

to detect conditions that could threaten their lives and their long-term health.

Senate bill 1858 will educate parents and health care providers about newborn screening. It will improve follow-up care for infants when illness is detected, and it will help States expand and improve their newborn screening programs.

It is very important to note that the House Committee on Energy and Commerce held a markup of House companion legislation H.R. 3825, which was introduced by my colleague, LUCILLE ROYBAL-ALLARD. And I want to say a word of commendation toward LUCILLE ROYBAL-ALLARD, who has really worked diligently over quite a period of time to make sure that this bill reached the floor today. She couldn't be here to speak on behalf of the legislation, but I know that there has been a great deal of leadership that has brought us to this point today.

The House Energy and Commerce Committee amended H.R. 3825 to ensure that it was identical to the Senate bill, 1858, which has already passed the Senate by unanimous consent. And so the good work of our friend, Congresswoman ROYBAL-ALLARD, has brought us to this point and to the commitment that I share on this important piece of legislation.

I appreciate all of her efforts to carry this legislation forward and admire her dedication to helping the children and families affected by these conditions.

I urge all of my colleagues to join in support of Senate bill 1858.

I reserve the remainder of my time.

Mr. DEAL of Georgia. Madam Speaker, I yield myself such time as I may consume.

Newborn screening can certainly identify children at risk for certain metabolic and genetic diseases for which there may be an effective treatment. If it is detected early it is certainly a cost-saving way of dealing with these problems that can lead to death, disability, mental retardation and many other serious conditions.

Currently, States have differing policies and procedures for doing newborn screening. Accurate screening ensures affected babies are identified and receive the proper care.

□ 1600

This legislation establishes a newborn screening education and outreach program at the Department of Health and Human Services in order to improve newborn screening. Many parents of newborns are not aware of the wide variety of screening tests that are available. Thus, the legislation would establish a clearinghouse of educational and family support and services information on newborn screening in order to provide resources for those families.

This legislation moved through our committee in a bipartisan process and the majority and the minority were able to reconcile a few differences on

the legislation in that committee process. I would ask my colleagues to join me in supporting this important bill.

Madam Speaker, I reserve the balance of my time.

Mrs. CAPPS. Madam Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Madam Speaker, I am pleased to yield 3 minutes to the gentleman from New York (Mr. REYNOLDS).

Mr. REYNOLDS. Madam Speaker, I thank the gentleman from Georgia.

Madam Speaker, as one of the chief sponsors of the Newborn Screening Saves Lives Act, I rise today in strong support of Senate 1858 and urge its passage. I would like to extend my thanks to Chairman DINGELL and Ranking Member BARTON for working together to get this bill to the floor today.

This bill is a tribute to children and their parents who have had to face the pain of experiencing a disease that wasn't caught by newborn screening. Each year, over 4 million children are routinely tested at birth for genetic disorders. But what so many parents don't realize is that the actual number of conditions that their child is screened for depends on the State they live in. A child's life in one State should never mean more or less than a child's life in another.

Every child born with a disease, whether it is common or rare, should receive early diagnosis and treatment. That is why we need the Newborn Screening Laws Saves Lives Act signed into law and adequately funded. Through this legislation, we cannot only educate parents about lifesaving tests available for their newborn child, but greatly expand the screening programs at the State level.

Left untreated, many disorders are life-threatening or can cause serious mental and physical disabilities. Early detection through screening can lessen effects or even completely prevent progression of many disorders by providing for immediate medical intervention.

My State of New York has long been a national leader in newborn screening, starting in 1960 when Dr. Robert Guthrie developed the first newborn screening tests in Buffalo, New York. New York now tests each child for 44 different conditions.

In 2004, the American College of Medical Genetics completed a report commissioned by the U.S. Department of Health and Human Services which recommended at a minimum every baby born in the United States be screened for a core set of 29 treatable disorders. Currently, only 19 States and the District of Columbia require infants to be screened for all 29 of the recommended disorders. It is my sincere hope through grants and research funding provided for in the Newborn Screening Saves Lives Act, every State will be able to coordinate their newborn screening tests in order to bring consistency across the country.

