

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

There was no objection.

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

Mr. Speaker, I am pleased that the House today will consider two bills relating to Federal support for trauma care. These bills have both passed the Energy and Commerce Committee at the subcommittee and full committee levels on voice votes.

Trauma is the leading cause of death under the age of 65. It is expensive, costing over \$400 billion per year, third only to heart disease and cancer. It affects individuals of all ages—35 million Americans annually, or one person every 15 minutes.

Over many years, the gentleman from Texas (Mr. GENE GREEN) and I have worked closely on this issue to update the law and ensure the reauthorization of crucial trauma grant programs occurs. As a result of this coordination, today we will be voting on two bills that continue our long bipartisan record of support for efforts to shore up the Nation's trauma systems and centers.

The Access to Life-Saving Trauma Care for All Americans Act, H.R. 647, will authorize two grant programs, which will expire this year, that provide critically needed Federal funding to help cover uncompensated costs in trauma centers, support core mission trauma services, provide emergency funding to trauma centers, and address trauma center physician shortages in order to ensure the future availability of trauma care for all our citizens.

Trauma can happen at any time to anyone. It can happen to a family in a highway crash or a gunshot victim or a construction worker who is injured at the worksite. Trauma centers must be available for all victims of traumatic injury. Getting a trauma victim to a trauma center right away is the first step in saving that person's life.

These bills draw support from the American Association of Neurological Surgeons, the American Association of Orthopedic Surgeons, the American Burn Association, the American College of Emergency Physicians, the American College of Surgeons, the American Trauma Society, the Congress of Neurological Surgeons, the Association of Critical Care Transport, the American Heart Association, the American Stroke Association, Emergency Nurses Association, Society of Trauma Nurses, the American Association for the Surgery of Trauma, Eastern Association for the Surgery of Trauma, National Association of Emergency Medical Technicians, the Orthopedic Trauma Association, and the Trauma Center Association of America.

I strongly urge the House to support both of these bills.

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. 647, the Access to Life-Saving Trauma Care for All Americans Act. My colleague and fellow Texan, Dr. MIKE BURGESS, and I have introduced this legislation. I thank him for his leadership and partnership on this issue.

The bill would reauthorize vital programs to prevent more trauma center closures and improve access to trauma care.

The trauma center care grants were created to prevent trauma center closures by supporting their core missions, covering a portion of the losses from uncompensated care, and providing emergency awards to centers at risk of closing.

The trauma service availability grants are awarded through the States to address shortfalls in trauma services and improve access and availability of trauma care in underserved areas.

□ 1545

Despite our best prevention efforts, trauma injury will continue to occur. Unfortunately, access to trauma care is threatened by losses associated with the high cost of treating severely injured patients, including those unable to pay for their care, and a growing shortage of trauma-related physicians.

The public expects that appropriate trauma care will always be available to them wherever they reside or travel, yet this is not a reality. Profound challenges face our Nation's trauma centers, trauma systems, and the physicians who treat the most vulnerable patients. Thus, I urge swift passage of this important legislation.

Again, I want to thank Representative BURGESS for championing this effort with me, and his staff, J.P. Paluskiewicz, for their hard work. I also want to acknowledge the leadership of Chairman UPTON, Chairman PITTS, Ranking Member PALLONE and the work of the committee's staff in advancing this bill through the Energy and Commerce Committee.

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

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

Mr. BURGESS. Mr. Speaker, I would just point out the gentleman's name is J.P. Paluskiewicz, and we do, indeed, thank him for his efforts on the bill.

I have no more speakers, and I reserve the balance of my time to close.

Mr. GENE GREEN of Texas. Mr. Speaker, we have no more speakers.

I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I just want to point out many people nowadays are familiar with what is called the golden hour, that first hour that occurs after a traumatic injury where the ability to save life and limb is vastly increased if a person can be delivered to a center within that golden hour's time. It is imperative to reauthorize these programs. They are critically needed for our citizens. Mr. Speaker, I urge an "aye" vote on the bill.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 647.

The question was taken.

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

Mr. GENE GREEN of Texas. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

## TRAUMA SYSTEMS AND REGIONALIZATION OF EMERGENCY CARE REAUTHORIZATION ACT

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 648) to amend title XII of the Public Health Service Act to reauthorize certain trauma care programs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 648

*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 "2020".

