This is especially important now, for far too many individuals with sickle cell are unable to get the care they need, particularly those who present at emergency departments with intense pain associated with a sickle cell crisis.

In addition to reauthorizing that program, this bill would expand the activities related to sickle cell and other heritable blood disorders by strengthening surveillance and other public health efforts as well as encouraging more research into these health conditions.

Mr. Speaker, I would like to thank Representative DANNY DAVIS, Representative G.K. BUTTERFIELD, and Representative BURGESS for their leadership on this issue.

Mr. Speaker, I urge my colleagues to support S. 2465, which will allow HHS to invest critical resources into research, surveillance, and public health initiatives of sickle cell disease as well as other heritable blood disorders. These investments will help bolster the sickle cell workforce and improve treatments for sickle cell patients of all ages.

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

□ 1330

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of S. 2465, the Sickle Cell Disease and Other Heritable Blood Disorders Research, Surveillance, Prevention, and Treatment Act.

This legislation, which has been sponsored by Senator SCOTT, makes important updates to statute so as to better help our medical professionals understand and treat sickle cell and other blood disorders.

Sickle cell is a terrible disease, inflicting extremely difficult effects on those who have this condition. Today's legislation will allow us to move forward and combat this and other heritable blood disorders so that we can provide a better quality of life to those who suffer from them.

We are very fortunate to have some world-class treatment options in my home State of Georgia at health systems like Emory University. They are doing incredible work in treating and understanding this disease so that we can improve the lives of all who suffer from these forms of diseases.

This legislation supports State health departments, establishes best practices, improves data collection efforts, and develops strategies that will hopefully allow us to eventually fully address these diseases.

Mr. Speaker, I thank my colleagues for their work on this, and I urge them to support this legislation.

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

Mr. BURGESS. Mr. Speaker, I yield myself the balance of my time.

I want to point out, Mr. Speaker, that this bill we are passing today has already passed the Senate. While we did work on a similar bill well over a year ago, this bill has passed the Senate. With our passage today, this bill goes down the street to the White House for signature to become law: the first major sickle cell bill to be enacted in quite some time.

It is a banner day for this institution that we are providing this help to citizens, fundamentally, on this very crucial problem that affects so many of our fellow citizens.

Mr. Speaker, I urge all Members to vote in favor of this bill, and I yield back the balance of my time.

Mr. BUTTERFIELD. Mr. Speaker, I rise today to express my support for H.R. 2410, the Sickle Cell Disease Research, Surveillance, Prevention, and Treatment Act of 2017, that passed the U.S. House of Representatives on February 26, 2018. Today, the House of Representatives passed S. 2465, which is the Senate-amended version of H.R. 2410. As a co-sponsor of H.R. 2410 and the immediate past Chair of the Congressional Black Caucus, I rise to clarify the Congressional intent of this important legislation.

I commend my friends, Representative DANNY DAVIS from Illinois and Representative MICHAEL BURGESS from Texas, for introducing H.R. 2410. I have been a longtime advocate for those with sickle cell disease and I am a proud co-sponsor of the bill in this Congress and in previous Congresses.

There are approximately forty-four hundred people with sickle cell disease in my home state of North Carolina. My hope is that someday there will be none. Sixty-five percent of individuals with sickle cell disease in North Carolina have at least one emergency room visit per year—that is no way to live. We should do all we can to help improve patients' lives, advance treatment, and find a cure.

That is why we must reauthorize the Sickle Cell Disease Treatment Demonstration Program to enable the Secretary of the Department of Health and Human Services to support research that will increase our understanding of sickle cell disease, and create a grant program to study the prevalence of sickle cell and identify ways to prevent and treat sickle cell disease effectively.

S. 2465 makes changes to the House-approved language that warrant clarification Notably, Sec. 2 of S. 2465 enables the awarding of grants related to heritable blood disorders, including sickle cell disease, for the purposes of research, surveillance, prevention, and treatment. It is imperative to stress that the intent of this language is to require that those grants be awarded for sickle cell disease research, surveillance, prevention, and treatment, at minimum. It is not the intent of the language for grants to be awarded related to other heritable blood disorders (e.g. hemophilia) instead of or in lieu of sickle cell disease.

Finally, Sec. 3 of S. 2465, reauthorizing the Sickle Cell Disease Treatment Demonstration Program, is intended to provide awards related only to sickle cell disease. It is not the intent of the legislation to allocate awards made under Sec. 3 for other heritable diseases.

Mr. Speaker, this legislation is intended to provide critical funding to assist those with sickle cell disease, and any awards made under Sec. 2 or Sec. 3 of this bill must be used for sickle cell disease response.

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, S. 2465.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

## PREMATURITY RESEARCH EXPANSION AND EDUCATION FOR MOTHERS WHO DELIVER INFANTS EARLY REAUTHORIZATION ACT OF 2018

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (S. 3029) to revise and extend the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (PREEMIE Act).

