such website, to the extent feasible, shall include aggre-
 3 gated information on populations that may be at higher
 4 risk for traumatic brain injuries and strategies for pre-
 5 venting or reducing risk of traumatic brain injury that are
 6 tailored to such populations.”.

7 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
 8 394A of the Public Health Service Act (42 U.S.C. 280b–
 9 3) is amended—

10 (1) in subsection (a), by striking “1994, and”
 11 and inserting “1994,”; and

12 (2) in subsection (b), by striking “2020 through
 13 2024” and inserting “2027 through 2031”.

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

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

18 (1) in subsection (b)(2)—

19 (A) by inserting “, taking into consider-
 20 ation populations that may be at higher risk for
 21 traumatic brain injuries” after “outreach pro-
 22 grams”; and

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

24 (2) in subsection (e)(3)(B)—

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

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

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

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

12 “(2) TRAUMATIC BRAIN INJURY.—

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

15 “(i) means an acquired injury to the
 16 brain;

17 “(ii) may include—

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

20 “(II) damage to the brain from
 21 an internal or external source that re-
 22 sults in infection, toxicity, surgery, or
 23 vascular disorders not associated with
 24 aging; and

1 “(iii) does not include brain dysfunc-
 2 tion caused by congenital or degenerative
 3 disorders, or birth trauma.

4 “(B) REVISIONS TO DEFINITION.—The
 5 Secretary may revise the definition of the term
 6 ‘traumatic brain injury’ under this paragraph,
 7 as the Secretary determines necessary, after
 8 consultation with States and other appropriate
 9 public or nonprofit private entities.”; and
 10 (4) in subsection (i), by striking “2020 through
 11 2024” and inserting “2027 through 2031”.

12 (b) STATE GRANTS FOR PROTECTION AND ADVO-
 13 CACY SERVICES.—Section 1253(l) of the Public Health
 14 Service Act (42 U.S.C. 300d–53(l)) is amended by striking
 15 “2020 through 2024” and inserting “2027 through
 16 2031”.

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

18 Not later than 2 years after the date of enactment
 19 of this Act, the Secretary of Health and Human Services
 20 (referred to in this Act as the “Secretary”) shall submit
 21 to the Committee on Health, Education, Labor, and Pen-
 22 sions of the Senate and the Committee on Energy and
 23 Commerce of the House of Representatives a report that
 24 contains—

1 (1) an overview of populations who may be at
 2 higher risk for traumatic brain injury, such as indi-
 3 viduals affected by domestic violence or sexual as-
 4 sault and public safety officers, as defined in section
 5 1204 of the Omnibus Crime Control and Safe
 6 Streets Act of 1968 (34 U.S.C. 10284);

7 (2) an outline of existing surveys and activities
 8 of the Centers for Disease Control and Prevention
 9 on traumatic brain injuries and any steps the agency
 10 has taken to address gaps in data collection related
 11 to such higher risk populations, which may include
 12 leveraging surveys such as the National Intimate
 13 Partner and Sexual Violence Survey to collect data
 14 on traumatic brain injuries;

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

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

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

21 (a) IN GENERAL.—The Secretary, in consultation
 22 with stakeholders and the heads of other relevant Federal
 23 departments and agencies, as appropriate, shall conduct,
 24 either directly or through a contract with a nonprofit pri-
 25 vate entity, a study to—

1 (1) examine the incidence and prevalence of
2 long-term or chronic symptoms or conditions in indi-
3 viduals who have experienced a traumatic brain in-
4 jury;

5 (2) examine the evidence base of research re-
6 lated to the chronic effects of traumatic brain injury
7 across the lifespan;

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

11 (4) assess existing services available for individ-
12 uals with such long-term or chronic symptoms or
13 conditions; and

14 (5) identify any gaps in research related to such
15 long-term or chronic symptoms or conditions of indi-
16 viduals who have experienced a traumatic brain in-
17 jury.

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

20 (1) submit to the Committee on Health, Edu-
21 cation, Labor, and Pensions of the Senate and the
22 Committee on Energy and Commerce of the House
23 of Representatives a report detailing the findings,
24 conclusions, and recommendations of the study de-
25 scribed in subsection (a); and

1 (2) in the case that such study is conducted di-
2 rectly by the Secretary, make the report described in
3 paragraph (1) publicly available on the website of
4 the Department of Health and Human Services.

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