

bipartisan manner to continue autism research, early identification, intervention, and education.

I am proud to support this legislation, and I urge my colleagues to support final passage of this legislation.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. ENGEL), my good friend and desk mate on the Energy and Commerce Committee and the ranking member of the Foreign Affairs Committee.

Mr. ENGEL. Mr. Speaker, I want to thank my good friend from Texas (Mr. GENE GREEN) for yielding me the time. I want to thank my good friend, Mr. SMITH from New Jersey. I have so much respect for his hard work in doing this. Anyone who knows Chris knows that when he wants something done, he is tenacious. MIKE DOYLE has been his really good partner. We all take pride in this legislation.

I rise to support the Autism Collaboration, Accountability, Research, Education, and Support Act, or the Autism CARES Act. I am pleased that we have an opportunity to pass this today.

Autism, as my colleagues have said, affects more than 2 million individuals and their families across our country. The rate of diagnosis has climbed dramatically in recent years. Today, 1 out of every 68 American children is diagnosed with autism spectrum disorder by the age of 8. That is really shocking. These individuals and their families are counting on us to pass this bill.

The Autism CARES Act will extend and strengthen the efforts we established under the Combating Autism Act of 2006 and the Combating Autism Reauthorization Act of 2011. I was proud to support both of these bills on the Foreign Affairs Committee, the Energy and Commerce Committee, and the full House. I am pleased to see that this legislation will give our autism programs the continued support they deserve.

With this bill, we will extend Federal autism programs for another 5 years, including vital autism research and prevalence monitoring, as well as training for medical professionals. This bill will also provide valuable updates to the law. It will increase coordination across Federal agencies and improve our understanding of the issues youth and young adults face as they transition out of school-based services.

These changes will advance our understanding of autism spectrum disorder and allow us to better assist the millions of Americans it impacts.

The programs provided for this in bill have traditionally enjoyed strong bipartisan support in the Energy and Commerce Committee. It enjoyed strong bipartisan support, as I guess it will as well here, because this is a strong bipartisan issue.

So I urge my colleagues to continue this commitment by voting for the Autism CARES Act today.

Mr. PITTS. Mr. Speaker, I yield 1 minute to the distinguished gentleman

from Illinois (Mr. ROSKAM), one of our distinguished leaders.

Mr. ROSKAM. Mr. Speaker, I thank the gentleman for yielding.

One in 68 is diagnosed with autism, Mr. Speaker, and we have an opportunity to come alongside those families that are dealing with this diagnosis by supporting the Autism CARES Act. It is a holistic approach, one that takes on research, education, early detection, and intervention for those all across the autism spectrum.

There are so many times that we can get into dollars and cents and chapter and verse and future savings in all of these things, but think about it. Beyond all of that is something that is much more important, and it is this: we can be a part of helping children reach their potential as adults. It is the desire of every parent to see their child reach full potential. So we can do that by coming together with this legislation. Think about the joy that is involved in that.

I am pleased to associate myself with the work of Congressman SMITH in this effort and to be a cosponsor of the Autism CARES Act.

Mr. GENE GREEN of Texas. Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

Mr. PITTS. Mr. Speaker, I am very pleased to support this very important bipartisan legislation. I urge all Members to do so, and I yield back the balance of my time.

Mr. MESSER. Mr. Speaker, I rise in support of H.R. 4631, the Autism CARES Act, which reauthorizes the Combating Autism Reauthorization Act. I want to commend my colleague, Representative CHRIS SMITH, for bringing this measure forward.

Our understanding of autism remains an unsolved puzzle. More children than ever are being diagnosed with communication and behavior disorders that lead to a diagnosis of autism.

Though our understanding of autism is limited, what we do know is that autism affects too many children, strains families, costs too much, and puts those it afflicts at an educational, professional, and social disadvantage compared to their peers.

Families with autistic children do everything they can to help their kids maximize their God-given abilities whatever those may be. But it's not always easy especially in a world where many don't understand the unique challenges autism presents. Helping these families better navigate this treacherous world would make a huge difference.

The Autism CARES Act provides federal support for critical autism research by reauthorizing research programs at the National Institute of Health, Centers for Disease Control and Prevention and the Department of Health and Human Services. The bill will help better coordinate federal autism research and ensure more focused efforts to maximize the benefits of the resources we invest in such research.

This bill also will begin efforts to determine how best to meet the needs of young adults with autism as they face the new challenges that come with being an adult.

These investments are extremely important because autism imposes tremendous emo-

tional and financial costs on families and economic impact on the health care system. The investments called for by this bill will pale in comparison to the personal and financial benefits they will yield in the future.

Families struggling with autism face challenges many of us can't imagine. They need and deserve our help. It is time to commit ourselves to solving this puzzle today so autism can be prevented, treated, and cured tomorrow.

