

SECTION-BY-SECTION ANALYSIS
S. 800 AND H.R. 1469
ENHANCING THE STATURE AND VISIBILITY OF
REHABILITATION RESEARCH AT NIH ACT.

SECTION 1. SHORT TITLE.

Section 1 includes a short title—“*Enhancing the Stature and Visibility of Rehabilitation Research at NIH Act.*”

SECTION 2. IMPROVING REHABILITATION RESEARCH AT NIH.

Section 2 includes the following amendments to Section 452 of the Public Health Services Act (which authorized the establishment of the National Center for Medical Rehabilitation Research (NCMRR)).

1. Section 452(b) of current law specifies that “The general purpose of the Center is the conduct and support” of rehabilitation research. The bill adds “coordination” to the general purpose of the Center—“The general purpose of the Center is the conduct, support, and coordination” of rehabilitation research. This amendment is consistent with the policy objectives the Blue Ribbon Panel Report to enhance coordination of medical rehabilitation research at NIH.
2. Section 452(c)(1)(C) of current law provides for coordination of activities of the Center with similar activities of other agencies of the Federal government, including the other agencies of the National Institutes of Health. The bill includes a technical change by striking “of” the National Institutes of Health and by inserting “within” the National Institutes of Health.
3. Section 452(d)(1) of current law provides that the Director of the Institute (i.e., Eunice K. Shriver National Institute of Child Health and Human Development) shall develop a comprehensive plan for the conduct and support or medical rehabilitation research. The bill places the responsibility for the conduct, support, and coordination of rehabilitation research with the “Director of the Center” and makes it clear that the Director of the Center is exercising this responsibility “on behalf of the Director of NIH and the Director of the Institute, and in consultation with the coordinating committee established by statute and the National Advisory Board on Medical Rehabilitation Research...” This language would place the key subject matter expert at the helm of the research plan’s development while incorporating all of the other critical entities and offices to elevate medical rehabilitation science at NIH. This provision is consistent with the Blue Ribbon Panel Report.
4. Section 642(d)(2)(A) of current law specifies that the “Research Plan shall identify current medical rehabilitation research activities conducted or supported by the Federal government, opportunities and needs for additional research, and priorities for such research.” The bill specifies that the Research Plan must also identify “existing resources to support the “purposes” of the Center. Also, the bill includes an additional component of the Research

Plan—objectives, benchmarks, and guiding principles regarding the conduct, support, and coordination of medical rehabilitation research consistent with the purposes of the Center.

5. Section 642(d)(4) currently specifies that the Research Plan must be revised and updated “periodically.” The bill inserts “periodically, or not less than every 5 years.” The bill also clarifies that “the Director of the Center shall transmit the revised and updated Research Plan to the President and the appropriate committees of Congress.” A similar provision exists in current law with respect to the original Rehabilitation Research Plan; however current law is silent with respect to subsequent revisions and updates.
6. The bill adds a new provision requiring the preparation of an annual report documenting progress with respect to the implementation of the Research Plan. Specifically, the language states: “The Director of the Center, in consultation with the Director of the Institute, shall annually prepare a report for the coordinating committee established under subsection (e) and the advisory board established under subsection (f) that describes and analyzes the progress during the preceding fiscal year in achieving the objectives, benchmarks, and guiding principles described in paragraph (2)(C) and includes expenditures of the Center and other agencies of the National Institutes of Health for carrying out the Research Plan. The report shall include recommendations for revising and updating the Research Plan, and such initiatives as the Director of the Center and the Director of the Institute determine appropriate. In preparing the report, the Director of the Center and the Director of the Institute shall consult with the Director of NIH, and the report shall reflect an assessment of the Research Plan by the Director of NIH.”
7. In Section 642(e)(2), the bill specifies that “The Coordinating Committee shall make recommendations to the Director of the Institute and the Director of the Center periodically, or not less than every 5 years, host a scientific conference or workshop on Medical Rehabilitation Research and with respect to the content of the Research Plan. The bill ensures periodic review of the state of medical rehabilitation science and outreach to the research community in connection with revisions of the medical rehabilitation Research Plan.
8. In Section 642(e)(3), the bill specifies that the Working Group shall include the “Director of the Division of Program Coordination, Planning, and Strategic Initiatives in the Office of the Director.”
9. Under current law (Section 642(e)(4)), the Coordinating Committee “shall be chaired by the Director of the Center.” The bill inserts “The Coordinating Committee shall be chaired by the Director of the Center, acting in the capacity of a designee of the Director of NIH.” This amendment is intended to ensure that the trans-NIH nature of rehabilitation research is realized.
10. The bill adds a provision regarding funding of medical rehabilitation research among agencies of NIH. The provision specifies that “The Director of the Center, in consultation with the Director of the Institute, the coordinating committee, and the advisory board shall develop guidelines governing the funding for medical rehabilitation research by the center and other agencies of the National Institutes of Health. At a minimum, such guidelines shall

reflect the purpose of the Center described in subsection (b) and be consistent with the Research Plan.” This Amendment is intended to establish co-funding grant procedures that focus on a common understanding of medical rehabilitation research needs among agencies within NIH.

11. Section 3(b) of Public Law 101-613 directs heads of federal agencies to enter into interagency agreements, as appropriate, for the purpose of preventing duplication among programs supporting medical rehabilitation research. The bill incorporates this policy into Section 452 of the Public Health Services Act i.e., this Amendment makes this provision part of the Public Health Service Act rather than a free standing provision.
12. The bill includes a definition of the term “medical rehabilitation research.” Specifically, “for purposes of this section, the term “medical rehabilitation research” means the science of mechanisms and interventions that prevent, improve, restore, or replace lost underdeveloped, or deteriorating function (defined at the level of impairment, activity, and participation according to the World Health Organization in the International Classification of Function, Disability, and Health (2001).” This proposed language was included in the Blue Ribbon Panel report. It would facilitate further a consistent understanding of medical rehabilitation science at NIH.