

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

PROVIDING EXPANDED STUDIES AND INNOVATIVE PROGRAMS FOR TRAUMATIC BRAIN INJURY

Mr. GREENWOOD. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 248) to amend the Public Health Service Act to provide for the conduct of expanded studies and the establishment of innovative programs with respect to traumatic brain injury, and for other purposes, as amended.

The Clerk read as follows:

H.R. 248

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PROGRAMS OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.) is amended by inserting after section 393 the following section:

“PREVENTION OF TRAUMATIC BRAIN INJURY

“SEC. 393A. (a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may carry out projects to reduce the incidence of traumatic brain injury. Such projects may be carried out by the Secretary directly or through awards of grants or contracts to public or nonprofit private entities. The Secretary may directly or through such awards provide technical assistance with respect to the planning, development, and operation of such projects.

“(b) CERTAIN ACTIVITIES.—Activities under subsection (a) may include—

“(1) the conduct of research into identifying effective strategies for the prevention of traumatic brain injury; and

“(2) the implementation of public information and education programs for the prevention of such injury and for broadening the awareness of the public concerning the public health consequences of such injury.

“(c) COORDINATION OF ACTIVITIES.—The Secretary shall ensure that activities under this section are coordinated as appropriate with other agencies of the Public Health Service that carry out activities regarding traumatic brain injury.

“(d) DEFINITION.—For purposes of this section, the term ‘traumatic brain injury’ means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.”

SEC. 2. PROGRAMS OF NATIONAL INSTITUTES OF HEALTH.

Section 1261 of the Public Health Service Act (42 U.S.C. 300d-61) is amended—

(1) in subsection (d)—

(A) in paragraph (2), by striking “and” after the semicolon at the end;

(B) in paragraph (3), by striking the period and inserting “; and”; and

(C) by adding at the end the following paragraph:

“(4) the authority to make awards of grants or contracts to public or nonprofit private entities for the conduct of basic and applied research regarding traumatic brain injury, which research may include—

“(A) the development of new methods and modalities for the more effective diagnosis, measurement of degree of injury, post-injury monitoring and prognostic assessment of head injury for acute, subacute and later phases of care;

“(B) the development, modification and evaluation of therapies that retard, prevent or reverse brain damage after acute head injury, that arrest further deterioration following injury and that provide the restitution of function for individuals with long-term injuries;

“(C) the development of research on a continuum of care from acute care through rehabilitation, designed, to the extent practicable, to integrate rehabilitation and long-term outcome evaluation with acute care research; and

“(D) the development of programs that increase the participation of academic centers of excellence in head injury treatment and rehabilitation research and training.”; and

(2) in subsection (h), by adding at the end the following paragraph:

“(4) The term ‘traumatic brain injury’ means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.”

SEC. 3. PROGRAMS OF HEALTH RESOURCES AND SERVICES ADMINISTRATION.

Part E of title XII of the Public Health Service Act (42 U.S.C. 300d-51 et seq.) is amended by adding at the end the following section:

“SEC. 1252. STATE GRANTS FOR DEMONSTRATION PROJECTS REGARDING TRAUMATIC BRAIN INJURY.

“(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to States for the purpose of carrying out demonstration projects to improve access to health and other services regarding traumatic brain injury.

“(b) STATE ADVISORY BOARD.—

“(1) IN GENERAL.—The Secretary may make a grant under subsection (a) only if the State involved agrees to establish an advisory board within the appropriate health department of the State or within another department as designated by the chief executive officer of the State.

“(2) FUNCTIONS.—An advisory board established under paragraph (1) shall advise and make recommendations to the State on ways to improve services coordination regarding traumatic brain injury. Such advisory boards shall encourage citizen participation through the establishment of public hearings and other types of community outreach programs. In developing recommendations under this paragraph, such boards shall consult with Federal, State, and local governmental agencies and with citizens groups and other private entities.

