

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

urge my colleagues to join me in supporting H.R. 3548.

I yield back the balance of my time. Mr. PITTS. Mr. Speaker, I also urge Members to support this commonsense legislation, bipartisally supported.

I yield back the balance of my time.

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. 3548, 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.

NEWBORN SCREENING SAVES LIVES REAUTHORIZATION ACT OF 2014

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1281) to amend the Public Health Service Act to reauthorize programs under part A of title XI of such Act, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1281

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Newborn Screening Saves Lives Reauthorization Act of 2014”.

(b) **TABLE OF CONTENTS.**—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Improved newborn and child screening and followup for heritable disorders.

Sec. 3. Evaluating the effectiveness of newborn and child screening and followup programs.

Sec. 4. Advisory Committee on Heritable Disorders in Newborns and Children.

Sec. 5. Clearinghouse of Newborn Screening Information.

Sec. 6. Laboratory quality and surveillance.

Sec. 7. Interagency Coordinating Committee on Newborn and Child Screening.

Sec. 8. National contingency plan for newborn screening.

Sec. 9. Hunter Kelly Research Program.

Sec. 10. Authorization of appropriations.

Sec. 11. Reports to Congress.

SEC. 2. IMPROVED NEWBORN AND CHILD SCREENING AND FOLLOWUP FOR HERITABLE DISORDERS.

Section 1109 of the Public Health Service Act (42 U.S.C. 300b-8) is amended—

(1) in subsection (a)—

(A) in the matter preceding paragraph (1)—
(i) by striking “subsection (j)” and inserting “section 1117”; and

(ii) by striking “and in consultation with the Advisory Committee” and inserting “and taking into consideration the expertise of the Advisory Committee”;

(B) by amending paragraph (2) to read as follows:

“(2) to assist in providing health care professionals and newborn screening laboratory personnel with education in newborn screening, counseling, and training in—

“(A) relevant and new technologies in newborn screening and congenital, genetic, and metabolic disorders;

“(B) the importance of the timeliness of collection, delivery, receipt, and screening of specimens; and

“(C) sharing of medical and diagnostic information with providers and families;”;

(C) in paragraph (3), by striking “and” at the end;

(D) in paragraph (4)—

(i) by striking “treatment” and inserting “followup and treatment”; and

(ii) by striking the period and inserting “; and”;

(E) by adding at the end the following:

“(5) to improve the timeliness of—

“(A) the collection, delivery, receipt, and screening of specimens; and

“(B) the diagnosis of heritable disorders in newborns.”;

(2) in subsection (c), by striking “application submitted for a grant under subsection (a)(1)” and inserting “application for a grant under this section”;

(3) in subsection (h), by striking “application submitted under subsection (c)(2)” each place it appears and inserting “application for a grant under this section”;

(4) by striking subsection (j) (relating to authorization of appropriations).

SEC. 3. EVALUATING THE EFFECTIVENESS OF NEWBORN AND CHILD SCREENING AND FOLLOWUP PROGRAMS.

Section 1110 of the Public Health Service Act (42 U.S.C. 300b-9) is amended—

(1) in the section heading, by inserting “AND FOLLOWUP” after “CHILD SCREENING”;

(2) in subsection (a), by striking “of screening,” and inserting “, including with respect to timeliness, of screening, followup.”;

(3) in subsection (b)—

(A) in paragraph (1)—

(i) by striking “counseling, testing” and inserting “treatment, counseling, testing, followup”; and

(ii) by inserting before the semicolon the following: “, including, as appropriate, through the assessment of health and development outcomes for such children through adolescence”;

(B) in paragraph (2)—

(i) by striking “counseling, testing” and inserting “treatment, counseling, testing, followup.”;

(ii) by inserting “in a timely manner” after “in newborns and children”; and

(iii) by striking “or” at the end;

(C) in paragraph (3), by striking the period at the end and inserting a semicolon; and

(D) by adding at the end the following:

“(4) methods that may be identified to improve quality in the diagnosis, treatment, and disease management of heritable disorders based on gaps in services or care; or

“(5) methods or best practices by which the eligible entities described in section 1109 can achieve in a timely manner—

“(A) collection, delivery, receipt, and screening of newborn screening specimens; and

“(B) diagnosis of heritable disorders in newborns.”;

(4) by striking subsection (d) (relating to authorization of appropriations).

