

9651--A

Cal. No. 782

I N A S S E M B L Y

May 14, 2014

Introduced by M. of A. BENEDETTO, GOTTFRIED, SIMOTAS, MOSLEY, CLARK --
Multi-Sponsored by -- M. of A. CAMARA, KEARNS, RIVERA -- read once and
referred to the Committee on Health -- passed by Assembly and delivered
to the Senate, recalled from the Senate, vote reconsidered, bill
amended, ordered reprinted, retaining its place on the order of third
reading

AN ACT to amend the public health law, in relation to including concussions within the New York state traumatic brain injury program

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Section 2741 of the public health law, as added by chapter
2 196 of the laws of 1994, is amended to read as follows:
3 S 2741. Definitions. As used in this article[, the term "traumatic]:
4 1. "TRAUMATIC brain injury" means an acquired injury to the brain
5 caused by an external physical force resulting in total or partial disability
6 or impairment and shall include but not be limited to damage to
7 the central nervous system from anoxic/hypoxic episodes or damage to the
8 central nervous system from allergic conditions, toxic substances and
9 other acute medical/clinical incidents. Such term shall include, but not
10 be limited to, open and closed brain injuries that may result in mild,
11 moderate or severe impairments in one or more areas, including cognition,
12 language, memory, attention, reasoning, abstract thinking, judgment,
13 problem-solving, sensory perceptual and motor abilities, psychosocial
14 behavior, physical functions, information processing and speech. Such term
15 shall not include progressive dementias and other mentally impairing
16 conditions, depression and psychiatric disorders in which there is no
17 known or obvious central nervous system damage, neurological, metabolic
18 and other medical conditions of chronic, congenital or degenerative nature
19 or brain injuries induced by birth trauma.
20 2. "CONCUSSION" MEANS A MILD TRAUMATIC INJURY TO THE BRAIN THAT IS
21 CHARACTERIZED BY IMMEDIATE AND TRANSIENT ALTERATION OF MENTAL STATUS AND
22 LEVEL OF CONSCIOUSNESS, RESULTING FROM MECHANICAL FORCE OR TRAUMA.

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
[] is old law to be omitted.

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1 S 2. Subdivisions 3, 5 and 7 of section 2742 of the public health law,
2 as added by chapter 196 of the laws of 1994, are amended to read as
3 follows:

4 3. to develop and maintain a clearinghouse of information on traumatic
5 brain injuries AND CONCUSSIONS, including but not limited to, resources
6 that support the development and implementation of community-based
7 services and rehabilitation;

8 5. to develop innovative educational programs on the causes and
9 prevention of traumatic brain injuries AND CONCUSSIONS, with an emphasis
10 on outreach campaigns. Such programs and information shall include, but
11 not be limited to, treatment and services for persons with traumatic
12 brain injury AND/OR A CONCUSSION and their families;

13 7. to gather and disseminate statistics and conduct investigations and
14 research relating to the causes and prevention of traumatic brain inju-
15 ries AND CONCUSSIONS and the treatment of such injuries, including the
16 methods and procedures for rehabilitation, including from time to time,
17 such publications for distribution to appropriate scientific organiza-
18 tions;

19 S 3. Section 2744 of the public health law is amended by adding a new
20 subdivision 4 to read as follows:

21 4. (A) WITHIN THE TRAUMATIC BRAIN INJURY SERVICES COORDINATING COUNCIL
22 THERE SHALL BE ESTABLISHED A CONCUSSION MANAGEMENT ADVISORY COMMITTEE
23 WHICH SHALL DEVELOP RECOMMENDATIONS SPECIFIC TO CONCUSSION MANAGEMENT,
24 ACADEMIC SCHOLARSHIP, AND PUBLIC AWARENESS FOR SUBMISSION TO THE TRAU-
25 MATIC BRAIN INJURY SERVICES COORDINATING COUNCIL FOR CONSIDERATION. THE
26 COMMITTEE SHALL CONSIST OF MEMBERS APPOINTED FROM THE MEMBERSHIP OF THE
27 TRAUMATIC BRAIN INJURY SERVICES COORDINATING COUNCIL BY A MAJORITY VOTE
28 OF THE COUNCIL. ADDITIONAL COMMITTEE MEMBERS MAY BE APPOINTED BY THE
29 COMMISSIONER AND SHALL HAVE DEMONSTRATED EXPERIENCE WITH OR EXPERTISE IN
30 ONE OF THE FOLLOWING AREAS: PUBLIC HEALTH EXPERTISE RELATED TO MILD
31 TRAUMATIC BRAIN INJURIES AND CONCUSSIONS, ACADEMIC RESEARCH IN THE AREA
32 OF TRAUMATIC BRAIN INJURIES AND CONCUSSION MANAGEMENT, AND PUBLIC AWARE-
33 NESS EXPERIENCE RELATED TO THE RECOGNITION OF MILD TRAUMATIC BRAIN INJU-
34 RIES AND CONCUSSIONS. COMMITTEE MEMBERSHIP SHALL NOT EXCEED TWELVE
35 MEMBERS. THE COMMITTEE MAY CONSULT WITH A MEMBER OR MEMBERS OF THE
36 PUBLIC WHO HAVE DEMONSTRATED EXPERTISE AND INTEREST IN MILD TRAUMATIC
37 BRAIN INJURIES AND CONCUSSIONS.

38 (B) THE RECOMMENDATIONS OF THE ADVISORY COMMITTEE SHALL INCLUDE, BUT
39 NOT BE LIMITED TO:

40 (I) METHODS TO RAISE PUBLIC AWARENESS OF MILD TRAUMATIC BRAIN INJURIES
41 AND CONCUSSIONS;

42 (II) THE DEVELOPMENT OF OUTREACH SERVICES TO PROVIDE COORDINATED
43 INFORMATION REGARDING THE RECOGNITION AND MANAGEMENT OF MILD TRAUMATIC
44 BRAIN INJURIES AND CONCUSSIONS; AND

45 (III) THE DEVELOPMENT OF A CLEARINGHOUSE OF ACADEMIC RESEARCH AND
46 SCIENTIFIC FINDINGS RELATED TO THE RECOGNITION, MANAGEMENT, AND TREAT-
47 MENT OF MILD TRAUMATIC INJURIES AND CONCUSSIONS.

48 S 4. This act shall take effect immediately.