

open-heart surgery when she was 10 years old to repair her heart, but she will need periodic surgical updates to replace the cadaver artery.

This bill continues the NIH research into why these defects occur.

These are just some of the patients that I have met over the years, Mr. Speaker. There are many, many, many, many more.

Lastly, I want to thank some of the advocates who have worked with me on getting this legislation passed. I want to thank: Dave Peluso, David Kasnic, Amy Basken, Dr. Brad Marino, and Jessica Chenevert from the Pediatric Congenital Heart Association. Mark Roeder and Daniel Hile from the Adult Congenital Heart Association. Vince Randazzo, Sara Weir, and Nicole Patton from the National Down Syndrome Society; and, most importantly, our chairman for getting this through.

Mr. Speaker, I urge swift passage of this lifesaving bill. Let's get it to the President as soon as possible.

Mr. TONKO. Mr. Speaker, in closing, I echo my support for the Senate amendment to H.R. 1222, it is worthy of our support. We will continue to build on the research and education concerning birth defects, and, most importantly, we will enable individuals and families who live with birth defects to have more hope.

Mr. Speaker, I yield back the balance of my time.

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

Mr. Speaker, I thank the gentleman for his kind comments on this bipartisan legislation. I think it is another fine work product from the Energy and Commerce Committee in the area of healthcare, health research, and helping families cope with these terrible tragedies that befall us.

The Committee on Energy and Commerce, as you know, Mr. Speaker, has done a lot of good work this cycle. I am especially proud of their work on opioids and opioid addiction. Their investigative report now is public—over 300 pages of work—looking at how Americans got hooked on opioids, who is responsible, and what we should do going forward.

This legislation on H.R. 1222, the Congenital Heart Futures Reauthorization Act of 2017, is another very important piece of legislation. It too will save lives and bring hope to American families.

Mr. Speaker, I urge my colleagues to support this legislation, and I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I rise today in support of H.R. 1222, the Congenital Heart Futures Reauthorization Act, as amended by the Senate, which will ensure continued investment in surveillance research to evaluate the lifelong needs of individuals with congenital heart defects, or CHD.

These surveillance efforts will help improve our understanding of CHD across the lifespan, from birth to adulthood. This research will help us learn more about demographic factors such as age, race, gender, or ethnicity.

In addition, the legislation emphasizes the need for continued biomedical research at the National Institutes of Health on the diagnosis, treatment, and prevention of CHD. NIH will further research into the causes of congenital heart defects, including genetic causes, and study long-term outcomes in individuals with CHD of all ages. NIH may study data to identify effective treatments and outcomes, and identify barriers to lifelong care for individuals with congenital heart defects.

CHD is the most common birth defect and the leading cause of birth defect-related infant mortality. For the Down Syndrome Community, about half of children born with Down Syndrome have CHD.

The road ahead may be scary and uncertain for any parent with a newborn who has CHD, but this bill gives hope to those coping with the diagnosis. Nearly 1 in 100 babies are born with CHD and more than five percent will not live to see their first birthday. Despite its prevalence and significance, there are still gaps in research and standards of care for CHD patients. But for the sake of the estimated 40,000 babies who will be born in the next year with CHD, there's more work to be done.

Mr. Speaker, I began on this journey almost ten years ago when then-Congressman Zack Space and I, first introduced the Congenital Heart Futures Act back in 2009. Last Congress, Congressman SCHIFF and I introduced the reauthorization of the original law.

During this time, I've met a lot of patients with Congenital Heart Defects, and I've been touched by their story. People like:

Trey and Nicole Flynn, a young Floridian couple, who lost their son Holden while waiting for a heart transplant—he was only 2 years old. This bill supports the essential research necessary to make sure another family doesn't have to leave the hospital without their child in their arms.

Lucas Iguina, a young man born with a complex congenital heart defect that essentially left him with half a heart. Despite having three open heart surgeries, and countless doctors' visits and medical procedures, Lucas has hopes and dreams. This bill ensures that the medical research will keep pace with his generation as they grow to be adults with this complex illness.