SEC. 4. ADVISORY COMMITTEE ON HERITABLE DISORDERS IN NEWBORNS AND CHILDREN.

Section 1111 of the Public Health Service Act (42 U.S.C. 300b-10) is amended—

(1) in subsection (b)—

(A) by redesignating paragraphs (4) through (6) as paragraphs (6) through (8), respectively;

(B) by inserting after paragraph (3), the following:

“(4) provide technical assistance, as appropriate, to individuals and organizations regarding the submission of nominations to the uniform screening panel, including prior to the submission of such nominations;

“(5) take appropriate steps, at its discretion, to prepare for the review of nominations prior to their submission, including for conditions for

which a screening method has been validated but other nomination criteria are not yet met, in order to facilitate timely action by the Advisory Committee once such submission has been received by the Committee;”;

(C) in paragraph (6) (as so redesignated), by inserting “, including the cost” after “public health impact”; and

(D) in paragraph (8) (as so redesignated)—

(i) in subparagraph (A), by striking “achieve rapid diagnosis” and inserting “achieve best practices in rapid diagnosis and appropriate treatment”;

(ii) in subparagraph (D), by inserting before the semicolon “, including information on cost and incidence”;

(iii) in subparagraph (J), by striking “and” at the end;

(iv) in subparagraph (K), by striking the period and inserting “; and”;

(v) by adding at the end the following:

“(L) the timeliness of collection, delivery, receipt, and screening of specimens to be tested for heritable disorders in newborns in order to ensure rapid diagnosis and followup.”;

(2) in subsection (d)—

(A) in paragraph (1)—

(i) by striking “180” and inserting “120”; and

(ii) by adding at the end the following: “If the Secretary is unable to make a determination to adopt or reject such recommendation within such 120-day period, the Secretary shall notify the Advisory Committee and the appropriate committees of Congress of such determination together with an explanation for why the Secretary was unable to comply within such 120-day period, as well as a plan of action for consideration of such pending recommendation.”;

(B) by striking paragraph (2);

(C) by redesignating paragraph (3) as paragraph (2); and

(D) by adding at the end the following:

“(3) DEADLINE FOR REVIEW.—For each condition nominated to be added to the recommended uniform screening panel in accordance with the requirements of this section, the Advisory Committee shall review and vote on the nominated condition within 9 months of the date on which the Advisory Committee referred the nominated condition to the condition review workgroup.”;

(3) by redesignating subsections (f) and (g) as subsections (g) and (h), respectively;

(4) by inserting after subsection (e) the following new subsection:

“(f) MEETINGS.—The Advisory Committee shall meet at least 4 times each calendar year, or at the discretion of the Designated Federal Officer in consultation with the Chair.”;

(5) by amending subsection (g) (as so redesignated) to read as follows:

“(g) CONTINUATION OF OPERATION OF COMMITTEE.—

“(1) IN GENERAL.—Notwithstanding section 14 of the Federal Advisory Committee Act, the Advisory Committee shall continue to operate through the end of fiscal year 2019.

“(2) CONTINUATION IF NOT REAUTHORIZED.—If at the end of fiscal year 2019 the duration of the Advisory Committee has not been extended by statute, the Advisory Committee may be deemed, for purposes of the Federal Advisory Committee Act, an advisory committee established by the President or an officer of the Federal Government under section 9(a) of such Act.”; and

(6) by striking subsection (h) (relating to authorization of appropriations), as redesignated by paragraph (3).

SEC. 5. CLEARINGHOUSE OF NEWBORN SCREENING INFORMATION.

Section 1112 of the Public Health Service Act (42 U.S.C. 300b-11) is amended—

(1) in subsection (a)—

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

(B) in paragraph (3)—

(i) by striking “data” and inserting “information”; and

(ii) by striking the period at the end and inserting a semicolon; and