“(3) COMPOSITION.—An advisory board established under paragraph (1) shall be composed of—

“(A) representatives of—

“(i) the corresponding State agencies involved;

“(ii) public and nonprofit private health related organizations;

“(iii) other disability advisory or planning groups within the State;

“(iv) members of an organization or foundation representing traumatic brain injury survivors in that State; and

“(v) injury control programs at the State or local level if such programs exist; and

“(B) a substantial number of individuals who are survivors of traumatic brain injury, or the family members of such individuals.

“(c) MATCHING FUNDS.—

“(1) IN GENERAL.—With respect to the costs to be incurred by a State in carrying out the purpose described in subsection (a), the Secretary may make a grant under such subsection only if the State agrees to make available, in cash, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$2 of Federal funds provided under the grant.

“(2) DETERMINATION OF AMOUNT CONTRIBUTED.—In determining the amount of non-Fed-

eral contributions in cash that a State has provided pursuant to paragraph (1), the Secretary may not include any amounts provided to the State by the Federal Government.

“(d) APPLICATION FOR GRANT.—The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

“(e) COORDINATION OF ACTIVITIES.—The Secretary shall ensure that activities under this section are coordinated as appropriate with other agencies of the Public Health Service that carry out activities regarding traumatic brain injury.

“(f) REPORT.—Not later than 2 years after the date of the enactment of this section, the Secretary shall submit to the Committee on Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings and results of the programs established under this section, including measures of outcomes and consumer and surrogate satisfaction.

“(g) DEFINITION.—For purposes of this section, the term ‘traumatic brain injury’ means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.

“(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$5,000,000 for each of the fiscal years 1997 through 1999.”

SEC. 4. STUDY; CONSENSUS CONFERENCE.

(a) STUDY.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”), acting through the appropriate agencies of the Public Health Service, shall conduct a study for the purpose of carrying out the following with respect to traumatic brain injury:

(A) In collaboration with appropriate State and local health-related agencies—

(i) determine the incidence and prevalence of traumatic brain injury; and

(ii) develop a uniform reporting system under which States report incidents of traumatic brain injury, if the Secretary determines that such a system is appropriate.

(B) Identify common therapeutic interventions which are used for the rehabilitation of individuals with such injuries, and shall, subject to the availability of information, include an analysis of—

(i) the effectiveness of each such intervention in improving the functioning of individuals with brain injuries;

(ii) the comparative effectiveness of interventions employed in the course of rehabilitation of individuals with brain injuries to achieve the same or similar clinical outcome; and

(iii) the adequacy of existing measures of outcomes and knowledge of factors influencing differential outcomes.

(C) Develop practice guidelines for the rehabilitation of traumatic brain injury at such time as appropriate scientific research becomes available.

(2) DATES CERTAIN FOR REPORTS.—

(A) Not later than 18 months after the date of the enactment of this Act, the Secretary shall submit to the Committee on Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings made as a result of carrying out paragraph (1)(A).

(B) Not later than 3 years after the date of the enactment of this Act, the Secretary shall submit to the Committees specified in subparagraph

(A) a report describing the findings made as a result of carrying out subparagraphs (B) and (C) of paragraph (1).

(b) **CONSENSUS CONFERENCE.**—The Secretary, acting through the Director of the National Center for Medical Rehabilitation Research within the National Institute for Child Health and Human Development, shall conduct a national consensus conference on managing traumatic brain injury and related rehabilitation concerns.

(c) **DEFINITION.**—For purposes of this section, the term "traumatic brain injury" means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.

(d) **AUTHORIZATIONS OF APPROPRIATIONS.**—For the purpose of carrying out subsection (a)(1)(A), there is authorized to be appropriated \$3,000,000 for each of the fiscal years 1997 through 1999. For the purpose of carrying out the other provisions of this section, there is authorized to be appropriated an aggregate \$500,000 for the fiscal years 1997 through 1999. Amounts appropriated for such other provisions remain available until expended.