Finally, I would like to acknowledge the strong bipartisan efforts of my col-

leagues LUCILLE ROYBAL-ALLARD, MIKE SIMPSON, and HENRY WAXMAN. They have long fought for life saving changes to newborn screening it, and it has been a pleasure working with them to achieve its consideration today.

I would like to thank Jill and Jim Kelly and Jacque Waggoner from Western New York for their tireless advocacy on behalf of enhanced newborn screening and for the tremendous efforts to raise public awareness about this vital issue.

Madam Speaker, I urge a "yes" vote on the bill.

Mr. DEAL of Georgia. Madam Speaker, I have no other requests for time. I urge the adoption of the resolution, and I yield back the balance of my time.

Mrs. CAPPS. Madam Speaker, I have no further speakers. I urge the adoption of S. 1858, the Newborn Screening Saves Lives Act, and yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. CAPPS) that the House suspend the rules and pass the Senate bill, S. 1858.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the Senate bill was passed.

A motion to reconsider was laid on the table.

TRAUMATIC BRAIN INJURY ACT OF 2008

Ms. BALDWIN. Madam Speaker, I move to suspend the rules and pass the Senate bill (S. 793) to provide for the expansion and improvement of traumatic brain injury programs, as amended.

The Clerk read the title of the Senate bill.

The text of the Senate bill is as follows:

S. 793

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Traumatic Brain Injury Act of 2008".

SEC. 2. CONFORMING AMENDMENTS RELATING TO RESTRUCTURING.

Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.) is amended—

(1) by redesignating the section 393B (42 U.S.C. 280b-1c) relating to the use of allotments for rape prevention education, as section 393A and moving such section so that it follows section 393;

(2) by redesignating existing section 393A (42 U.S.C. 280b-1b) relating to prevention of traumatic brain injury, as section 393B; and

(3) by redesignating the section 393B (42 U.S.C. 280b-1d) relating to traumatic brain injury registries, as section 393C.

SEC. 3. TRAUMATIC BRAIN INJURY PROGRAMS OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

(a) PREVENTION OF TRAUMATIC BRAIN INJURY.—Clause (ii) of section 393B(b)(3)(A) of the Public Health Service Act, as so redesignated, (42 U.S.C. 280b-1b) is amended by

striking “from hospitals and trauma centers” and inserting “from hospitals and emergency departments”.

(b) NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY SURVEILLANCE AND REGISTRIES.—Section 393C of the Public Health Service Act, as so redesignated, (42 U.S.C. 280b et seq.) is amended—

(1) in the section heading, by inserting “SURVEILLANCE AND” after “NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY”; and

(2) in subsection (a), in the matter preceding paragraph (1), by striking “may make grants” and all that follows through “to collect data concerning—” and inserting “may make grants to States or their designees to develop or operate the State’s traumatic brain injury surveillance system or registry to determine the incidence and prevalence of traumatic brain injury and related disability, to ensure the uniformity of reporting under such system or registry, to link individuals with traumatic brain injury to services and supports, and to link such individuals with academic institutions to conduct applied research that will support the development of such surveillance systems and registries as may be necessary. A surveillance system or registry under this section shall provide for the collection of data concerning—”.

(c) REPORT.—Section 393C of the Public Health Service Act (as so redesignated) is amended by adding at the end the following:

“(b) Not later than 18 months after the date of enactment of the Traumatic Brain Injury Act of 2008, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health and in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall submit to the relevant committees of Congress a report that contains the findings derived from an evaluation concerning activities and procedures that can be implemented by the Centers for Disease Control and Prevention to improve the collection and dissemination of compatible epidemiological studies on the incidence and prevalence of traumatic brain injury in individuals who were formerly in the military. The report shall include recommendations on the manner in which such agencies can further collaborate on the development and improvement of traumatic brain injury diagnostic tools and treatments.”.

SEC. 4. STUDY ON TRAUMATIC BRAIN INJURY.

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

“SEC. 393C-1. STUDY ON TRAUMATIC BRAIN INJURY.

