

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, bipartisanly 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”; and

(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.”; and

(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

(C) by adding at the end the following new paragraphs:

“(4) maintain current information on the number of conditions for which screening is conducted in each State; and

“(5) disseminate available evidence-based guidelines related to diagnosis, counseling, and treatment with respect to conditions detected by newborn screening.”;

(2) in subsection (b)(4)(D), by striking “Newborn Screening Saves Lives Act of 2008” and inserting “Newborn Screening Saves Lives Reauthorization Act of 2014”;

(3) in subsection (c)—

(A) by striking “developing the clearinghouse” and inserting “carrying out activities”; and

(B) by striking “clearinghouse minimizes duplication and supplements, not supplants” and inserting “activities minimize duplication and supplement, not supplant”; and

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

SEC. 6. LABORATORY QUALITY AND SURVEILLANCE.

Section 1113 of the Public Health Service Act (42 U.S.C. 300b-12) is amended—

(1) in the section heading, by inserting “AND SURVEILLANCE” before the period;

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking “and in consultation with the Advisory Committee” and inserting “and taking into consideration the expertise of the Advisory Committee”; and

(B) in paragraph (1), by inserting “timeliness for processing such tests,” after “newborn-screening tests.”; and

(3) by striking subsection (b) (relating to authorization of appropriations) and inserting the following:

“(b) **SURVEILLANCE ACTIVITIES.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, and taking into consideration the expertise of the Advisory Committee on Heritable Disorders in Newborns and Children established under section 1111, may provide, as appropriate, for the coordination of surveillance activities, including—

“(1) through standardized data collection and reporting, as well as the use of electronic health records; and

“(2) by promoting data sharing regarding newborn screening with State-based birth defects and developmental disabilities monitoring programs.”.

SEC. 7. INTERAGENCY COORDINATING COMMITTEE ON NEWBORN AND CHILD SCREENING.

Section 1114 of the Public Health Service Act (42 U.S.C. 300b-13) is amended—

(1) in subsection (c), by striking “the Administrator, the Director of the Agency for Healthcare Research and Quality,” and inserting “the Administrator of the Health Resources and Services Administration, the Director of the Agency for Healthcare Research and Quality, the Commissioner of Food and Drugs.”; and

(2) by striking subsection (e) (relating to authorization of appropriations).

SEC. 8. NATIONAL CONTINGENCY PLAN FOR NEWBORN SCREENING.

Section 1115(a) of the Public Health Service Act (42 U.S.C. 300b-14(a)) is amended—

(1) by striking “consortia” and inserting “consortium”; and

(2) by adding at the end the following: “The plan shall be updated as needed and at least every five years.”.

SEC. 9. HUNTER KELLY RESEARCH PROGRAM.

Section 1116 of the Public Health Service Act (42 U.S.C. 300b-15) is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (B), by striking “; and” and inserting a semicolon;

(B) by redesignating subparagraph (C) as subparagraph (E); and

(C) by inserting after subparagraph (B) the following:

“(C) providing research findings and data for newborn conditions under review by the Advisory Committee on Heritable Disorders in Newborns and Children to be added to the recommended uniform screening panel;

“(D) conducting pilot studies on conditions recommended by the Advisory Committee on Heritable Disorders in Newborns and Children to ensure that screenings are ready for nationwide implementation; and”;

(2) in subsection (c), by striking “of the National Institutes of Health Reform Act of 2006”.

SEC. 10. AUTHORIZATION OF APPROPRIATIONS.

Part A of title XI of the Public Health Service Act (42 U.S.C. 300b-1 et seq.) is amended by adding at the end, the following:

“SEC. 1117. AUTHORIZATION OF APPROPRIATIONS FOR NEWBORN SCREENING PROGRAMS AND ACTIVITIES.