SEC. 5. TECHNICAL AMENDMENTS.

Title XXVI of the Public Health Service Act (42 U.S.C. 300ff-11 et seq.), as amended by Public Law 104-146 (the Ryan White CARE Act Amendments of 1996), is amended—

(1) in section 2626—

(A) in subsection (d), in the first sentence, by striking "(1) through (5)" and inserting "(1) through (4)"; and

(B) in subsection (f), in the matter preceding paragraph (1), by striking "(1) through (5)" and inserting "(1) through (4)"; and

(2) in section 2692—

(A) in subsection (a)(1)(A)—

(i) by striking "title XXVI programs" and inserting "programs under this title"; and

(ii) by striking "infection and"; and

(B) by striking subsection (c) and all that follows and inserting the following:

"(c) **AUTHORIZATION OF APPROPRIATIONS.**—

"(1) **SCHOOLS; CENTERS.**—For the purpose of grants under subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1996 through 2000.

"(2) **DENTAL SCHOOLS.**—For the purpose of grants under subsection (b), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1996 through 2000."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania [Mr. GREENWOOD] and the gentleman from New Jersey [Mr. PALLONE] each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania [Mr. GREENWOOD].

Mr. GREENWOOD. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased to report that the legislation before us is the result of a strong bipartisan effort in both Chambers over the past 3 years. I especially want to thank chairmen BLILEY and BILIRAKIS, and Congressmen DINGELL, WAXMAN, and PALLONE for their willingness to work with me to secure enactment of this important bill. The beneficiaries of this cooperation are the millions of individuals who sustain severe brain trauma each year.

Traumatic brain injury has become the No. 1 killer and cause of disability

of young people in this country. We now have enhanced abilities to respond rapidly to the scene of vehicle accidents and other mishaps with highly trained personnel to airlift victims to state-of-art trauma centers and provide them with miraculous lifesaving procedures during the critical post injury "golden hour." As a result, thousands of our sons and daughters, and fathers and mothers have survived serious brain injury and now must be cared for humanely.

Our challenge now is to develop in-home residential and long-term-care facilities where those recovering from head injury can receive physical therapy, occupational therapy and cognitive rehabilitation so that, whenever possible, they may resume their places at home with their loved ones.

In 1989, the Department of Health and Human Services issued an interagency task force report that recommended development of a national strategy to address prevention of traumatic brain injuries, and to provide for acute and long-term care and community reintegration of traumatic brain injury survivors. This legislation does just that.

The bill would authorize \$3 million for each of the fiscal years 1997 through 1999 for the Centers for Disease Control and Prevention [CDC] to carry out projects to prevent traumatic brain injury; authorize the National Institutes of Health [NIH] to conduct research into the prevention and treatment of traumatic brain injury; and authorize grants to States equal to \$5 million for each of the fiscal years 1997 through 1999 for the establishment of demonstration projects to improve access to health and others services regarding traumatic brain injury. States are required to contribute \$1 for every \$2 of Federal funds.

Require the Secretary of Health and Human Services to conduct a study to determine the incidence and prevalence of traumatic brain injury; develop a uniform reporting system concerning the reporting of incidents of such injuries; and identify common therapeutic interventions used for the rehabilitation of injured individuals; and require the Secretary of Health and Human Services to conduct a consensus conference on managing traumatic brain injury and related rehabilitation concerns. An aggregate of \$500,000 is authorized for these purposes.

Enactment of this legislation is an important step toward preventing, understanding, and effectively beating these devastating brain injuries. I urge my colleagues to support this important legislation.

□ 1430

Mr. GREENWOOD. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of this legislation. H.R. 248 authorizes funds to develop and create and operate a spec-

trum of critically important programs to prevent and treat traumatic brain injury and to educate the public, health care providers, and the patients about the nature of these injuries and the most appropriate ways to deal with them.