“(a) STUDY.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention with respect to paragraph (1) and in consultation with the Director of the National Institutes of Health and other appropriate entities with respect to paragraphs (2), (3), and (4), may conduct a study with respect to traumatic brain injury for the purpose of carrying out the following:

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

“(A) determining the incidence of traumatic brain injury and prevalence of traumatic brain injury related disability and the clinical aspects of the disability in all age groups and racial and ethnic minority groups in the general population of the United States, including institutional settings, such as nursing homes, correctional facilities, psychiatric hospitals, child care facilities, and residential institutes for people with developmental disabilities; and

“(B) reporting national trends in traumatic brain injury.

“(2) Identifying common therapeutic interventions which are used for the rehabilitation of individuals with such injuries, and, subject to the availability of information, including an analysis of—

“(A) the effectiveness of each such intervention in improving the functioning, including return to work or school and community participation, of individuals with brain injuries;

“(B) 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

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

“(3) Identifying interventions and therapies that can prevent or remediate the development of secondary neurologic conditions related to traumatic brain injury.

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

“(b) DATES CERTAIN FOR REPORTS.—If the study is conducted under subsection (a), the Secretary shall, not later than 3 years after the date of the enactment of the Traumatic Brain Injury Act of 2008, submit to Congress a report describing findings made as a result of carrying out such subsection (a).

“(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 trauma including near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.”.

SEC. 5. TRAUMATIC BRAIN INJURY PROGRAMS OF THE NATIONAL INSTITUTES OF HEALTH.

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

(1) in subsection (b)(2), by striking “Labor and Human Resources” and inserting “Health, Education, Labor, and Pensions”;

(2) in subparagraph (D) of subsection (d)(4), by striking “head brain injury” and inserting “brain injury”; and

(3) in subsection (i), by inserting “, and such sums as may be necessary for each of the fiscal years 2009 through 2012” before the period at the end.

SEC. 6. TRAUMATIC BRAIN INJURY PROGRAMS OF THE HEALTH RESOURCES AND SERVICES ADMINISTRATION.

(a) STATE GRANTS FOR DEMONSTRATION PROJECTS REGARDING TRAUMATIC BRAIN INJURY.—Section 1252 of the Public Health Service Act (42 U.S.C. 300d-52) is amended—

(1) in subsection (a)—

(A) by striking “may make grants to States” and inserting “may make grants to States and American Indian consortia”; and

(B) by striking “health and other services” and inserting “rehabilitation and other services”;

(2) in subsection (b)—

(A) in paragraphs (1), (3)(A)(i), (3)(A)(iii), and (3)(A)(iv), by striking the term “State” each place such term appears and inserting the term “State or American Indian consortium”; and

(B) in paragraph (2), by striking “recommendations to the State” and inserting “recommendations to the State or American Indian consortium”;

(3) in subsection (c)(1), by striking the term “State” each place such term appears and inserting “State or American Indian consortium”;

(4) in subsection (e), by striking “A State that received” and all that follows through

the period and inserting “A State or American Indian consortium that received a grant under this section prior to the date of the enactment of the Traumatic Brain Injury Act of 2008 may complete the activities funded by the grant.”;

(5) in subsection (f)—

(A) in the subsection heading, by inserting “AND AMERICAN INDIAN CONSORTIUM” after “STATE”;

(B) in paragraph (1) in the matter preceding subparagraph (A), paragraph (1)(E), paragraph (2)(A), paragraph (2)(B), paragraph (3) in the matter preceding subparagraph (A), paragraph (3)(E), and paragraph (3)(F), by striking the term “State” each place such term appears and inserting “State or American Indian consortium”; and

(C) in clause (ii) of paragraph (1)(A), by striking “children and other individuals” and inserting “children, youth, and adults”;

(6) in subsection (h)—

(A) by striking “Not later than 2 years after the date of the enactment of this section, the Secretary” and inserting “Not less than biennially, the Secretary”;

(B) by striking “Commerce of the House of Representatives, and to the Committee on Labor and Human Resources” and inserting “Energy and Commerce of the House of Representatives, and to the Committee on Health, Education, Labor, and Pensions”; and

(C) by inserting “and section 1253” after “programs established under this section.”;

(7) by amending subsection (i) to read as follows:

“(i) DEFINITIONS.—For purposes of this section:

“(1) The terms ‘American Indian consortium’ and ‘State’ have the meanings given to those terms in section 1253.