I urge all of my colleagues to join me in supporting this bipartisan measure.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. PITTS) that the House suspend the rules and pass the bill, H.R. 4631, as amended.

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

A motion to reconsider was laid on the table.

TRAUMA SYSTEMS AND REGIONALIZATION OF EMERGENCY CARE REAUTHORIZATION ACT

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4080) to amend title XII of the Public Health Service Act to reauthorize certain trauma care programs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4080

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 "Trauma Systems and Regionalization of Emergency Care Reauthorization Act".

SEC. 2. REAUTHORIZATION OF CERTAIN TRAUMA CARE PROGRAMS.

Section 1232(a) of the Public Health Service Act (42 U.S.C. 300d-32(a)) is amended by striking "2014" and inserting "2019".

SEC. 3. IMPROVEMENTS AND CLARIFICATIONS TO CERTAIN TRAUMA CARE PROGRAMS.

(a) ALLOCATION OF FUNDS FOR COMPETITIVE GRANTS FOR REGIONALIZED SYSTEMS FOR EMERGENCY CARE RESPONSE.—Section 1232(c) of the Public Health Service Act (42 U.S.C. 300d-32(c)) is amended—

(1) in paragraph (1), by striking "and" at the end;

(2) in paragraph (2), by striking the period at the end and inserting ";" and"; and

(3) by adding at the end the following new paragraph:

"(3) for a fiscal year after fiscal year 2014, not more than 50 percent of such amounts remaining for such fiscal year after application of paragraphs (1) and (2) shall be allocated for the purpose of carrying out section 1204."

(b) CLARIFICATIONS UNDER TRAUMA SYSTEMS FORMULA GRANTS REQUIREMENTS RELATING TO THE AMERICAN BURN ASSOCIATION.—Section 1213 of the Public Health Service Act (42 U.S.C. 300d-13) is amended—

(1) in subsection (a)(3), by inserting "and (for a fiscal year after fiscal year 2014) contains national standards and requirements of the American Burn Association for the designation of verified burn centers," after "such entity,";

(2) in subsection (b)(3)(A), by striking "and the American Academy of Pediatrics," and

inserting “the American Academy of Pediatrics, and (for a fiscal year after fiscal year 2014) the American Burn Association.”; and (3) in subsection (c)(1)—

(A) in the matter preceding subparagraph (A), by inserting “and not later than 1 year after the date of the enactment of the Trauma Systems and Regionalization of Emergency Care Reauthorization Act” after “Act of 2007”; and

(B) in subparagraph (A), by striking “and the American Academy of Pediatrics” and inserting “the American Academy of Pediatrics, and (with respect to the update pursuant to the Trauma Systems and Regionalization of Emergency Care Reauthorization Act) the American Burn Association”.

(c) CONFORMING AMENDMENTS.—Part B of title XII of the Public Health Service Act is amended—

(1) in section 1218(c)(2) (42 U.S.C. 300d-18(c)(2)), in the matter preceding subparagraph (A), by striking “1232(b)(3)” and inserting “section 1232(b)”; and

(2) in section 1222 (42 U.S.C. 300d-22), by striking “October 1, 2008” and inserting “October 1, 2016”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. PITTS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. PITTS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials into the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, I rise today to support of H.R. 4080, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act, introduced by Representative MICHAEL BURGESS.

This bill amends the Public Health Service Act by reauthorizing two important grant programs: the Trauma Care Systems Planning Grants and the Regionalization of Emergency Care Systems.

The first program supports State and rural development of trauma systems and the second funds pilot projects to design, implement, and evaluate innovative models of regionalized emergency care.

We know that immediate access to trauma care within the golden hour after injury is critical. By improving access to the specialized care designed to treat trauma injuries, both of these trauma bills will save lives.

I urge my colleagues to support this important legislation, and I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 4080, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act. I am proud to be the lead Democratic sponsor on this important

bill with my colleague from Texas, Dr. BURGESS. I want to thank him for his leadership and commitment to this issue.

This bill reauthorizes the programs that provide grants to States for planning, implementing, and developing trauma care systems, and establishes pilot projects that design innovative models of emergency care systems.

Ideally, trauma and emergency care systems respond quickly and efficiently to ensure that the seriously injured individuals receive the care they need within that golden hour—the time period when medical intervention is most effective at saving lives.

However, unintentional injury remains the leading cause of death for Americans aged 44 years and younger, and access to trauma centers is inconsistent throughout the country. In fact, 45 million Americans lack access to a trauma care center within that golden hour, which is the first hour after the injury.

Emergency departments and trauma centers are overcrowded, the emergency care system is splintered, and surgical specialists are often unavailable to patients who need them. This legislation helps establish the systems that save lives and improve the functioning of our trauma care systems.