Traumatic brain injury is the primary cause of death and disability among young people in the United States. By anyone's definition, these injuries have reached epidemic proportions, affecting nearly 2 million Americans each year, with severe and devastating consequences. Five hundred thousand are injured so severely that they must be hospitalized; 90,000 suffer irreversible loss of function; 50,000 people, many in the prime of their lives, die as a result of an injury or blow to the head from a fall, a violent crime, or a motor vehicle or sports accident. The cost to care for people with brain injuries is astronomical, over \$98 billion a year. But this is not an epidemic that we have read about in novels or seen in movies. It is a silent epidemic, quietly claiming its young victims without the sort of public alarm that would accompany any infectious disease outbreak of this magnitude.

People living with the consequences of severe brain injury require health care, rehabilitative care and social services that differ substantially from services needed by individuals with other kinds of disabilities. Ensuring that such specialized services are available requires that health care providers and others recognize and understand these injuries as unique, learn how to take appropriate action to minimize the damage from head injury, and take aggressive approaches to preventing such injuries.

My colleague, and the prime sponsor of this bill, the gentleman from Pennsylvania [Mr. GREENWOOD], basically went through how this bill authorizes an excellent approach toward accomplishing the goals that he mentioned that we are trying to achieve here. The bill authorizes the Centers for Disease Control and Prevention carry out programs to identify strategies for preventing traumatic brain injury. In addition, the NIH [National Institutes of Health] is authorized to award grant funds for various purposes relating to traumatic brain injury.

The bill also authorizes the Health Resources and Services Administration to award grants to States. And, finally, H.R. 248 requires that the Secretary determine the incidence and prevalence of traumatic brain injury and develop a uniform reporting system; analyze common therapies and conduct a consensus conference that brings together all interested parties to discuss treatment, management, and rehabilitation.

Mr. Speaker, this bill goes a long way toward shedding critical light on the darkness of the silent epidemic of traumatic brain injury. The House has passed similar legislation in the past, only to see it encumbered by unrelated

provisions and bogged down in complicated processes. Today, we have another chance to do the right thing.

Mr. Speaker, I know that the gentleman from Pennsylvania [Mr. GREENWOOD] has been out there trying to urge that we move this bill as a freestanding measure and get it to the President as quickly as possible, and I know that he joins with me and many others in hoping that this time the legislative journey will have its final destination on the President's desk.

The millions of people whose lives are touched each day by devastating tragedies that result from traumatic brain injuries need to know that we care about them and we will try to help them.

Mr. Speaker, I reserve the balance of my time.

Mr. GREENWOOD. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield back the balance of my time.

Mr. SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania [Mr. GREENWOOD] that the House suspend the rules and pass the bill, H.R. 249, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. GREENWOOD. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 248.

The SPEAKER pro tempore (Mr. SHAW). Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

COST OF GOVERNMENT DAY

Mr. CLINGER. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 193) expressing the sense of the Congress that the cost of Government spending and regulatory programs should be reduced so that American families will be able to keep more of what they earn.

The Clerk read as follows:

H. CON. RES. 193

Whereas the total of Government spending and regulations (total cost of Government) has increased from 48.2 percent of the net national product (NNP) in 1989 to an estimated 50.4 percent of NNP in 1996;

Whereas the total cost of Government now exceeds \$3,380,000,000,000 annually;

Whereas Federal regulatory costs now exceed \$730,000,000,000 annually;

Whereas the cost of Government in general and excessive regulations in particular have placed a tremendous drain on the economy in recent years by reducing worker productivity, increasing prices to consumers, and increasing unemployment;

Whereas if the average American worker were to spend all of his or her gross earnings

on nothing else besides meeting his or her share of the total cost of Government for the current year, that total cost would not be met until July 3, 1996;

Whereas July 3, 1996, should therefore be considered Cost of Government Day 1996; and

Whereas it is not right that the American family has to give up more than 50 percent of what it earns to the government: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That it is the sense of the Congress that, as part of balancing the budget and reevaluating the role of government, Federal, State, and local elected officials should carefully consider the cost of Government spending and regulatory programs in the year to come so that American families will be able to keep more of what they earn.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania [Mr. CLINGER] and the gentleman from Virginia [Mr. MORAN] each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania [Mr. CLINGER].