“(2) 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 trauma. The Secretary may revise the definition of such term as the Secretary determines necessary, after consultation with States and other appropriate public or nonprofit private entities.”; and

(8) in subsection (j), by inserting “, and such sums as may be necessary for each of the fiscal years 2009 through 2012” before the period.

(b) STATE GRANTS FOR PROTECTION AND ADVOCACY SERVICES.—Section 1253 of the Public Health Service Act (42 U.S.C. 300d-53) is amended—

(1) in subsections (d) and (e), by striking the term “subsection (i)” each place such term appears and inserting “subsection (1)”;

(2) in subsection (g), by inserting “each fiscal year not later than October 1,” before “the Administrator shall pay”;

(3) by redesignating subsections (i) and (j) as subsections (l) and (m), respectively;

(4) by inserting after subsection (h) the following:

“(i) DATA COLLECTION.—The Administrator of the Health Resources and Services Administration and the Commissioner of the Administration on Developmental Disabilities shall enter into an agreement to coordinate the collection of data by the Administrator and the Commissioner regarding protection and advocacy services.

“(j) TRAINING AND TECHNICAL ASSISTANCE.—

“(1) GRANTS.—For any fiscal year for which the amount appropriated to carry out this section is \$6,000,000 or greater, the Administrator shall use 2 percent of such amount to make a grant to an eligible national association for providing for training

and technical assistance to protection and advocacy systems.

“(2) DEFINITION.—In this subsection, the term ‘eligible national association’ means a national association with demonstrated experience in providing training and technical assistance to protection and advocacy systems.

“(k) SYSTEM AUTHORITY.—In providing services under this section, a protection and advocacy system shall have the same authorities, including access to records, as such system would have for purposes of providing services under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.”; and

(5) in subsection (1) (as redesignated by this subsection) by striking “2002 through 2005” and inserting “2009 through 2012”.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Wisconsin (Ms. BALDWIN) and the gentleman from Georgia (Mr. DEAL) each will control 20 minutes.

The Chair recognizes the gentlewoman from Wisconsin.

GENERAL LEAVE

Ms. BALDWIN. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the Senate bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Wisconsin?

There was no objection.

Ms. BALDWIN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of the Senate bill, S. 793, the Traumatic Brain Injury Act of 2008, to authorize research and public health activities relating to trauma and traumatic brain injury. The version of the bill we are considering today represents bipartisan and bicameral consensus.

The purpose of S. 793, the Traumatic Brain Injury Act of 2008, is to authorize funding for research, treatment, surveillance and education activities related to trauma and traumatic brain injury at the National Institutes of Health, the Health Resources and Services Administration and the Centers for Disease Control and Prevention. Reauthorizing the traumatic brain injury program will strengthen the goal of understanding and addressing traumatic brain injury and strengthen our commitment to all those who experience traumatic brain injury.

I want to acknowledge my friend the gentleman from New Jersey, Congressman BILL PASCRELL, for his incredible leadership in the House on this important matter. I urge my colleagues on both sides of the aisle to join me in its support.

Madam Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise to join my colleague in support of S. 793, the Traumatic Brain Injury Act of 2008. This legislation reauthorizes important grant programs, which assist States,

territories, and the District of Columbia in establishing and expanding coordinated services of community-based services and support for those with traumatic brain injuries.

Traumatic brain injuries, TBI, can happen to anyone, and occur when someone experiences brain damage from externally inflicted trauma to the head. While these injuries can impact children, teenagers and adults, TBI has been described as the signature wound of the war in Iraq.

This legislation, first authorized in 1996, was reauthorized in 2000. With the large number of troops returning from the battlefield afflicted by this injury, it is important that we continue the activities authorized by this legislation.

The bill ensures that we are working to improve treatment through research at the National Institutes of Health and are able to gather information about the incidence of TBI and the prevalence of TBI-related disability.

I urge my colleagues to join me in supporting this important effort.

Madam Speaker, I reserve the balance of my time.