Jackson Radandt, born with half a heart. He has Hypoplastic Left Heart Syndrome, which means the left side of his heart was underdeveloped. He depended on life-saving research to help his failing heart survive until his heart transplant at age 11. He's about sixteen now and will live his life with a heightened sensitivity for his new heart.

Nicholas B., he was born with a complex heart disease and wasn't getting blood to the lower half of his body requiring heart surgery when he was just two days old. He's now in the top of his class and this bill will ensure that his future remains bright as he navigates this chronic illness through adulthood.

Abigail Adams, a young Florida advocate with Down Syndrome. Roughly half of the babies born with Down Syndrome have a congenital heart defect. Abigail continues to advocate for individuals with Down Syndrome.

My friend, Dave, born with pulmonary stenosis, a condition where a heart valve will not open properly. He had emergency open-heart surgery when he was 2 days old, another surgery at age 10, and many hospital visits and procedures in the meantime. Today, he is a

husband and father, but lives with atrial flutter. This bill will continue the surveillance program so we can collect data on children and adults with congenital heart problems.

And Carolyn H., born with tetralogy of Fallot with pulmonary atresia. She had open heart surgery when she was 10 days old to repair her heart, but she will need periodic surgical updates to replace the cadaver artery. This bill continues the NIH research into why these defects occur.

These are just some of the patients that I've met over the years. Lastly, I want to thank some of the advocates that worked with me on getting this legislation passed.

I want to thank David Kasnic, Amy Basken, Dr. Brad Marino, Jessica Chenevert, and Dave Peluso from the Pediatric Congenital Heart Association.

I want to thank Mark Roeder, Danielle Hile, Johanna Gray, and Erika Miller from the Adult Congenital Heart Association.

Additionally, I want to recognize Vince Randazzo, Sara Weir, and Nicole Patton, from the National Down Syndrome Society and all their support.

I also want to thank many of the people that worked quietly behind the scenes, whose names are seldom mentioned, and who never get the recognition they deserve. People like Megan Perez, Kristin Seum, Shayne Woods, Katie Novaria, Adrianna Simonelli, Kristen Shatynski, Paul Edattell, Josh Trent, James Paluskiewicz, Peter Kietly, Karen Christian, Ryan Long, Mike Bloomquist, Ed Kim, Nolan Ahern, Ian Martorana, Macey Sevcik, and Elena Hernandez. This bill is a true team effort.

I urge swift House passage of this life-saving bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and concur in the Senate amendment to the bill, H.R. 1222.

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. MASSIE. 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.

TRAUMATIC BRAIN INJURY PROGRAM REAUTHORIZATION ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 6615) to reauthorize the Traumatic Brain Injury program.

The Clerk read the title of the bill.

The text of the Senate amendment is as follows:

Senate amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Traumatic Brain Injury Program Reauthorization Act of 2018".

SEC. 2. PREVENTION AND CONTROL OF INJURIES.

Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.) is amended—

(1) in section 393C (42 U.S.C. 280b-1d) by adding at the end the following:

“(c) NATIONAL CONCUSSION DATA COLLECTION AND ANALYSIS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may implement concussion data collection and analysis to determine the prevalence and incidence of concussion.”;

(2) in section 394A(b)(42 U.S.C. 280b-3(b)), by striking “\$6,564,000 for each of fiscal years 2015 through 2019” and inserting “\$11,750,000 for each of fiscal years 2020 through 2024”; and

(3) by striking section 393C-1 (42 U.S.C. 280b-1e).

SEC. 3. STATE GRANTS FOR PROJECTS REGARDING TRAUMATIC BRAIN INJURY.

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

(1) in subsection (a), by inserting “, acting through the Administrator for the Administration for Community Living,” after “The Secretary”;

(2) by striking subsection (e);

(3) by redesignating subsections (f) through (j) as subsections (e) through (i), respectively; and

(4) in subsection (i), as so redesignated, by striking “\$5,500,000 for each of the fiscal years 2015 through 2019” and inserting “\$7,321,000 for each of fiscal years 2020 through 2024”.