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 3029

*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 ''Prematurity Research Expansion and Education for Mothers who deliver Infants Early Reauthorization Act of 2018'' or the ''PREEMIE Reauthorization Act of 2018''.

**SEC. 2. RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND THE CARE, TREATMENT, AND OUTCOMES OF PRETERM AND LOW BIRTHWEIGHT INFANTS.**

Section 2 of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b–4f) is amended—

(1) in subsection (b)—

(A) in paragraph (1)(A), by striking ''clinical, biological, social, environmental, genetic, and behavioral factors relating'' and inserting ''factors relating to prematurity, such as clinical, biological, social, environmental, genetic, and behavioral factors, and other determinants that contribute to health disparities and are related''; and

(B) in paragraph (2), by striking '' concerning the progress and any results of studies conducted under paragraph (1)'' and inserting ''regarding activities and studies conducted under paragraph (1), including any applicable analyses of preterm birth. Such report shall be posted on the Internet website of the Department of Health and Human Services.'';

(2) by striking subsection (c) and inserting the following:

''(c) PREGNANCY RISK ASSESSMENT MONITORING SURVEY.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall—

''(1) continue systems for the collection of maternal-infant clinical and biomedical information, including electronic health records, electronic databases, and biobanks, to link with the Pregnancy Risk Assessment Monitoring System (PRAMS) and other epidemiological studies of prematurity in order to track, to the extent practicable, all pregnancy outcomes and prevent preterm birth; and

''(2) provide technical assistance, as appropriate, to support States in improving the collection of information pursuant to this subsection.''; and

(3) in subsection (e), by striking ''except for subsection (c), $1,880,000 for each of fiscal years 2014 through 2018'' and inserting ''$2,000,000 for each of fiscal years 2019 through 2023''.

**SEC. 3. PUBLIC AND HEALTH CARE PROVIDER EDUCATION AND SUPPORT SERVICES.**

Section 399Q of the Public Health Service Act (42 U.S.C. 280g–5) is amended—

(1) in subsection (a)—

(A) by striking ''conduct demonstration projects'' and inserting ''conduct activities, which may include demonstration projects''; and

(B) by striking ''for babies born preterm'' and inserting ''mothers of infants born preterm, and infants born preterm, as appropriate''; and

(2) in subsection (b)—

(A) in the matter preceding paragraph (1), by striking ''under the demonstration project'';

(B) in paragraph (1)—

(i) in the matter preceding subparagraph (A), by striking ''programs to test and evaluate various strategies to provide'' and inserting ''programs, including those to test and evaluate strategies, which, in collaboration with States, localities, tribes, and community organizations, support the provision of'';

(ii) by redesignating subparagraphs (B) through (F) as subparagraphs (C) through (G), respectively;

(iii) by inserting after subparagraph (A), the following:

''(B) evidence-based strategies to prevent preterm birth and associated outcomes;'';

(iv) in subparagraph (C), as so redesignated, by inserting '', and the risks of nonmedically indicated deliveries before full term'' before the semicolon;

(v) in subparagraph (D), as so redesignated—

(I) in clause (ii), by inserting ''intake'' before the semicolon;

(II) in clause (iii), by striking ''and'' at the end;

(III) by redesignating clause (iv) as clause (vii); and

(IV) by inserting after clause (iii), the following:

''(iv) screening for and treatment of substance use disorders;

''(v) screening for and treatment of maternal depression;

''(vi) maternal immunization; and'';

(vi) in subparagraph (E), as so redesignated, by adding ''and'' after the semicolon;

(vii) in subparagraph (F), as so redesignated, by striking ''; and'' and inserting a period; and

(viii) by striking subparagraph (G), as so redesignated; and

(C) in paragraph (2), by inserting '', as well as prevention of a future preterm birth'' before the semicolon.

**SEC. 4. ADVISORY COMMITTEE ON MATERNAL AND INFANT HEALTH.**

Section 104(b) of the PREEMIE Reauthorization Act (42 U.S.C. 247b–4f note) is amended—

(1) in paragraph (2)—

(A) in the matter preceding subparagraph (A), by striking ''and recommendations to the Secretary concerning the following activities'' and inserting '', recommendations, or information to the Secretary as may be necessary to improve activities and programs to reduce severe maternal morbidity, maternal mortality, infant mortality, and preterm birth, which may include recommendations, advice, or information related to the following'';

(B) in subparagraph (A), by striking ''and improving the health status of pregnant women and infants'' and inserting '', preterm birth, and improving the health status of pregnant women and infants, and information on cost-effectiveness and outcomes of such programs'';

(C) in subparagraph (C), by striking ''Implementation of the'' and inserting ''The''; and

(D) by striking subparagraph (D) and inserting the following:

''(D) Implementation of Healthy People objectives related to maternal and infant health.

