

7004--A

Cal. No. 564

I N S E N A T E

April 11, 2014

Introduced by Sens. YOUNG, HANNON -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, amended and ordered reprinted, retaining its place in 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 disa-
6 bility 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 cogni-
12 tion, language, memory, attention, reasoning, abstract thinking, judg-
13 ment, problem-solving, sensory perceptual and motor abilities, psycho-
14 social behavior, physical functions, information processing and speech.
15 Such term shall not include progressive dementias and other mentally
16 impairing conditions, depression and psychiatric disorders in which
17 there is no known or obvious central nervous system damage, neurologi-
18 cal, metabolic and other medical conditions of chronic, congenital or
19 degenerative nature 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.
23 S 2. Subdivisions 3, 5 and 7 of section 2742 of the public health law,
24 as added by chapter 196 of the laws of 1994, are amended to read as
25 follows:

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

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

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

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

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

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

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

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

39 (II) THE DEVELOPMENT OF OUTREACH SERVICES TO PROVIDE COORDINATED
40 INFORMATION REGARDING THE RECOGNITION AND MANAGEMENT OF MILD TRAUMATIC
41 BRAIN INJURIES AND CONCUSSIONS; AND

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

45 S 4. This act shall take effect immediately.