Ms. BALDWIN. Madam Speaker, I yield 5 minutes to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Madam Speaker, I want to thank the distinguished gentlewoman from Wisconsin. I would like to also thank Chairman DINGELL and Chairman PALLONE for their thoughtful consideration and support for millions of TBI survivors and their families. But I personally want to thank my friend from Pennsylvania, Congressman TODD PLATTS, for his leadership on this important issue. He has shown true sensitivity, and as cochair of the Congressional Brain Injury Task Force, families all through America could not have a better friend than TODD PLATTS.

I have witnessed firsthand, Madam Speaker, how these programs make a difference in people's lives. Traumatic brain injury is a leading cause of death and disability in young Americans, as well as being the signature injury of our troops in Iraq and Afghanistan.

Every 21 seconds, one person in the United States sustains a traumatic brain injury. That adds up to 1.4 million TBIs each year. About half of these cases result in at least short-term disability, and about 50,000 people die as a result of these injuries. Eighty thousand people sustain severe brain injuries leading to long-term disability.

The Centers for Disease Control estimates there are 5.3 million Americans who are living with long-term severe disability as a result of brain injury. The national cost is estimated at \$60 billion annually.

The statistics involving brain injury are increasing even more now that reports show that traumatic brain injuries account for 14 to 20 percent of the casualties for those who survive combat in Iraq. As of 3 months ago, Madam Speaker, 30,327 servicemembers have

been wounded in Iraq. Two-thirds of those, approximately 20,000, have had injuries during this war affecting the brain.

We are in truly a very important time in history. The brain is the last frontier of science. Many returning servicemembers suffering from TBI will receive excellent care and rehabilitation services within the Department of Defense and Department of Veterans Affairs. But others suffering TBI that are initially undiagnosed or misdiagnosed will later look to the civilian community and local resources for information and services, especially those who serve in the National Guard and Reserves.

That is why it is essential that we continue to foster collaboration between the civilian and the military, like the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury. My good friend Colonel Sutton has done a fantastic job there to build a system that ensures returning troops receive what they need to put their lives back together again.

Unfortunately, TBI remains a silent epidemic in the United States of America. That is why the legislation today, Madam Speaker, is so important. The TBI Act is the only legislation that specifically allocates Federal funds for programs supporting individuals with brain injury.

Originally passed in 1996 and reauthorized in 2000, the TBI Act represents a foundation for coordinated and balanced public policy in prevention, education and research and community living for people living with TBI and their circles of support, many times forgotten as well. It has produced results. For 10 years, the Traumatic Brain Injury Act was successfully providing direction and legal authority for the vast brain injury community in the United States. The act was not designed to provide direct care to persons with TBI, but rather to inform.

The Health Resources and Services Administration grants within the TBI Act have helped States to improve access to health and other services for persons with TBI. Prior to the 1996 law, they did not have the tools to even access their own needs. Thanks to the Centers for Disease Control and Prevention, we now have a record of incidence, including details and prevalence, plans for prevention, and, finally, access to treatment. We have also begun to educate the public and provide much-needed scientific data for our scientists, our health care providers and policymakers.

Madam Speaker, I cannot tell you how crucial this is to those who have TBI folks within their family. This is serious business. They have to live with it as well.

The SPEAKER pro tempore. The gentleman's time has expired.

Ms. BALDWIN. I would yield the gentleman an additional 1 minute.

Mr. PASCRELL. I thank the gentlewoman from Wisconsin.

Funds would be authorized for the fiscal years 2009 to 2012. It authorizes several new studies, including a study from the CBC and NIH to not only determine the incidence and prevalence of traumatic brain injury, but to identify common therapeutic interventions and develop rehabilitation guidelines. It establishes a study in collaboration with the Departments of Defense and Veterans Affairs to identify the best methods of coordinating prevalence data in order to ensure that national research takes into account the incidence of brain injuries among our Nation's veterans and that current information about diagnostic tools and treatments are shared.

Madam Speaker, only a strong commitment from the folks here and on the other side of this building is going to continue the incredible advances we have made in the area of basic brain research with prevention, with detection and with early treatment, physical and mental rehabilitation, long-term care and patient advocacy.