“There are authorized to be appropriated—

“(1) to carry out sections 1109, 1110, 1111, and 1112, \$11,900,000 for each of fiscal years 2015 through 2019; and

“(2) to carry out section 1113, \$8,000,000 for each of fiscal years 2015 through 2019.”.

SEC. 11. REPORTS TO CONGRESS.

(a) GAO REPORT ON TIMELINESS OF NEWBORN SCREENING.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives concerning the timeliness of screening for heritable disorders in newborns.

(2) CONTENTS.—The report submitted under paragraph (1) shall include the following:

(A) An analysis of information regarding the timeliness of newborn screening, which may include the time elapsed from birth to specimen collection, specimen collection to receipt by laboratory, specimen receipt to reporting, reporting to followup testing, and followup testing to confirmed diagnosis.

(B) A summary of any guidelines, recommendations, or best practices available to States and health care providers intended to support a timely newborn screening system.

(C) An analysis of any barriers to maintaining a timely newborn screening system which may exist and recommendations for addressing such barriers.

(b) REPORT BY SECRETARY.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall—

(A) not later than 1 year after the date of enactment of this Act, submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on activities related to—

(i) newborn screening; and

(ii) screening children who have or are at risk for heritable disorders; and

(B) not less than every 2 years, submit to such committees an updated version of such report.

(2) CONTENTS.—The report submitted under this subsection shall contain a description of—

(A) the ongoing activities under sections 1109, 1110, and 1112 through 1115 of the Public Health Service Act; and

(B) the amounts expended on such activities.

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. 1281, the Newborn Screening Saves Lives Reauthorization Act of 2014, introduced by Representative LUCILLE ROYBAL-ALLARD of California and Representative MIKE SIMPSON of Idaho, which now includes 120 cosponsors.

This bill amends the Public Health Service Act to extend and revise a grant program for screening, counseling, and other services related to genetic disorders. H.R. 1281 reauthorizes Federal programs that provide assistance to States to improve and expand their newborn screening programs, support parent and provider education, and ensure laboratory quality and surveillance.

Newborn screening is an important public health program for testing every newborn for certain conditions not apparent at birth. This early screening and diagnosis can be life changing for these children and their families. 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. 1281, the Newborn Screening Saves Lives Reauthorization Act of 2014.

Newborn screening is conducted for a number of genetic, metabolic, hormonal, and functional conditions that may not be apparent at birth. Approximately one in every 300 newborns has a condition that can be detected through screening. If diagnosed early, many of these disorders can be managed successfully.

H.R. 1281 reauthorizes the Department of Health and Human Services' Advisory Committee that recommends conditions to be included in the uniform screening panel; allows the Advisory Committee to begin the consideration of certain new conditions more quickly; and requires the Secretary of HHS to make determinations on the committee's recommendations in a shorter period of time.

The bill also extends support for State programs involving screening, counseling, education, and other services; demonstration programs to evaluate the effectiveness of services; and a clearinghouse of resources related to newborn screening.

This legislation puts a new emphasis on the timeliness of newborn screening in all of these activities, and it requires the GAO to report to Congress on this issue.

I want to thank the sponsors of this legislation, Congresswoman ROYBAL-ALLARD and Congressman SIMPSON; the

sponsors of the Senate companion legislation, Senators HAGAN and HATCH; and the leaders on the Energy and Commerce Committee and on the Health, Education, Labor, and Pensions Committee, for their work on this bill.

I support H.R. 1281, and I urge my colleagues to support the legislation as well.

I reserve the balance of my time.

□ 1900

Mr. PITTS. Mr. Speaker, I yield 1 minute to the distinguished gentleman from New York (Mr. COLLINS).

Mr. COLLINS of New York. Mr. Speaker, I thank my colleague, Representative ROYBAL-ALLARD, for her leadership on this important issue.

I come to the House floor tonight to speak in support of H.R. 1281, the Newborn Screening Saves Lives Reauthorization Act, which I am proud to co-sponsor.

