

114TH CONGRESS  
1ST SESSION

# S. 800

To improve, coordinate, and enhance rehabilitation research at the National Institutes of Health.

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IN THE SENATE OF THE UNITED STATES

MARCH 19, 2015

Mr. KIRK (for himself, Mr. BENNET, Mr. HATCH, and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To improve, coordinate, and enhance rehabilitation research at the National Institutes of Health.

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 “Enhancing the Stature  
5 and Visibility of Medical Rehabilitation Research at the  
6 NIH Act”.

7 **SEC. 2. IMPROVING MEDICAL REHABILITATION RESEARCH**

8 **AT THE NATIONAL INSTITUTES OF HEALTH.**

9 Section 452 of the Public Health Service Act (42  
10 U.S.C. 285g-4) is amended—

1 (1) in subsection (b), by striking “conduct and  
2 support” and inserting “conduct, support, and co-  
3 ordination”;

4 (2) in subsection (c)(1)(C), by striking “of the  
5 Center” and inserting “within the Center”;

6 (3) in subsection (d)—

7 (A) by striking paragraph (1) and insert-  
8 ing the following: “(1) The Director of the Cen-  
9 ter, on behalf of the Director of NIH and the  
10 Director of the Institute and in consultation  
11 with the coordinating committee established  
12 under subsection (e) and the advisory board es-  
13 tablished under subsection (f), shall develop a  
14 comprehensive plan (referred to in this section  
15 as the ‘Research Plan’) for the conduct, sup-  
16 port, and coordination of medical rehabilitation  
17 research.”;

18 (B) in paragraph (2)—

19 (i) in subparagraph (A), by striking  
20 “and priorities for such research; and” and  
21 inserting “priorities for such research, and  
22 existing resources to support the purpose  
23 described in subsection (b);”;

24 (ii) in subparagraph (B), by striking  
25 the period and inserting “; and”; and

1 (iii) by adding at the end the fol-  
2 lowing:

3 “(C) include objectives, benchmarks, and guid-  
4 ing principles for conducting, supporting, and co-  
5 ordinating medical rehabilitation research, consistent  
6 with the purpose described in subsection (b).”;

7 (C) in paragraph (4)—

8 (i) by striking the first sentence and  
9 inserting the following: “The Director of  
10 the Center, in consultation with the Direc-  
11 tor of the Institute, the coordinating com-  
12 mittee established under subsection (e),  
13 and the advisory board established under  
14 subsection (f), shall periodically, or not less  
15 than every 5 years, revise and update the  
16 Research Plan, as appropriate. Not later  
17 than 30 days after the Research Plan is so  
18 revised and updated, the Director of the  
19 Center shall transmit the revised and up-  
20 dated Research Plan to the President and  
21 the appropriate committees of Congress.”;  
22 and

23 (D) by adding at the end the following:

24 “(5) The Director of the Center, in consultation with  
25 the Director of the Institute, shall annually prepare a re-

1 port for the coordinating committee established under sub-  
2 section (e) and the advisory board established under sub-  
3 section (f) that describes and analyzes the progress during  
4 the preceding fiscal year in achieving the objectives,  
5 benchmarks, and guiding principles described in para-  
6 graph (2)(C) and includes expenditures of the Center and  
7 other agencies of the National Institutes of Health for car-  
8 rying out the Research Plan. The report shall include rec-  
9 ommendations for revising and updating the Research  
10 Plan, and such initiatives as the Director of the Center  
11 and the Director of the Institute determine appropriate.  
12 In preparing the report, the Director of the Center and  
13 the Director of the Institute shall consult with the Direc-  
14 tor of NIH, and the report shall reflect an assessment of  
15 the Research Plan by the Director of NIH.”;

16 (4) in subsection (e)—

17 (A) in paragraph (2), by inserting “peri-  
18 odically, or not less than every 5 years, host a  
19 scientific conference or workshop on medical re-  
20 habilitation research and” after “The Coordi-  
21 nating Committee shall”;

22 (B) in paragraph (3), by inserting “the Di-  
23 rector of the Division of Program Coordination,  
24 Planning, and Strategic Initiatives within the

1 Office of the Director of NIH,” after “shall be  
2 composed of”; and

3 (C) in paragraph (4), by striking “Director  
4 of the Center” and inserting “Director of the  
5 Center, acting in the capacity of a designee of  
6 the Director of NIH”;

7 (5) in subsection (f)(3)(B), by adding at the  
8 end the following:

9 “(xii) The Director of the Division of Program  
10 Coordination, Planning, and Strategic Initiatives.”;  
11 and

12 (6) by adding at the end the following:

13 “(g) The Director of the Center, in consultation with  
14 the Director of the Institute, the Coordinating Committee,  
15 and the Advisory Board, shall develop guidelines gov-  
16 erning the funding for medical rehabilitation research by  
17 the Center and other agencies of the National Institutes  
18 of Health. At a minimum, such guidelines shall reflect the  
19 purpose of the Center described in subsection (b) and be  
20 consistent with the Research Plan.

21 “(h)(1) The Secretary and the heads of other Federal  
22 agencies shall jointly review the programs carried out (or  
23 proposed to be carried out) by each such official with re-  
24 spect to medical rehabilitation research and, as appro-

1 piate, enter into agreements preventing duplication  
2 among such programs.

3 “(2) The Secretary shall enter into interagency agree-  
4 ments relating to the coordination of medical rehabilita-  
5 tion research conducted by agencies of the National Insti-  
6 tutes of Health and other agencies of the Federal Govern-  
7 ment.

8 “(i) For purposes of this section, the term ‘medical  
9 rehabilitation research’ means the science of mechanisms  
10 and interventions that prevent, improve, restore, or re-  
11 place lost, underdeveloped, or deteriorating function (de-  
12 fined at the level of impairment, activity, and participa-  
13 tion, according to the World Health Organization in the  
14 International Classification of Functioning, Disability and  
15 Health (2001)).”.

16 **SEC. 3. REQUIREMENTS OF CERTAIN AGREEMENTS FOR**  
17 **ENHANCING COORDINATION AND PRE-**  
18 **VENTING DUPLICATIVE PROGRAMS OF MED-**  
19 **ICAL REHABILITATION RESEARCH.**

20 Section 3 of the National Institutes of Health  
21 Amendments of 1990 (42 U.S.C. 285g-4 note) is amend-  
22 ed—

23 (1) in subsection (a), by striking “(a) IN GEN-  
24 ERAL.—”; and

1 (2) by striking subsection (b).

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