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 inserting “, acting through the Administrator for the Administration for Community Living,” after “The Secretary”; and

(2) in subsection (l), by striking “\$3,100,000 for each of the fiscal years 2015 through 2019” and inserting “\$4,000,000 for each of fiscal years 2020 through 2024”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New York (Mr. TONKO) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

GENERAL LEAVE

Mr. WALDEN. 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 in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 6615, the Traumatic Brain Injury Program Reauthorization Act of 2018. I thank Representative BILL PASCRELL of New Jersey for his good work on this important legislation. I am glad to support his efforts to bring another bipartisan public health bill forward for the full House to consider.

Mr. Speaker, the House unanimously passed a version of this bill just last week, and now that the Senate has made some technical changes, we are here to pass it once again and send it to President Trump's desk so it can become law.

H.R. 6615 will reauthorize the CDC's traumatic brain injury initiatives, and establish a national concussion surveillance system. This surveillance system will be able to accurately determine

how many Americans, both children and adults, get a concussion each year, and the cause of that concussion. This data would provide real benefits to public health officials and patients in local communities and States across the country as we seek to better understand traumatic brain injury and best practices surrounding these injuries.

I know all too well from personal experience—I have a brother who was injured in a motorcycle accident and suffered pretty severe TBI—as somebody who has dealt with that, continues to, and works with men and women in uniform and those in my district, this is important legislation. It will help bring hope and better health outcomes for people who suffer from TBI and maybe even prevent a few of those injuries along the way.

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

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

Mr. Speaker, I rise in support of the Senate amendment to H.R. 6615, the Traumatic Brain Injury Program Reauthorization Act of 2018, led by Congressman PASCRELL and Congressman ROONEY.

This legislation would reauthorize programs at the Centers for Disease Control and Prevention that would work to reduce the incidence of traumatic brain injury in the United States.

These programs also help improve our understanding of the prevention and treatment of traumatic brain injuries through surveillance efforts.

This reauthorization would expand upon existing efforts to reauthorize CDC to establish a new national concussion surveillance system to determine the prevalence and the incidence of concussions in the United States. I commend the sponsors of this bill and the work they have done.

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

Mr. WALDEN. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BURGESS), the chairman of our Subcommittee on Health, who has done so much work on the cause of good public policy related to healthcare.

Mr. BURGESS. Mr. Speaker, I thank the chairman for the recognition.

Mr. Speaker, I rise in support of H.R. 6615, the Traumatic Brain Injury Program Reauthorization Act.

For those watching last week, the House passed this bill by a voice vote. Now our Senate counterparts have passed the bill with a small amendment. It is important to note that should this bill pass the Chamber today, as I believe it will, the legislation will be sent to President Trump's desk and signed into law.

I thank our House leaders on this bill, Representative BILL PASCRELL and Representative THOMAS ROONEY, for pushing this important initiative. This legislation reauthorizes the Centers for

Disease Control and Prevention traumatic brain injury initiatives.

The aggregation of these programs that will be reauthorized by this legislation provide much hope to the individuals and families who are affected by traumatic brain injury. We still have a lot to learn about the risks and the short- and long-term effects of traumatic brain injury. This legislation will help increase our goal of increasing knowledge, awareness, and treatment of traumatic brain injury.

Once again, I thank my colleagues for supporting this legislation last week, nearly identical legislation, now sent back to us from the Senate with a small amendment, and I urge passage.

Mr. TONKO. Mr. Speaker, I yield such time as he may consume to the gentleman from New Jersey (Mr. PASCRELL), who has done tremendous work on this issue.

Mr. PASCRELL. Mr. Speaker, I thank the gentleman from New York for yielding.

Mr. Speaker, I rise today in support of H.R. 6615, the Traumatic Brain Injury Program Reauthorization Act of 2018.

I join the traumatic brain injury community in expressing my gratitude to both Chairman WALDEN and our incoming Chairman FRANK PALLONE for their work to swiftly move this important legislation forward. Millions of Americans living with a traumatic brain injury can be assured that better treatments and potential cures are in the not too distant future.