Again, I want to thank Representative BURGESS for championing this effort with me. I also want to acknowledge the leadership of Chairman UPTON, Chairman PITTS, Ranking Member WAXMAN, Ranking Member PALLONE, and the work of the committee's staff in advancing this bill through the Energy and Commerce Committee and bringing it to the floor today.

I support this bipartisan and I urge my colleagues to do the same, I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, I yield 3 minutes to the gentleman from Texas, Dr. BURGESS, the distinguished vice chairman of the Health Subcommittee, who has been a real champion on this issue and is the prime sponsor of the bill.

Mr. BURGESS. Mr. Speaker, trauma is the leading cause of death for people under the age of 65. It is expensive, costing nearly \$403 billion a year, third only to heart disease and cancer. It affects individuals of all ages, 35 million times each year, or one person every 15 minutes.

□ 1845

H.R. 4080 reauthorizes two existing, bipartisan grant programs that support the regionalization of emergency care and trauma systems across the country.

Trauma systems deliver a full range of care to injured patients. Most Members of the House have trauma systems either in their districts or nearby that are able to serve their constituents.

This bill is supported by the American Association of Neurological Surgeons, the American Association of

Orthopaedic Surgeons, the American Burn Association, the American College of Emergency Physicians, the American College of Surgeons, the Emergency Nurses Association, the American Trauma Society, the Congress of Neurological Surgeons, and the Trauma Center Association of America.

A study released in April found that patients living near a recently closed trauma facility were 21 percent more likely to die from their injuries. Two years after closure, the likelihood of death increased to 29 percent, emphasizing the importance of these grants.

This legislation passed out of the Energy and Commerce Subcommittee on Health by a voice vote and passed the full committee on April 3 unanimously. This legislation is broadly supported by medicine. It is bipartisan, and it has gone through regular order.

I want to thank Chairman UPTON and Chairman PITTS as well as Ranking Members Waxman and Pallone, and the Energy and Commerce staffs on both sides of the dais: Clay Alspach, Robert Horne, Brenda DeStro, Katie Novaria, as well as Anne Morris Reid.

Mr. GREEN and I have worked on this issue for years, and I appreciate his continued partnership on the bill. I also want to thank his staff, Kristen O'Neill.

Finally, from my office, I want to thank Adrianna Simonelli and JP Paluskiewicz, who shepherded the bill through the process.

I urge all Members to vote in favor of this legislation. It is important for all of our districts.

Mr. GENE GREEN of Texas. Mr. Speaker, I have no other speakers.

I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, I yield 2 minutes to my colleague from Pennsylvania (Mr. DENT).

Mr. DENT. Mr. Speaker, I, too, rise today in strong support of H.R. 4080, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act.

I would especially like to thank Dr. BURGESS of Texas and Representative GENE GREEN of Texas for introducing this very important, critical piece of legislation.

As has been mentioned, the leading cause of death for people under the age of 45 is trauma. It is, unfortunately, something a majority of States is not adequately prepared to handle. According to the CDC, trauma kills more Americans than AIDS and strokes combined. The Nation needs a robust network to respond quickly and efficiently to get seriously injured individuals to the appropriate trauma center within that golden hour that has been much discussed, which is the time period when medical intervention is the most effective in saving lives and in saving function.

H.R. 4080, if enacted, will allow for the development of innovative State and regionalized care, which is necessary to prevent these trauma deaths.

The bill would also direct States to update their model trauma care plans with the input of stakeholders. When the difference between life and death rests on the ability to deliver coordinated trauma care within the golden hour, we need legislation in place, such as H.R. 4080, in order to improve the delivery of emergency medical care to severely injured patients.

While we are at it, at some point, we should deal with the issue of liability reform for trauma centers because we need on-call specialists to deliver that care when we most need it, but that is a fight for another day. Today, let's get H.R. 4080 done.

I urge my colleagues to support this important legislation that was introduced by Dr. BURGESS and Mr. GREEN.

Mr. GENE GREEN of Texas. Mr. Speaker, in closing, as a cosponsor of this bill and in working with my colleague Dr. BURGESS for a number of years on trauma care, I urge an "aye" vote.

I yield back the balance of my time.

Mr. PITTS. Again, Mr. Speaker, H.R. 4080 is another very important and bipartisan bill, and I urge all of the Members to support it.

I yield back the balance of my time.

The SPEAKER pro tempore (Mr. JOLLY). The question is on the motion offered by the gentleman from Pennsylvania (Mr. PITTS) that the House suspend the rules and pass the bill, H.R. 4080, as amended.

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

A motion to reconsider was laid on the table.