I urge my colleagues to join with many of us on both sides of the aisle. I again thank the gentleman from Pennsylvania, TODD PLATT, for his great work.

□ 1615

Mr. DEAL of Georgia. Madam Speaker, I am pleased to yield to one of the real leaders who has kept this issue moving through this Congress, TODD PLATTS from Pennsylvania, and I yield the gentleman 5 minutes.

Mr. PLATTS. I thank the gentleman for yielding me the time.

Madam Speaker, I rise in strong support of Senate bill 793, which, as was well delineated, reauthorizes this very important legislation, the Traumatic Brain Injury Act.

I am honored to join with Representative BILL PASCRELL in introducing the House version of this legislation, which expands support systems for individuals who have sustained a traumatic brain injury. As the gentleman from New Jersey referenced, for the past 3 years, I have had the privilege of serving with him as cochair of the Congressional TBI Task Force.

I am pleased to recognize my distinguished colleague from New Jersey for his tremendous leadership and dedication related to TBI research and treatments over the course of many years. I have been delighted to serve as cochair for 3 years, but, long before that, the gentleman from New Jersey has been leading this effort and been a real champion of the importance of this work. I have been honored to work with the gentleman from New Jersey to bring awareness to the unique issues that surround TBI, such as frequent misdiagnoses and barriers to adequate and meaningful treatments.

Most Americans do not fully understand the amount of devastation caused by TBI each year. Most people do not realize that the incidence of TBI is greater than the incidence of breast

cancer, HIV/AIDS, multiple sclerosis and spinal injuries combined.

Additionally, TBIs can manifest themselves in various manners, from a small behavioral change to complete physical disability and even death. Brain injuries affect the whole family emotionally and financially, often resulting in substantial medical and rehabilitation expenses.

The TBI Act of 1996 produced extensive research at the National Institutes of Health and Centers for Disease Control and Prevention regarding the incidence, detection and diagnosis of TBI. The time has come to better use these results and translate them into more extensive treatments. This is an important part of what Senate bill 793 aims to do.

In addition to expanding the research of NIH and CDC, this legislation will build on the support systems that States have already implemented to increase the independence and productivity of individuals living with TBI.

Soldiers returning from Iraq have brought much-needed attention to the variety of symptoms associated with TBI. Thanks to the state-of-the-art body armor with which our men and women overseas are equipped, these heroic individuals are able to survive violent attacks while receiving blunt force to the head. Studies have found that over 60 percent of all soldiers wounded in an explosion, vehicle accidents, gunshot wound to the head or neck sustain a traumatic brain injury.

This legislation provides additional support for States to integrate veterans into community-based treatments after these heroes return home from combat.

This is a bill aimed at helping individuals who, due to traumatic experiences, may never live their lives the same way again. Senate bill 793 builds on current research and support systems to help vulnerable individuals lead a more comfortable, productive and independent life.

I strongly urge my colleagues to support this legislation, and, I, again, commend my colleague from New Jersey for his great leadership in advancing this cause.

Ms. BALDWIN. Madam Speaker, I am proud to yield 2 minutes to my colleague on the Health Subcommittee, the gentlelady from California (Mrs. CAPPS).

Mrs. CAPPS. I want to thank my colleague for yielding to me.

Madam Speaker, I rise in strong support of Senate bill 793, the Traumatic Brain Injury Act of 2008. I want to commend the leaders of the bill in the House who have spoken already. This version of the bill we are considering today represents bipartisan and bicameral consensus.

It would fund, as we have heard, important research, treatment, surveillance and educational activities related to trauma and traumatic brain injury, commonly known now as TBI. The funding would support ongoing ef-

forts at the National Institutes of Health, which are so important, and also the Health Resources and Services Administration and the CDC.

Reauthorizing this program will strengthen the goal of understanding and addressing TBI and strengthening our capacity to treat it. This current war has made us all too much familiar with the devastating effects of TBI and the importance of coordinated interventions to treat it. The war in Iraq and Afghanistan underscored the importance of this legislation, but by no means do these situations only arise in times of war.

We know that traumatic brain injury has been occurring all along with all kinds of traumas, traumas to the head and sometimes unsuspected injury that can result from other traumas. And so we need to, for a variety of reasons, pass this legislation and get this bill signed into law.

