117th CONGRESS 2d Session

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

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

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 In5 jury and Post-Traumatic Stress Disorder Law Enforce6 ment Training Act" or the "TBI and PTSD Law Enforce7 ment Training Act".

 $\mathbf{2}$

1 SEC. 2. FINDINGS.

2 Congress finds the following:

3 (1) According to the Centers for Disease Con4 trol and Prevention, approximately 2,900,000 emer5 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.

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

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

(5) TBI and PTSD have been recognized as the
signature injuries of the wars in Iraq and Afghanistan.

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—

	Ť
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
13 14	"SEC. 2993. CREATION OF TBI AND PTSD TRAINING FOR FIRST RESPONDERS.
14	FIRST RESPONDERS.
14 15	FIRST RESPONDERS. "(a) IN GENERAL.—Not later than 1 year after the
14 15 16	FIRST RESPONDERS. "(a) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Attorney General,
14 15 16 17	FIRST RESPONDERS. "(a) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Attorney General, acting through the Director of the Bureau of Justice As-
14 15 16 17 18	FIRST RESPONDERS. "(a) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Attorney General, acting through the Director of the Bureau of Justice As- sistance, in consultation with the Director of the Centers
14 15 16 17 18 19	FIRST RESPONDERS. "(a) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Attorney General, acting through the Director of the Bureau of Justice As- sistance, in consultation with the Director of the Centers for Disease Control and Prevention and the Assistant Sec-
 14 15 16 17 18 19 20 	FIRST RESPONDERS. "(a) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Attorney General, acting through the Director of the Bureau of Justice As- sistance, in consultation with the Director of the Centers for Disease Control and Prevention and the Assistant Sec- retary for Mental Health and Substance Use, shall—
 14 15 16 17 18 19 20 21 	FIRST RESPONDERS. "(a) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Attorney General, acting through the Director of the Bureau of Justice As- sistance, in consultation with the Director of the Centers for Disease Control and Prevention and the Assistant Sec- retary for Mental Health and Substance Use, shall— "(1) solicit best practices regarding techniques
 14 15 16 17 18 19 20 21 22 	FIRST RESPONDERS. "(a) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Attorney General, acting through the Director of the Bureau of Justice As- sistance, in consultation with the Director of the Centers for Disease Control and Prevention and the Assistant Sec- retary for Mental Health and Substance Use, shall— "(1) solicit best practices regarding techniques to interact with persons who have a traumatic brain
 14 15 16 17 18 19 20 21 22 23 	FIRST RESPONDERS. "(a) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Attorney General, acting through the Director of the Bureau of Justice As- sistance, in consultation with the Director of the Centers for Disease Control and Prevention and the Assistant Sec- retary for Mental Health and Substance Use, shall— "(1) solicit best practices regarding techniques to interact with persons who have a traumatic brain injury, an acquired brain injury, or post-traumatic

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).

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

6 SEC. 4. SURVEILLANCE AND REPORTING FOR FIRST RE7 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 fol10 lowing:

11 "(d) LAW ENFORCEMENT AND FIRST RESPONDER12 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 Cen24 ters for Disease Control and Prevention and the Di25 rector of the National Institutes of Health and in

consultation with the Secretary of Defense and the 1 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 under paragraph (1). The report shall include sur-5 6 veillance data and recommendations for resources 7 for first responders who have experienced traumatic 8 brain injury.".