While the House passed legislation unanimously just last week, the Senate made some minor changes that are both welcome and nonsubstantive before they passed the bill yesterday.

There is one semantic change that does not have any impact on definitions or programs, as well as a regrouping of funding in the Centers for Disease Control and Prevention TBI budget.

While the bill includes the same amount of funding that was included before, it will give the CDC more flexibility to use and sustain their funding to implement the National Concussion Surveillance System. As the lead sponsor of this bill, I fought hard to ensure it contain the increase in funding that we secured in the fiscal year 2018 omnibus, as well as enough funding for CDC to finally be able to implement the Nation's first surveillance program.

I might add to the Speaker and to Mr. WALDEN, back in 1999 and 2000, when we put the task force together with Jim Greenwood from Pennsylvania, this was our first objective. After 20 years—we are slow learners—we finally got it done. This is going to be a big help to researchers and doctors throughout the United States of America.

The CDC has wanted to implement this for years. This funding will finally allow them to capture the full picture of brain injury so that we can better understand the breadth and depth of

the problem and use that to work toward solutions.

Helping people who have suffered these catastrophic injuries is not a political subject. There is no Democratic or Republican way to treat a traumatic brain injury. I am pleased that we have strong sponsors and support from both parties on both sides of the aisle.

When I co-founded the Congressional Brain Injury Task Force in 2001, Members, including me, were unaware of the extent and impact of TBI—I will be very frank with you. Today, we fulfill decades-long work from tireless advocates to bolster our Federal agencies, States, and local providers. They deserve Federal resources to provide the support and breakthrough research necessary to put an end to this condition.

The TBI Act reauthorization will help servicemembers on and off the battlefield, athletes on the ball field, and children and families across the country who are living with brain injuries. We have a long way to go, but the journey forward is clearer today with the passage of this bill.

Mr. Speaker, I commend Senator HATCH and Senator CASEY for quickly advancing this important legislation in the Senate. I will continue working with them and my co-chair, TOM ROONEY, to ensure this legislation is soon signed by the President.

Mr. TONKO. Mr. Speaker, in closing, I again encourage Members to support this legislation. As was indicated, it has taken a long 20 years to achieve this success. Hopefully, we can support this and provide, again, a great initiative on behalf of those who suffer from traumatic brain injury.

Mr. Speaker, I yield back the balance of my time.

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

Mr. Speaker, this is really important work. Again, I commend Mr. PASCRELL for his incredible efforts on this initiative. I know it has taken 20 years. I might say, maybe it just took the right chairman of the Energy and Commerce Committee to get it done finally, but it is probably more than that.

But I just want to say, this will bring hope. It will bring better health outcomes and will save lives with this legislation as well.

Mr. Speaker, I yield back the balance of my time.

□ 1530

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and concur in the Senate amendment to the bill, H.R. 6615.

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. WALDEN. 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 pro-

ceedings on this motion will be postponed.

BUILDING OUR LARGEST DEMENTIA INFRASTRUCTURE FOR ALZHEIMER'S ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2076) to amend the Public Health Service Act to authorize the expansion of activities related to Alzheimer's disease, cognitive decline, and brain health under the Alzheimer's Disease and Healthy Aging Program, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2076

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 "Building Our Largest Dementia Infrastructure for Alzheimer's Act" or the "BOLD Infrastructure for Alzheimer's Act".

SEC. 2. PROMOTION OF PUBLIC HEALTH KNOWLEDGE AND AWARENESS OF ALZHEIMER'S DISEASE, COGNITIVE DECLINE, AND BRAIN HEALTH UNDER THE ALZHEIMER'S DISEASE AND HEALTHY AGING PROGRAM.

Part K of title III of the Public Health Service Act (42 U.S.C. 280c et seq.) is amended—

(1) in the part heading, by adding "AND PUBLIC HEALTH PROGRAMS FOR DEMENTIA" at the end; and

(2) in subpart II—

(A) by striking the subpart heading and inserting the following:

"Subpart II—Programs With Respect to Alzheimer's Disease and Related Dementias"; and

(B) by striking section 398A (42 U.S.C. 280c-4) and inserting the following:

"SEC. 398A. PROMOTION OF PUBLIC HEALTH KNOWLEDGE AND AWARENESS OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS.

