

To the office of U.S. Representative Frank Pallone

Re: HR 1493 (119th Congress), To reauthorize and make improvements to Federal programs relating to the prevention, detection, and treatment of traumatic brain injuries, and for other purposes. • Latest action (2026-07-21): Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

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Traumatic Brain Injury Evidence and Services Reauthorization

The measure, as described from the official record: Help prevent traumatic brain injuries, track how often they happen, and improve treatment and daily-living support for people living with them.

THE PROPOSAL

VFA recommends that Congress retain H.R. 1493's targeted reauthorization of traumatic brain injury programs through fiscal year 2030. The bill updates CDC surveillance and registry work, CDC prevention research and public information, and grants supporting state and American Indian consortium services and protection and advocacy. It directs CDC to publish aggregated information on traumatic brain injury and higher-risk populations. States and consortiums would continue to administer the grant-funded services under federal program rules.

The bill authorizes \$9.25 million a year for the CDC-related line and \$13.118 million a year for the state-program line for fiscal years 2026 through 2030. These are authorizations, not money already appropriated or a cost estimate for the entire program. Congress would decide actual funding through appropriations. The bill also adds a maintenance-of-effort condition and lets HHS waive up to half of a required nonfederal match for one fiscal year when that match would prevent a state or American Indian consortium from carrying out the grant's purposes. VFA proposes that HHS publish consistent waiver criteria and reasons.

VFA would add a narrow privacy and performance framework to those existing grants. Public CDC tables should stay aggregated and use suppression or similar safeguards when small groups could be identified. Grant reports should distinguish people reached, services delivered, and measured outcomes without exposing patient records. Any new direct collection should include clear notice and lawful consent where applicable. Corrective action for a grantee's privacy or reporting failure should follow the governing grant terms and give a documented opportunity to respond.

The bill requires HHS to report on higher-risk populations and to study long-term symptoms or conditions after traumatic brain injury, with reports to the named House and Senate committees within two years after enactment. VFA proposes publishing the methods, limitations, and useful nonidentifying results so future funding decisions can use evidence. The bill's funding authorizations run through fiscal year 2030; it does not say that the underlying programs

automatically end then. Any later renewal should be debated with updated outcomes and appropriations data.

OPERATIVE PROVISIONS (VFA PROPOSAL)

Effective Date	Upon enactment; authorization amounts cover fiscal years 2026 through 2030, with no express retroactive effective date in the checked bill text.
Enforcement Mechanism	Existing HHS grant oversight applies. VFA proposes transparent grant performance and privacy terms, documented corrective action, and a response opportunity before a grant penalty, subject to governing law.
Funding Amount	H.R. 1493 authorizes \$9.25 million yearly for the CDC line and \$13.118 million yearly for state programs in FY2026-FY2030; \$22.368 million yearly across those two lines, subject to appropriation.
Funding Source	Annual HHS appropriations if Congress provides them; the bill's authorization alone does not appropriate cash or establish total implementation cost.
Oversight Body	HHS, CDC, and the Administration for Community Living for their respective programs; the bill requires specified HHS reports to Congress, with VFA-proposed public methods and grant performance disclosure.
Authorization Window	FY2026-FY2030 funding authorizations; no automatic sunset of the underlying programs.

CONSTITUTIONAL BASIS

- Article I, Section 8, Clause 1
- Article I, Section 9, Clause 7
- Tenth Amendment

Concerns with the measure as written:

- Article I spending: H.R. 1493 authorizes two specified annual amounts through fiscal year 2030, but actual spending still requires appropriations and clear grant terms.
 - Federalism: the bill uses state and American Indian consortium grants with maintenance-of-effort and matching rules; conditions should be transparent and participation voluntary.
 - Privacy as a policy concern: surveillance and registries covering higher-risk groups, including people affected by violence, require strong protection against reidentification even though the bill directs public release of aggregated information.
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WHY BOTH SIDES CAN BACK IT (VFA'S ASSESSMENT)

The proposal keeps targeted injury prevention, disability services, and state and tribal administration while stating the authorization amounts plainly, protecting sensitive registry data, and asking for measurable results. Lawmakers can evaluate the same funding and outcome evidence without assuming party support or a predicted vote.

CHECK BEFORE RELYING ON THIS

Basis: Checked the full GPO text of H.R. 1493 as referred in the Senate July 21, 2026, <https://www.congress.gov/119/bills/hr1493/BILLS-119hr1493rfs.htm> . It amends CDC surveillance

and registry provisions, state and American Indian consortium grants, two annual authorization lines, a maintenance-of-effort rule and limited match waiver, and two-year HHS study and report duties. The added privacy and performance terms are VFA proposals. The House passed the bill July 20, 2026; the Senate referred it to HELP July 21, 2026. The live Congress API still records that referral and no enacted law.

Current law outside the checked bill text determines the underlying nonfederal matching percentage, existing grant remedies, privacy duties, and program implementation. The precise cost and actual future appropriations are unknown; legislative status must be rechecked before any statement that the bill became law.

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