I want to acknowledge my friend and colleague Congressman BILL PASCRELL and also Congressman PLATTS from Pennsylvania. This leadership has brought us to this point. I know that our Health Subcommittee is pleased to be a part of this legislation.

I urge, strongly, our colleagues on both sides of the aisle to join in supporting Senate bill 793.

Mr. DEAL of Georgia. Madam Speaker, I yield back the balance of my time and urge adoption of the bill.

Ms. BALDWIN. Madam Speaker, I have no further requests for time and would also commend my colleagues to join me in support of this legislation.

Mr. EMANUEL. Madam Speaker, I rise today in support of S. 793, the Reauthorization of the Traumatic Brain Injury Act. S. 793 is the Senate companion to H.R. 1418, a bill that I cosponsored to amend the Public Health Service Act to reauthorize and improve our efforts to combat and treat traumatic brain injury, TBI, at the Federal and State levels. As a member of the Congressional Brain Injury Task Force, this issue is near and dear to my heart, and I am proud that we are debating this important legislation today.

Of troops wounded in Iraq 62 percent have sustained TBI, compared to a rate closer to 20 percent in previous conflicts. Overall in the U.S., there are about 1.5 million civilian cases of traumatic brain injury each year. I have worked hard to make researching and fighting TBI a priority and, in particular, the relationship between TBI and epilepsy.

Traumatic brain injury, TBI, causes epilepsy in up to 30 percent of civilians and 50 percent of military head injuries, greatly exacerbating chronic neurological disability. TBI is particularly problematic for soldiers currently serving or recently returned from Iraq and Afghanistan.

In 1996, members of Congress passed the Traumatic Brain Injury Act, which amended the Public Health Service Act to increase resources available to research on traumatic brain injury. Today, we have the opportunity to reauthorize and amend this act to include a broader spectrum of traumatic brain injury programs, especially those at the State level.

An expansion and improvement of our traumatic brain injury programs will serve those in

this country who suffer from the condition, while providing opportunities for research and development of programs to better prevent and detect traumatic brain injuries.

Madam Speaker, traumatic brain injuries affect families across America, and we must continue to invest in programs to prevent, detect, and treat these injuries. I encourage all of my colleagues to join me in voting in favor of this important legislation.

Mr. VAN HOLLEN. Madam Speaker, I rise in strong support of the reauthorization of the Traumatic Brain Injury Act.

Traumatic Brain Injury, TBI, is a leading cause of death and disability in young Americans. Approximately 1.4 million people sustain a TBI each year in the United States. The most common causes of TBI are falls, traffic accidents, and assault. These brain injuries result in short-term or long-term disabilities and can severely impact how people live their lives.

Congress took an important step in 1996 by passing the Traumatic Brain Injury Act to promote brain injury research, education, treatment, and prevention. It is the only Federal law that specifically addresses the issues faced by persons with brain injury. This law has successfully improved access to health care and other services for individuals with TBI. Without the TBI Act, State governments and these individuals would be left to their own devices.

More recently, we have seen an increasing number of traumatic brain injuries in servicemembers returning home from combat operations. The programs in the TBI Act can help the thousands of troops wounded in combat and suffering from brain injury. We have an obligation to assist these soldiers, and I am proud that Congress has provided funding in the recent appropriations bill to address TBI in returning personnel.

The reauthorization of the Traumatic Brain Injury Act builds on the success of the original 1996 law by continuing to educate the public and provide much needed data on TBI for scientists, health care providers, and policy makers. I urge my colleagues to support this legislation.

Mr. SCOTT of Virginia. Madam Speaker, I rise today in support of National Public Health Week and the health bills that the House will debate today. It is important that we recognize and build on quality public health programs that affect every aspect of our lives—from effective childhood vaccination programs, to early screening programs for diseases, to ensuring that Americans have access to critical treatment programs.

Access to quality, affordable health care is critical to the well-being of our country, today and in the future. With 46 million uninsured—9 million of whom are children—we need to focus on strengthening the Medicare system, providing increased access to quality health care programs and ensuring that our low-income children and families have health insurance.

