

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 2992  
OFFERED BY M . \_\_\_\_\_**

Strike all that follows after the enacting clause and  
insert the following:

**1 SECTION 1. SHORT TITLE.**

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

**6 SEC. 2. FINDINGS.**

7       Congress finds the following:

8           (1) According to the Centers for Disease Con-  
9 trol and Prevention, there were approximately 2.9  
10 million traumatic brain injury-related emergency de-  
11 partment visits, hospitalizations, and deaths in the  
12 United States in 2014.

13           (2) Effects of traumatic brain injury (TBI) can  
14 be short-term or long-term, and include impaired  
15 thinking or memory, movement, vision or hearing, or  
16 emotional functioning, such as personality changes  
17 or depression.

1           (3) Currently, between 3.2 million and 5.3 mil-  
2           lion persons are living with a TBI-related disability  
3           in the United States.

4           (4) About 7 or 8 percent of Americans will ex-  
5           perience post-traumatic stress disorder (PTSD) at  
6           some point in their lives, and about 8 million adults  
7           have PTSD during the course of a given year.

8           (5) TBI and PTSD have been recognized as the  
9           signature injuries of the Wars in Iraq and Afghani-  
10          stan.

11          (6) According to the Department of Defense,  
12          383,000 men and women deployed to Iraq and Af-  
13          ghanistan sustained a brain injury while in the line  
14          of duty between 2000 and 2018.

15          (7) Approximately 13.5 percent of Operations  
16          Iraqi Freedom and Enduring Freedom veterans  
17          screen positive for PTSD, according to the Depart-  
18          ment of Veteran Affairs.

19          (8) About 12 percent of Gulf War Veterans  
20          have PTSD in a given year while about 30 percent  
21          of Vietnam Veterans have had PTSD in their life-  
22          time.

23          (9) Physical signs of TBI can include motor im-  
24          pairment, dizziness or poor balance, slurred speech,  
25          impaired depth perception, or impaired verbal mem-

1       ory, while physical signs of PTSD can include agita-  
2       tion, irritability, hostility, hypervigilance, self-de-  
3       structive behavior, fear, severe anxiety, or mistrust.

4           (10) Physical signs of TBI and PTSD often  
5       overlap with physical signs of alcohol or drug im-  
6       pairment, which complicate a first responder's abil-  
7       ity to quickly and effectively identify an individual's  
8       condition.

9       **SEC. 3. CREATION OF A TBI AND PTSD TRAINING FOR**  
10       **FIRST RESPONDERS.**

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

14           (1) in section 2991—

15           (A) in subsection (h)(1)(A), by inserting  
16       before the period at the end the following: “, in-  
17       cluding the training developed under section  
18       2993”; and

19           (B) in subsection (o), by amending para-  
20       graph (1) to read as follows:

21           “(1) IN GENERAL.—There is authorized to be  
22       appropriated to the Department of Justice to carry  
23       out this section \$54,000,000 for each of fiscal years  
24       2023 through 2027.”; and

1           (2) by inserting after section 2992 the following  
2           new section:

3   **“SEC. 2993. CREATION OF A TBI AND PTSD TRAINING FOR**  
4                                   **FIRST RESPONDERS.**

5           “(a) IN GENERAL.—Not later than one year after the  
6   date of the enactment of this section, the Attorney Gen-  
7   eral, acting through the Director of the Bureau of Justice  
8   Assistance, in consultation with the Director of the Cen-  
9   ters for Disease Control and Prevention and the Assistant  
10   Secretary for Mental Health and Substance Use, shall so-  
11   licit best practices regarding techniques to interact with  
12   persons who have a traumatic brain injury, an acquired  
13   brain injury, or post-traumatic stress disorder from first  
14   responder, brain injury, veteran, and mental health orga-  
15   nizations, health care and mental health providers, hos-  
16   pital emergency departments, and other relevant stake-  
17   holders, and shall develop crisis intervention training tools  
18   for use by first responders (as such term is defined in sec-  
19   tion 3025) that provide—

20           “(1) information on the conditions and symp-  
21   toms of a traumatic brain injury, an acquired brain  
22   injury, and post-traumatic stress disorder;

23           “(2) techniques to interact with persons who  
24   have a traumatic brain injury, an acquired brain in-  
25   jury, or post-traumatic stress disorder; and



1 lence and incidence of concussion among first re-  
2 sponders (as such term is defined in section 3025 of  
3 the Omnibus Crime Control and Safe Street Act of  
4 1968 (34 U.S.C. 10705)).

5 “(2) REPORT.—Not later than 18 months after  
6 the date of the enactment of this subsection, the  
7 Secretary, acting through the Director of the Cen-  
8 ters for Disease Control and Prevention and the Di-  
9 rector of the National Institutes of Health and in  
10 consultation with the Secretary of Defense and the  
11 Secretary of Veterans Affairs, shall submit to the  
12 relevant committees of Congress a report that con-  
13 tains the findings of the surveillance conducted  
14 under paragraph (1). The report shall include sur-  
15 veillance data and recommendations for resources  
16 for first responders who have experienced traumatic  
17 brain injury.”.