For the last 50 years, newborn screening services have played an important role for families across the country. Screening for developmental disabilities or diseases at birth can identify treatable diseases early and give a child the opportunity to live a healthy life.

I also want to take a moment to thank a leading advocate for newborn screening, Buffalo Bills Hall of Fame Quarterback Jim Kelly, who is from New York's 27th District.

In 1997, Jim and his wife, Jill, founded Hunter's Hope Foundation shortly after their son Hunter was diagnosed with Krabbe disease. Krabbe disease is fatal when left untreated and, tragically, cut Hunter's life short.

With universal newborn screening, the story of Hunter Kelly and countless others with developmental diseases could have been different.

I urge the House to reauthorize this vital program today.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield as much time as she may consume to my colleague from California (Ms. ROYBAL-ALLARD). We came in at the same time in 1993.

Ms. ROYBAL-ALLARD. Mr. Speaker, I rise in support of the Newborn Screening Saves Lives Reauthorization Act. I introduced this bill to help ensure our babies continuing receiving lifesaving newborn screenings.

I extend my sincere thanks to my lead cosponsor, Congressman MICHAEL SIMPSON, for his support and his long history of championing newborn screening services.

I thank Senators KAY HAGAN and ORRIN HATCH for introducing the Senate companion bill, which passed by unanimous consent in January of this year.

I also thank the coalition of public health groups—especially the March of Dimes and the Association of Public Health Laboratories—for working with my office over the last 10 years on this critical issue.

Lastly, I would be remiss if I did not mention Debbie Jessup of my staff, for

her outstanding management of my bill, and the work of two exceptional public health fellows, Arianna Baseman and Daphne Delgado, who provided strong leadership in moving the bill forward.

Newborn screening is a public health intervention that involves giving babies a simple blood test to identify many life-threatening genetic and metabolic illnesses before symptoms begin. Newborn screening is one of the great public health success stories of the 20th century.

Prior to the enactment of the original Newborn Screening Saves Lives Act in 2008, only 10 States and the District of Columbia required infants to be screened for a complete panel of recommended disorders, and there was no Federal repository of information on the diseases.

Today, 44 States and the District of Columbia require screening of at least 29 of the 31 core treatable conditions. Today, professionals and parents have centralized access to newborn screening information when their baby is diagnosed with one of these disorders.

Since the passage of the original bill, newborn screenings have improved, and new screenings have been added. These screenings are critical for the approximately 12,000 babies who, each year, test positive for one of these treatable diseases.

Fifty years ago, before newborn screening tests were developed, the conditions of these babies would have gone undetected until symptoms appeared. As a result, they would have unnecessarily died or suffered from their lifelong disabling disorder.

Today, because of newborn screening, they have an opportunity and they have hope for a relatively normal life.

The ability to rapidly identify and treat these disorders is making a difference between health and disability—and even life or death—for the children affected by these severe diseases. Unfortunately, critical gaps and challenges still remain.

Due to existing discrepancies in the number of tests given from State to State, each year, approximately 1,000 infants tragically die or are permanently disabled from otherwise treatable disorders.

The passage of the Newborn Screening Saves Lives Reauthorization Act will help avoid these preventable tragedies by providing States with the resources they need to improve their newborn screening programs and to uniformly test for all recommended disorders.

It also provides States with assistance in developing followup and tracking programs. These provisions will help our financially burdened health care system by saving billions of dollars over the life of these children.

In addition, this bill renews the Secretary's Advisory Committee on Heritable Disorders and requires the CDC to ensure the quality of laboratories involved in newborn screening.

The bill also continues the Hunter Kelly Newborn Screening Program, which helps NIH researchers develop better detection, prevention, and treatment strategies.

Mr. Speaker, the Newborn Screening Saves Lives Reauthorization Act will continue to help parents and health providers to be knowledgeable about the importance of newborn screening tests, and it will help ensure all our newborn babies receive the comprehensive and consistent testing they need to have healthy, happy, and productive lives.