### 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-31(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 2015, 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 2015) 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 2015) 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, 2017".

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

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

#### GENERAL LEAVE

Mr. BURGESS. 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 Texas?

There was no objection.

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

Mr. Speaker, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act, H.R. 648, is identical to H.R. 4080 that passed the House last year unanimously. This legislation has also passed both the subcommittee and the full committee. This support extends back to 1990 when the grant was created and authorized.

This reauthorization allows funding for trauma systems development and the regionalization of emergency care. These programs are designed to improve patient outcomes, and they are designed to save lives and cut costs, objectives where I believe there is bipartisan agreement.

Trauma systems are organized efforts in a defined geographic area that deliver the full range of care to injured patients. Many members of the subcommittee have trauma systems in their districts or ones nearby that are able to serve their constituents.

Regionalizing emergency care allows States to coordinate their resources and helps first responders act faster, leading to lower costs and better outcomes. A study released last year found that patients living near a recently closed trauma facility were 20 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 is broadly supported by medicine, sharing the list of supporting organizations that I previously

read on H.R. 647. It is bipartisan. I would stress it has gone through regular order.

I want to thank Chairman UPTON and Chairman PITTS, as well as Ranking Member PALLONE and Ranking Member GREEN, for their help and support on this legislation. I want to thank the Energy and Commerce staff on both sides of the dais: Clay Alspach, Katie Novaria, as well as Hannah Green, and a special thanks to Adrianna Simonelli, who championed both of these bills as my legislative fellow and who is now working on the committee.

Mr. GREEN and I have worked on these issues literally for years, and I appreciate his continued partnership on this bill. I want to thank his staff, Kristen O'Neill. Finally, I do want to thank J.P. Paluskiewicz, who shepherded this bill through the entire process.

Mr. Speaker, 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. 648, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act. I am proud to be the lead sponsor of this bill, along with my colleague, Dr. BURGESS, and I want to thank him for his leadership and commitment to this issue.

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

Ideally, trauma and emergency care systems respond quickly and efficiently to ensure that seriously injured individuals receive the care they need within the golden hour, the time period in which medical intervention is most effective at saving lives. However, unintentional injury remains the leading cause of death for Americans ages 44 years and younger, and access to trauma centers is inconsistent throughout the country. In fact, 45 million Americans lack access to a trauma center within the first hour after injury.

Emergency departments and trauma centers are overcrowded. The emergency care system is splintered, and surgical specialists are often unavailable to patients when they need them. This legislation helps establish a system that saves lives and improves the functioning of our trauma care systems.

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

Mr. Speaker, I support this bipartisan bill. I urge my colleagues to do the same.

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

Mr. BURGESS. Mr. Speaker, let me just conclude by strongly urging all Members of the House to vote in favor of this legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 648.

The question was taken.

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

Mr. GENE GREEN of Texas. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

#### RESIGNATION AS MEMBER OF COMMITTEE ON SMALL BUSINESS

The SPEAKER pro tempore laid before the House the following resignation as a member of the Committee on Small Business:

CONGRESS OF THE UNITED STATES,  
HOUSE OF REPRESENTATIVES,  
Washington, DC, March 16, 2015.

Hon. JOHN BOEHNER,  
Speaker, The Capitol,  
Washington, DC.

DEAR SPEAKER BOEHNER: I write today to resign from the House Small Business Committee. While I appreciate the honor of being appointed, in order to best serve the constituent of Texas' 23rd congressional district, I believe I must focus on my existing committee assignments.

With my background in the intelligence community, cybersecurity, and representing the district with the largest length of U.S.-Mexico Border, my ability to focus on my Information Technology Subcommittee Chairmanship and Border and Maritime Subcommittee Vice-Chairmanship is where I believe I can be of most value to my constituents and colleagues in the House.

I appreciate your timely consideration of this request.

Sincerely,

WILL HURD,  
Member of Congress.

The SPEAKER pro tempore. Without objection, the resignation is accepted.

There was no objection.

#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 4:30 p.m. today.

Accordingly (at 3 o'clock and 55 minutes p.m.), the House stood in recess.

□ 1630

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DUNCAN of Tennessee) at 4 o'clock and 30 minutes p.m.