IMPROVING TRAUMA CARE ACT OF 2014

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3548) to amend title XII of the Public Health Service Act to expand the definition of trauma to include thermal, electrical, chemical, radioactive, and other extrinsic agents, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3548

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 "Improving Trauma Care Act of 2014".

SEC. 2. TRAUMA DEFINITION.

(a) REVISED DEFINITION UNDER TRAUMA SYSTEMS GRANTS PROGRAMS.—Paragraph (4) of section 1231 of the Public Health Service Act (42 U.S.C. 300d-31) is amended to read as follows:

"(4) TRAUMA.—The term 'trauma' means an injury resulting from exposure to—

"(A) a mechanical force; or

"(B) another extrinsic agent, including an extrinsic agent that is thermal, electrical, chemical, or radioactive."

(b) REVISED DEFINITION UNDER INTER-AGENCY PROGRAM FOR TRAUMA RESEARCH.—

Paragraph (3) of section 1261(h) of the Public Health Service Act (42 U.S.C. 300d-61(h)) is amended to read as follows:

"(3) The term 'trauma' means an injury resulting from exposure to—

"(A) a mechanical force; or

"(B) another extrinsic agent, including an extrinsic agent that is thermal, electrical, chemical, or radioactive."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. PITTS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. PITTS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials into the RECORD on the bill.

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

There was no objection.

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

I rise today in support of H.R. 3548, the Improving Trauma Care Act of 2014, introduced by Congressman BILL JOHNSON of Ohio.

This bill amends the Public Health Service Act by expanding the current definition of "trauma" to include an injury resulting from exposure to thermal, electrical, chemical, radioactive, and other agents.

I urge my colleagues to support this important legislation.

I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 3548, the Improving Trauma Care Act of 2014.

This legislation amends the definition of the word "trauma" for the purpose of trauma care grants authorized in title XII of the Public Health Service Act to include burns and other injuries resulting from electrical, chemical, or other exposures.

Strengthening our Nation's trauma care services is an important priority on which I hope to continue to work with Members on both sides of the aisle to address.

I want to thank Congressman JOHNSON for his sponsorship of this legislation, and I want to acknowledge the work of our committee—Chairman UPTON, Chairman PITTS, Ranking Member WAXMAN, Ranking Member PALLONE—and of all the staff in bringing this bill to the floor today.

I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, I yield 4 minutes to the gentleman from Ohio (Mr. JOHNSON).

Mr. JOHNSON of Ohio. Mr. Speaker, today, I rise in strong support of H.R. 3548, the Improving Trauma Care Act of 2014, bipartisan legislation I am proud to have sponsored with the support and counsel of the Energy and Commerce Committee.

I commend the committee staff for their hard work to move this legisla-

tion forward through markup at the subcommittee and full committee levels and to steer it to the House floor today.

This simple but important bill seeks to refine inconsistent definitions of what constitutes "trauma" as outlined in the United States Code.

Common sense would certainly point to many burn injuries as a type of trauma, but the U.S. Code doesn't recognize them as such. The failure to incorporate the full range of traumatic injuries in the description of "trauma," including burns, can result in gaps in coverage and in provisions of care throughout the care system. By modernizing this term as federally defined, Congress can ensure that it accurately reflects the medical realities of trauma and protects access to the provision of trauma care.

There are important gains to be made in the field of traumatic medicine by the further integration of care and by finding synergies between burn and trauma centers. This has been all too evident in efforts to save lives after national tragedies, such as 9/11 and the Boston Marathon bombing. The importance of strengthening our Nation's burn care infrastructure can't be stressed enough. Inadequacy and inconsistency in the U.S. Code around the classification of burns further compound serious shortfalls in our Nation's traumatic emergency medical care system.

Traumatic injury is the leading cause of death for those under age 44, but getting a victim of trauma to a level 1 or 2 trauma center within the first golden hour can make all of the difference. However, 45 million Americans do not have access to a level 1 or 2 trauma center within an hour's travel.

I applaud the efforts of my colleague Dr. BURGESS to reauthorize trauma programs and improve this system with his bill H.R. 4080, which I am also proud to support. I thank him for his endorsement of H.R. 3548, and I am grateful for his efforts to improve trauma care more broadly.

In addition, this legislation has the strong support of a broad coalition of the major medical societies and associations representing the trauma care community, including: the American Burn Association, the American College of Surgeons, the American Association for the Surgery of Trauma, the American Trauma Society, the American College of Emergency Physicians, the Trauma Center Association of America, and America's Essential Hospitals.

I want to thank Chairman UPTON and Chairman PITTS for their hard work in promoting the Improving Trauma Care Act of 2014.

I hope my colleagues will support this commonsense legislation that prevents gaps in coverage and improves the provision of trauma care, and I strongly encourage a "yes" vote.

Mr. GENE GREEN of Texas. Mr. Speaker, I have no other speakers. I