

117TH CONGRESS
2D SESSION

S. 4286

To direct the Attorney General to develop crisis intervention training tools for use by first responders related to interacting with persons who have a traumatic brain injury, another form of acquired brain injury, or post-traumatic stress disorder, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 19 (legislative day, MAY 17), 2022

Mr. OSSOFF (for himself, Mr. GRASSLEY, and Mr. KENNEDY) introduced the following bill; which was read twice and referred to the Committee on the Judiciary

A BILL

To direct the Attorney General to develop crisis intervention training tools for use by first responders related to interacting with persons who have a traumatic brain injury, another form of acquired brain injury, or post-traumatic stress disorder, 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. SHORT TITLE.**

4 This Act may be cited as the “Traumatic Brain In-
5 jury and Post-Traumatic Stress Disorder Law Enforce-
6 ment Training Act” or the “TBI and PTSD Law Enforce-
7 ment Training Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) According to the Centers for Disease Con-
4 trol and Prevention, approximately 2,900,000 emer-
5 gency department visits, hospitalizations, and deaths
6 were related to traumatic brain injury in the United
7 States in 2014.

8 (2) Effects of traumatic brain injury (referred
9 to in this section as “TBI”) can be short-term or
10 long-term, and include impaired thinking or mem-
11 ory, movement, vision or hearing, or emotional func-
12 tioning, such as personality changes or depression.

13 (3) As of the date of enactment of this Act, be-
14 tween 3,200,000 and 5,300,000 persons are living
15 with a TBI-related disability in the United States.

16 (4) About 7 or 8 percent of individuals in the
17 United States will experience post-traumatic stress
18 disorder (referred to in this section as “PTSD”) at
19 some point in their lives, and about 8,000,000 adults
20 have PTSD during the course of a given year.

21 (5) TBI and PTSD have been recognized as the
22 signature injuries of the wars in Iraq and Afghani-
23 stan.

24 (6) According to the Department of Defense,
25 383,000 men and women deployed to Iraq and Af-

1 ghanistan sustained a brain injury while in the line
2 of duty between 2000 and 2018.

3 (7) Approximately 13.5 percent of veterans of
4 Operation Iraqi Freedom and Operation Enduring
5 Freedom screen positive for PTSD, according to the
6 Department of Veterans Affairs.

7 (8) About 12 percent of Gulf War veterans have
8 PTSD in a given year, while about 30 percent of
9 Vietnam veterans have had PTSD in their lifetime.

10 (9) Physical signs of TBI can include motor im-
11 pairment, dizziness or poor balance, slurred speech,
12 impaired depth perception, or impaired verbal mem-
13 ory, while physical signs of PTSD can include agita-
14 tion, irritability, hostility, hypervigilance, self-de-
15 structive behavior, fear, severe anxiety, or mistrust.

16 (10) Physical signs of TBI and PTSD often
17 overlap with physical signs of alcohol or drug im-
18 pairment, which complicate a first responder's abil-
19 ity to quickly and effectively identify an individual's
20 condition.

21 **SEC. 3. CREATION OF A TBI AND PTSD TRAINING FOR**
22 **FIRST RESPONDERS.**

23 Part HH of title I of the Omnibus Crime Control and
24 Safe Streets Act of 1968 (34 U.S.C. 10651 et seq.) is
25 amended—

1 (1) in section 2991 (34 U.S.C. 10651)—

2 (A) in subsection (h)(1)(A), by inserting
3 before the period at the end the following: “, in-
4 cluding the training developed under section
5 2993”; and

6 (B) in subsection (o), by striking para-
7 graph (1) and inserting the following:

8 “(1) IN GENERAL.—There is authorized to be
9 appropriated to the Department of Justice to carry
10 out this section \$54,000,000 for each of fiscal years
11 2023 through 2027.”; and

12 (2) by adding at the end the following:

13 **“SEC. 2993. CREATION OF TBI AND PTSD TRAINING FOR**
14 **FIRST RESPONDERS.**

15 “(a) IN GENERAL.—Not later than 1 year after the
16 date of enactment of this section, the Attorney General,
17 acting through the Director of the Bureau of Justice As-
18 sistance, in consultation with the Director of the Centers
19 for Disease Control and Prevention and the Assistant Sec-
20 retary for Mental Health and Substance Use, shall—

21 “(1) solicit best practices regarding techniques
22 to interact with persons who have a traumatic brain
23 injury, an acquired brain injury, or post-traumatic
24 stress disorder from first responder, brain injury,
25 veteran, and mental health organizations, health

1 care and mental health providers, hospital emer-
2 gency departments, and other relevant stakeholders;
3 and

4 “(2) develop crisis intervention training tools
5 for use by first responders (as that term is defined
6 in section 3025) that provide—

7 “(A) information on the conditions and
8 symptoms of a traumatic brain injury, an ac-
9 quired brain injury, and post-traumatic stress
10 disorder;

11 “(B) techniques to interact with persons
12 who have a traumatic brain injury, an acquired
13 brain injury, or post-traumatic stress disorder;
14 and

15 “(C) information on how to recognize per-
16 sons who have a traumatic brain injury, an ac-
17 quired brain injury, or post-traumatic stress
18 disorder.

19 “(b) USE OF TRAINING TOOLS AT LAW ENFORCE-
20 MENT-MENTAL HEALTH LEARNING SITES.—The Attor-
21 ney General shall ensure that not less than 1 Law En-
22 forcement-Mental Health Learning Site designated by the
23 Director of the Bureau of Justice Assistance uses the
24 training tools developed under subsection (a)(2).

1 “(c) POLICE MENTAL HEALTH COLLABORATION
 2 TOOLKIT.—The Attorney General shall make the training
 3 tools developed under subsection (a)(2) available as part
 4 of the Police-Mental Health Collaboration Toolkit pro-
 5 vided by the Bureau of Justice Assistance.”.

6 **SEC. 4. SURVEILLANCE AND REPORTING FOR FIRST RE-**
 7 **SPONDERS WITH TBI.**

8 Section 393C of the Public Health Service Act (42
 9 U.S.C. 280b–1d) is amended by adding at the end the fol-
 10 lowing:

11 “(d) LAW ENFORCEMENT AND FIRST RESPONDER
 12 SURVEILLANCE.—

13 “(1) IN GENERAL.—The Secretary, acting
 14 through the Director of the Centers for Disease
 15 Control and Prevention, shall implement concussion
 16 data collection and analysis to determine the preva-
 17 lence and incidence of concussion among first re-
 18 sponders (as such term is defined in section 3025 of
 19 title I of the Omnibus Crime Control and Safe
 20 Street Act of 1968 (34 U.S.C. 10705)).

21 “(2) REPORT.—Not later than 18 months after
 22 the date of the enactment of this subsection, the
 23 Secretary, acting through the Director of the Cen-
 24 ters for Disease Control and Prevention and the Di-
 25 rector of the National Institutes of Health and in

1 consultation with the Secretary of Defense and the
2 Secretary of Veterans Affairs, shall submit to the
3 relevant committees of Congress a report that con-
4 tains the findings of the surveillance conducted
5 under paragraph (1). The report shall include sur-
6 veillance data and recommendations for resources
7 for first responders who have experienced traumatic
8 brain injury.”.

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