

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

all Americans are as fortunate. Their injuries can have more devastating consequences and may result in death or lasting disability.

The TBI program at the Department of Health and Human Services was first established in 1996 and has been reauthorized twice, in 2001 and, again, in 2008.

The legislation before the House today, once again, reauthorizes the TBI program. It would extend TBI surveillance and research activities. It will also extend programs for TBI services and support administered across Health and Human Services.

I want to commend the sponsors of the legislation, Congressman PASCRELL and Congressman ROONEY, and I also want to acknowledge the leadership of Chairman UPTON, Chairman PITTS, Ranking Member WAXMAN, and Ranking Member PALLONE and the work of our committee staff in advancing this bill through the Energy and Commerce Committee and bringing it to the floor today.

I support this bipartisan bill and urge my colleagues to do the same.

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

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

Mr. GENE GREEN of Texas. Mr. Speaker, I yield such time as he may consume to the gentleman from New Jersey, Congressman PASCRELL, my good friend and colleague.

Mr. PASCRELL. Mr. Speaker, I rise today in support of the passage of this legislation, the Traumatic Brain Injury Reauthorization Act of 2014.

I want to thank Chairman UPTON and Ranking Member WAXMAN; Chairman PITTS; my friend from New Jersey, Ranking Member PALLONE; and Mr. GENE GREEN of Texas for their thoughtful consideration and support for millions of traumatic brain injury survivors and their families. Additionally, I want to thank my fellow cochair of the Congressional Brain Injury Task Force, Congressman TOM ROONEY of Florida, for his leadership on this important issue as well.

Throughout my 13 years working on this issue, I have witnessed firsthand how these programs make a difference in people's lives.

You have heard the numbers, but let's go beyond the numbers. Traumatic brain injury has become the signature wound of the wars in Afghanistan and Iraq. Twenty percent of our soldiers deployed are estimated to have experienced a brain injury. Many returning servicemembers suffering from TBI will receive care and rehabilitation services within the Department of Defense and Veterans Affairs.

But others suffering from TBIs that are initially undiagnosed or misdiagnosed will later look to the civilian community and local resources for information and service. That is why it is essential that we continue to

foster civilian-military collaboration, like the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, to build a system that ensures returning troops receive what they need to put their lives back together again.

Unfortunately, TBI remains the silent epidemic in this country. That is why the legislation today is so critical.

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 and 2008, the TBI Act represents a foundation for coordinated and balanced public policy on prevention, education, research, and community living for people living with TBI and their circles of support.

And it has produced results. For nearly 18 years, the Traumatic Brain Injury Act has successfully provided direction and legal authority for the vast traumatic brain injury community.

Grants within the TBI Act have helped States improve access to health and other services for persons with TBI. Prior to this law, they did not have the tools to even assess their own needs.

Thanks to the TBI Act and its directive to the Centers for Disease Control and Prevention, we now have a record of incidents, 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, health care providers, and policymakers.

Additionally, under this act, the National Institutes of Health is conducting basic and applied research in TBI, making great strides in our knowledge of the brain and the impact of TBI. Mr. Speaker, this is in direct correlation to the President's BRAIN Initiative. We keep on meeting together to explore this new horizon, which I think is going to dramatically have very positive consequences.

The Traumatic Brain Injury Reauthorization Act of 2014 will elevate the TBI program within Health and Human Services by moving the program from Maternal and Child Health's Children's Program, in acknowledgement of the impact of TBI across the age span, including older adults and returning servicemembers and veterans. Our intention is for the program to be relocated to the Administration on Community Living to better coordinate with Federal agencies regarding the long-term services and support available to individuals with other disabilities.

Brain injury survivors from all walks of life, and their families, look to community and local resources for all types of information and assistance. Regardless of the source of the injury, this legislation will ensure the framework, the information and research resources, are available to help.

Mr. Speaker, only a strong commitment will allow us to continue the in-

credible advances we have made in the area of basic brain injury: prevention, detection, early treatment, physical and mental rehabilitation, long-term care, and patient advocacy issues.

I urge my colleagues to join me in support of this important bill.

Mr. GENE GREEN of Texas. I urge support for this legislation, and I yield back the balance of my time.

Mr. PITTS. Mr. Speaker, this is another piece of important legislation, and it enjoys bipartisan support. I urge the Members to support it.

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. 1098, 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.

INTELLIGENCE AUTHORIZATION ACT FOR FISCAL YEAR 2014

Mr. ROGERS of Michigan. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1681) to authorize appropriations for fiscal year 2014 for intelligence and intelligence-related activities of the United States Government and the Office of the Director of National Intelligence, the Central Intelligence Agency Retirement and Disability System, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1681

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 "Intelligence Authorization Act for Fiscal Year 2014".

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

Sec. 1. Short title; table of contents.

Sec. 2. Definitions.

TITLE I—INTELLIGENCE ACTIVITIES

Sec. 101. Authorization of appropriations.

Sec. 102. Classified Schedule of Authorizations.

Sec. 103. Personnel ceiling adjustments.

Sec. 104. Intelligence Community Management Account.

TITLE II—CENTRAL INTELLIGENCE AGENCY RETIREMENT AND DIS- ABILITY SYSTEM

Sec. 201. Authorization of appropriations.

Sec. 202. CIARDS and FERS special retirement credit for service on detail to another agency.

TITLE III—GENERAL PROVISIONS

Subtitle A—General Matters

Sec. 301. Increase in employee compensation and benefits authorized by law.

Sec. 302. Restriction on conduct of intelligence activities.

Sec. 303. Specific authorization of funding for High Performance Computing Center 2.