"(a) ALZHEIMER'S DISEASE AND RELATED DEMENTIAS PUBLIC HEALTH CENTERS OF EXCELLENCE.—

"(1) IN GENERAL.—The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and the heads of other agencies as appropriate, shall award grants, contracts, or cooperative agreements to eligible entities, such as institutions of higher education, State, tribal, and local health departments, Indian tribes, tribal organizations, associations, or other appropriate entities for the establishment or support of regional centers to address Alzheimer's disease and related dementias by—

"(A) advancing the awareness of public health officials, health care professionals, and the public, on the most current information and research related to Alzheimer's disease and related dementias, including cognitive decline, brain health, and associated health disparities;

"(B) identifying and translating promising research findings, such as findings from research and activities conducted or supported by the National Institutes of Health, including Alzheimer's Disease Research Centers authorized by section 445, into evidence-based programmatic interventions for populations with Alzheimer's disease and related dementias and caregivers for such populations; and

"(C) expanding activities, including through public-private partnerships related

to Alzheimer's disease and related dementias and associated health disparities.

"(2) REQUIREMENTS.—To be eligible to receive a grant, contract, or cooperative agreement under this subsection, an entity shall submit to the Secretary an application containing such agreements and information as the Secretary may require, including a description of how the entity will—

"(A) coordinate, as applicable, with existing Federal, State, and tribal programs related to Alzheimer's disease and related dementias;

"(B) examine, evaluate, and promote evidence-based interventions for individuals with Alzheimer's disease and related dementias, including underserved populations with such conditions, and those who provide care for such individuals; and

"(C) prioritize activities relating to—

"(i) expanding efforts, as appropriate, to implement evidence-based practices to address Alzheimer's disease and related dementias, including through the training of State, local, and tribal public health officials and other health professionals on such practices;

"(ii) supporting early detection and diagnosis of Alzheimer's disease and related dementias;

"(iii) reducing the risk of potentially avoidable hospitalizations of individuals with Alzheimer's disease and related dementias;

"(iv) reducing the risk of cognitive decline and cognitive impairment associated with Alzheimer's disease and related dementias;

"(v) enhancing support to meet the needs of caregivers of individuals with Alzheimer's disease and related dementias;

"(vi) reducing health disparities related to the care and support of individuals with Alzheimer's disease and related dementias;

"(vii) supporting care planning and management for individuals with Alzheimer's disease and related dementias; and

"(viii) supporting other relevant activities identified by the Secretary or the Director of the Centers for Disease Control and Prevention, as appropriate.

"(3) CONSIDERATIONS.—In awarding grants, contracts, and cooperative agreements under this subsection, the Secretary shall consider, among other factors, whether the entity—

"(A) provides services to rural areas or other underserved populations;

"(B) is able to build on an existing infrastructure of services and public health research; and

"(C) has experience with providing care or caregiver support, or has experience conducting research related to Alzheimer's disease and related dementias.

"(4) DISTRIBUTION OF AWARDS.—In awarding grants, contracts, or cooperative agreements under this subsection, the Secretary, to the extent practicable, shall ensure equitable distribution of awards based on geographic area, including consideration of rural areas, and the burden of the disease within sub-populations.

"(5) DATA REPORTING AND PROGRAM OVERSIGHT.—With respect to a grant, contract, or cooperative agreement awarded under this subsection, not later than 90 days after the end of the first year of the period of assistance, and annually thereafter for the duration of the grant, contract, or agreement (including the duration of any renewal period as provided for under paragraph (5)), the entity shall submit data, as appropriate, to the Secretary regarding—

"(A) the programs and activities funded under the grant, contract, or agreement; and

"(B) outcomes related to such programs and activities.

"(b) IMPROVING DATA ON STATE AND NATIONAL PREVALENCE OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS.—