Mr. CLINGER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to urge my colleagues on both sides of the aisle to strongly support a resolution introduced by Congressman DELAY and 37 other original cosponsors. This resolution expresses a sense of Congress that Government officials should carefully consider the costs of Government and reduce those costs so that Americans will be able to keep more of their income. This is something I believe we all can and should support.

The timing of this resolution is appropriate since last week on July 3, 1996, was the Cost of Government Day. What does that mean? It means that if the average American worker were to spend all of their gross earnings on nothing else besides meeting his or her share of the total costs of Government, then this amount would not be paid off until July 3, 1996. At a time when private industry is rightsizing and becoming more efficient, we are also looking to the Federal Government to do the same.

The facts speak for themselves. The total cost of Government is estimated at \$3.38 trillion. That's \$13,000 for every man, woman, and child in America. Federal income tax receipts from individual income taxes are more than 13 times the size they were in 1960. The Federal regulatory burden that private businesses and citizens must shoulder is estimated to be over \$400 billion a year. We also recognize that the Federal Government should be performing only essential functions; however, we have seen the Government continue to mushroom. In 1985, there were 1,013 Federal programs; today there are 1,390 Federal programs administered by 53 Federal entities.

However, even more troubling is the billions of wasted tax dollars. It is estimated that about 10 percent of every health care dollar in this country is lost due to fraud and abuse. Using that assumption, it is estimated that combined total losses for Medicare and Medicaid due to fraud amount to ap-

proximately \$32.6 billion, or \$89 million each day. We must put a stop to this kind of wasteful hemorrhaging of our precious tax dollars and I am hopeful that health reform legislation will be enacted shortly.

Mr. Speaker, I would like to emphasize that the Republican led Congress has been keenly aware of the need to rightsize the Federal Government. In fact, this issue has been the major focus of our agenda from day one of the 104th Congress.

Without a Republican led Congress, we would never have passed line-item veto authority which provides the President with the power to eliminate unnecessary Federal spending.

Without a Republican led Congress, we would never have had unfunded mandates legislation enacted which will prevent the Federal Government and Congress from imposing new requirements on State and local governments without the necessary funds. This should help with lessening the burden on State and local governments and in turn ease State and local tax increases.

Without a Republican led Congress, we would never have had the Small Business Regulatory Fairness Act which now provides for congressional review of major regulations to ensure that they make sense.

Without a Republican led Congress, we would never have had a complete overhaul of the Federal procurement system to allow the Government to cut through unnecessary redtape and increase efficiencies in purchasing goods and services to save the Government billions.

Mr. Speaker, the list goes on and on but the point is that this Republican led Congress is committed to ensuring that taxpayers will be able to keep more of what they earn. We have proven that we can do just that. It is important to note that many of these initiatives have been supported in a very bipartisan manner.

This resolution is important because it reaffirms that message. Many of us on both sides of the aisle are deeply troubled that this Government costs too much. It is time to put our money where it belongs—back into the pockets of taxpayers. I urge that every Member support this resolution and show our commitment to a less expensive but more effective Government.

Mr. Speaker, I reserve the balance of my time.

Mr. MORAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I know that the chairman of the committee is disappointed that the gentlewoman from Illinois [Mrs. COLLINS] is not able to be here, but I am sure the gentleman wants me to share with him what the gentlewoman have said had she been here.

Mr. Speaker, this resolution was never considered in the Committee on Government Reform and Oversight, so we never had an opportunity to discuss it or amend it. It was put on today's