During my tenure in the Virginia General Assembly, I introduced a number of bills that focused on child and maternal health, preventive screenings for hearing and immunizations for children against certain diseases. The need for these services was vital to the health of the citizens not only of the Commonwealth of Virginia, but also to our Nation as a whole and continues to help our most vulnerable today.

Madam Speaker, there continues to be an urgent need for expanded health care coverage and increased access to health care for children, seniors and low-income individuals. Because of this need, I introduced H.R. 1688, The All Healthy Children Act. The All Healthy Children Act, endorsed by the Children's Defense Fund, is a logical, smart and achievable incremental next step to close the child coverage gap and guarantees all children have access to the health coverage that they need to survive, thrive and learn. This proposal would ensure that all children are covered by expanding the coverage of both the Medicaid and SCHIP programs while eliminating procedural red tape that currently prevents many children from being covered under either program. This comprehensive program would include all basic health care and preventive testing as well as coverage for mental health and prenatal care.

The bills that we will vote on today will also help to provide our medical community the tools necessary to improve lives through prevention, research and treatment of disease. For example:

The Early Hearing Detection and Intervention program is a critical CDC program intended to identify and help infants with hearing loss. This bill reauthorizes funding and expands the program to provide screening and intervention services for young children. We know that the earlier hearing problems are identified, the more effective the medical services can be.

The Wakefield Act is designed to improve emergency medical services for children needing trauma or critical care.

The Newborn Screening Saves Lives Act educates parents and health care providers about newborn health screening, improves follow-up care for infants with an illness detected through newborn screening, and helps States expand and improve their newborn screening programs. Many diseases and conditions which can be cured when detected early can lead to permanent disabilities if not detected in time.

The Cytology Proficiency Improvement Act is designed to improve the analysis of tests for cervical cancer by ensuring that health care professionals who read tests for cervical cancer are skilled in today's medical technology. It modernizes the cervical cancer testing program by requiring continuing medical education for pathologists to assess their diagnostic skills and ensure they keep up with the latest practices.

The Keeping Seniors Safe from Falls Act launches a comprehensive preventative care program to reduce the number and severity of falls by the elderly. It directs HHS to implement directives to reduce falls, including improving the identification of seniors who have a high risk of falling; supporting education campaigns focused on reducing and preventing falls and on educating health professionals about fall risk, assessment and prevention; and conducting research to reduce falls.

The Food Allergy and Anaphylaxis Management Act will help schools deal with food allergies among their student population by requiring the Department of Health and Human Services, in consultation with the Department of Education, to develop a policy for schools on appropriate management and emergency plans for children with food allergies and ana-

phylaxis. The policy would be provided to schools within 1 year after enactment, and schools could voluntarily implement the policy. The bill also authorizes HHS to award grants to local school districts to help them in implementing the policy.

The House amendment to the Traumatic Brain Injury Act authorizes the Centers for Disease Control, CDC, to provide State grants for patients with traumatic brain injury to enter treatment and rehabilitation programs. The thousands of brain injury survivors who are returning home from combat in Iraq and Afghanistan are joining the 5.3 million similarly afflicted Americans here at home. Indeed, TBI is the leading cause of death and disability among young Americans. The legislation would require the CDC to monitor brain injury incidents and create a reporting system to track the condition. It also directs CDC to study treatment techniques and NIH to conduct basic research to improve treatment.

Madam Speaker, action on these critical issues is imperative to meet the pressing health care concerns of our Nation. I urge my colleagues to support these bills.

Ms. BALDWIN. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Wisconsin (Ms. BALDWIN) that the House suspend the rules and pass the Senate bill, S. 793, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Ms. BALDWIN. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 4 o'clock and 22 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1833

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. CUMMINGS) at 6 o'clock and 33 minutes p.m.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2537, BEACH PROTECTION ACT OF 2007

Ms. SLAUGHTER, from the Committee on Rules, submitted a privileged report (Rept. No. 110-572) on the resolution (H. Res. 1083) providing for consideration of the bill (H.R. 2537) to amend the Federal Water Pollution Control Act relating to beach monitoring, and for other purposes, which