Where a baby is born should not determine its chance to have a healthy future.

I urge my colleagues to vote "yes" on the passage of H.R. 1281.

Mr. PITTS. Mr. Speaker, I yield 3 minutes to the gentlewoman from Minnesota (Mrs. BACHMANN).

Mrs. BACHMANN. Mr. Speaker, I thank my colleague from Pennsylvania (Mr. PITTS), one of the greatest champions that this Chamber has ever seen in the cause of human life, and I share that cause with him as well.

I thank the authors for their positive intentions on this bill. I am a mother of five biological children and 23 foster children, and that is what every parent and every mother and every father hopes, is to have the best possible health care for their children, the best possible outcome.

I do share concerns on this bill as well, as well intentioned as this is, and let me just list what my concerns are.

Number one, the Federal Government will have the ability to collect and automatically store the blood sample of every baby in the United States. There won't be any allowance for parental consent to be required before the storage of these blood samples are made.

Every baby's DNA, which is the entire genetic code of that baby, will be under the control of the government.

I have data privacy concerns. Why should anyone, especially our government, have everyone's identity at their disposal?

Third, there is no provision for any parent to opt out, so this legislation presumes that every parent of every newborn in the United States of America pre-agrees that the government can have their baby's blood sample, which contains their DNA code, and that the government can indefinitely store that data.

What limitations will there be on our government and what they can do with this information and how they will handle this data?

Now, Mr. Speaker, knowing that our government has the potential to control every American's health care under ObamaCare, how could government's control of a baby's DNA information impact the full access to health care or education opportunities or job opportunities for a child who is predetermined, by their DNA, to potentially have a problem later in life?

These are just a few of the questions, Mr. Speaker, that I believe need to be addressed.

I know this bill has passed the Senate. I know it will be voice-voted. I would like to ask for a rollcall vote, but I understand that the process is already deep on its way.

I do hope that these questions will be addressed in future legislation. It may not be done in this legislation. I hope it will be in the future because we should not be—Americans should not see the death of privacy, especially of the most sensitive private information that every American can have, their DNA, their genetic code, what God gave to them—that should be something that is between the individual, their doctor, and God; and it shouldn't be for the government to control that data.

I want to thank Mr. PITTS. I, in no way, cast any negative aspersion upon himself or any of the authors on this bill. These are just some of the questions that I have.

Mr. GENE GREEN of Texas. Mr. Speaker, I have no other speakers. I urge support for the legislation and yield back the balance of my time.

Mr. PITTS. Mr. Speaker, I urge support, again, for this important and bipartisan legislation, and 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. 1281, 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.

TRAUMATIC BRAIN INJURY REAUTHORIZATION ACT OF 2014

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1098) to amend the Public Health Service Act to reauthorize certain programs relating to traumatic brain injury and to trauma research, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1098

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 Reauthorization Act of 2014”.

SEC. 2. CDC PROGRAMS FOR PREVENTION AND SURVEILLANCE OF TRAUMATIC BRAIN INJURY.

(a) PREVENTION.—Section 393B(b)(3) of the Public Health Service Act (42 U.S.C. 280b-1c(b)(3)) is amended by striking “health-status goals for 2010, commonly referred to as Healthy People 2010” and inserting “health-status goals for 2020, commonly referred to as Healthy People 2020”.

(b) SURVEILLANCE.—Subsection (b) of section 393C of the Public Health Service Act (42 U.S.C. 280b-1d) is amended—

(1) by striking “(b) Not later than” and inserting the following:

“(b) REPORTS.—

“(1) INITIAL REPORT.—Not later than”; and

(2) by adding at the end the following:

“(2) SUBSEQUENT REPORT.—Not later than 24 months after the date of enactment of the Traumatic Brain Injury Reauthorization Act of 2014, 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—

“(A) identifies which recommendations in the report under paragraph (1) have been adopted and which recommendations in such report have not been adopted; and

“(B) includes a description of planned activities to address each recommendation in such report that has not been adopted.”.

(c) FUNDING.—Section 394A of the Public Health Service Act (42 U.S.C. 280b-3) is amended—

(1) by striking “and” after “1994.”;

(2) by striking the second period at the end; and

(3) by adding at the end the following: “Of the amounts made available to carry out this part for each of fiscal years 2015 through 2019, there is authorized to be appropriated \$6,100,000 to carry out sections 393B and 393C.”.

SEC. 3. STATE GRANTS FOR PROJECTS REGARD- ING TRAUMATIC BRAIN INJURY.

Section 1252 of the Public Health Service Act (42 U.S.C. 300d-52) is amended—

(1) in subsection (a), by striking “, acting through the Administrator of the Health Resources and Services Administration,”;

(2) in paragraphs (1)(A)(i) and (3)(E) of subsection (f), by striking “brain injury” and inserting “traumatic brain injury”;

(3) in subsection (h), by striking the comma after “under this section” and inserting a comma before “including”; and

(4) by amending subsection (j) to read as follows:

“(j) AUTHORIZATION OF APPROPRIATIONS.—For carrying out this section and section 1253, there is authorized to be appropriated \$9,760,000 for each of fiscal years 2015 through 2019.”.

SEC. 4. 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 subsection (a), by striking “, acting through the Administrator of the Health Resources and Services Administration (referred to in this section as the ‘Administrator’)”;

(2) in subsections (c), (d)(1), (e)(1), (e)(4), (g), (h), and (j)(1), by striking “Administrator” each place it appears and inserting “Secretary”;

(3) in subsection (h)—

(A) by striking the subsection heading and inserting “REPORTING”;

(B) by striking “Each protection and advocacy system” and inserting the following:

“(1) REPORTS BY SYSTEMS.—Each protection and advocacy system”; and

(C) by adding at the end the following:

“(2) REPORT BY SECRETARY.—Not later than 1 year after the date of enactment of the Traumatic Brain Injury Reauthorization Act of 2014, the Secretary shall prepare and submit to the appropriate committees of Congress a report describing the services and activities carried out under this section during the period for which the report is being prepared.”.

(4) in subsection (i)—

(A) by striking “Administrator of the Health Resources and Services Administration” and inserting “Secretary”; and

(B) by striking “by the Administrator” and inserting “by the Secretary”;

(5) in subsection (k), by striking “subtitle C” and inserting “subtitle C of title I”;

(6) by striking subsection (1) (relating to authorization of appropriations); and

(7) by redesignating subsection (m) as subsection (l).

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 in support of H.R. 1098, the Traumatic Brain Injury Reauthorization Act, introduced by Representative BILL PASCRELL of New Jersey, which will continue to provide the needed services that help patients with a traumatic brain injury, TBI.

More than 3.17 million Americans live with a disability that resulted from a TBI, including children and adults, athletes and soldiers.

The prevention and surveillance work done at the Centers for Disease Control keeps the public and providers aware of TBI research that leads to early diagnosis and treatment.

Research at the National Institutes of Health improves the understanding of TBI and identifies treatments that will improve lives. Programs available at the Health Resources and Services Administration help families to better care for their members who suffer from a TBI.

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 as much time as I may consume.

Mr. Speaker, I rise in support of H.R. 1098, the Traumatic Brain Injury Reauthorization Act of 2014.

Traumatic brain injury, or TBI, is an unexpected blow or a jolt to the head. These injuries affect people of all ages. A soldier in a blast injury, an elderly person who has fallen, or a young driver involved in a car crash can experience TBI.

The Centers for Disease Control and Prevention estimate more than 2 million Americans experience a traumatic brain injury each year.

The vast majority of these individuals have an injury that can be treated at a hospital emergency room, but not