''(E) Strategies to reduce racial, ethnic, geographic, and other health disparities in birth outcomes, including by increasing awareness of Federal programs related to appropriate access to, or information regarding, prenatal care to address risk factors for preterm labor and delivery.

''(F) Strategies, including the implementation of such strategies, to address gaps in Federal research, programs, and education efforts related to the prevention of severe maternal morbidity, maternal mortality, infant mortality, and other adverse birth outcomes.'';

(2) by striking paragraph (3) and redesignating paragraph (4) as paragraph (3); and

(3) by adding at the end the following:

''(4) BIENNIAL REPORT.—Not later than 1 year after the date of enactment of the PREEMIE Reauthorization Act of 2018, and every 2 years thereafter, the Advisory Committee shall—

''(A) publish a report summarizing activities and recommendations of the Advisory Committee since the publication of the previous report;

''(B) submit such report to the Secretary and the appropriate Committees of Congress; and

''(C) post such report on the Internet website of the Department of Health and Human Services.''.

**SEC. 5. INTERAGENCY WORKING GROUP.**

(a) IN GENERAL.—The Secretary of Health and Human Services, in collaboration with other departments, as appropriate, may establish an interagency working group in order to improve coordination of programs and activities to prevent preterm birth, infant mortality, and related adverse birth outcomes.

(b) DUTIES.—The working group established under subsection (a) shall—

(1) identify gaps, unnecessary duplication, and opportunities for improved coordination in Federal programs and activities related to preterm birth and infant mortality;

(2) assess the extent to which the goals and metrics of relevant programs and activities within the Department of Health and Human Services, and, as applicable, those in other departments, are aligned; and

(3) assess the extent to which such programs are coordinated across agencies within such Department; and

(4) make specific recommendations, as applicable, to reduce or minimize gaps and unnecessary duplication, and improve coordination of goals, programs, and activities across agencies within such Department.

(c) REPORT.—Not later than 1 year after the date on which the working group is established under subsection (a), the Secretary of Health and Human Services shall 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 summarizing the findings of the working group under subsection (b) and the specific recommendations to improve Federal programs at the Department of Health and Human Services under subsection (b)(4).

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 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 Texas?

There was no objection.

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

Mr. Speaker, I rise in support of S. 3029, the PREEMIE Reauthorization Act of 2018. This bill passed the Senate with robust bipartisan support, and I expect it will do the same in this Chamber.

This bill reauthorizes a program that is vital to the health and well-being of premature babies and their mothers. It is fitting that we have called this legislation to the floor following Prematurity Awareness Month, which took place the month of November.

While we are taking up the Senate bill, which was led by the Health, Education, Labor, and Pensions Committee, Chairman LAMAR ALEXANDER and Senator MICHAEL BENNET, I would like to thank our House champions of this legislation, Representative ANNA ESHOO and Representative LEONARD LANCE. I am pleased that we were able to rally bicameral, bipartisan support around improving the health of premature infants.

Preterm and low birth weight, combined, make up the second leading cause of infant death following birth defects. This legislation will increase research relating to preterm labor and delivery and the care, treatment, and outcomes of preterm and low birthweight infants.

Preemies and low birthweight infants are at risk for various health challenges and disabilities, and we still have much to learn about factors relating to prematurity. This bill allows for continued collection of maternal-infant clinical and biomedical information in conjunction with the Centers for Disease Control and Prevention's Pregnancy Risk Assessment Monitoring System. Such data collection and surveillance will allow the CDC, and national, State, and local health officials to have a better picture of what prematurity, including its causes and impacts, looks like in our country.

This legislation also requires the Advisory Committee on Maternal and Infant Health to publicly publish and submit to Congress a report on its activities and recommendations. That advisory committee has been tasked with

developing strategies to address gaps in Federal research, programs, and education efforts related to the prevention of severe maternal morbidity, maternal mortality, infant mortality, and other adverse birth outcomes. This ties nicely into H.R. 1318, the Preventing Maternal Deaths Act, which will also be on the floor of this House this afternoon.

Additionally, this legislation establishes an interagency working group, directing the Secretary of the Department of Health and Human Services to collaborate with other departments to improve coordination of programs and activities to prevent preterm birth, infant mortality, and related adverse birth outcomes. The working group is required to submit a report to the House Committee on Energy and Commerce and the Senate Health, Education, Labor, and Pensions Committee.

Mr. Speaker, I urge my colleagues to support S. 3029, and I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 3029, the Prematurity Research Expansion and Education for Mothers Who Deliver Infants Early, or PREEMIE, Reauthorization Act of 2018.

Over the past 3 years, the preterm birth rate in the United States worsened, placing more mothers and babies at risk. Such preterm births are the largest contributors to infant death in the United States and, for those infants who survive, a major cause of long-term health problems throughout their lives.

While this preterm rate in the U.S. is 9.93 percent, mothers and infants in Texas are at even greater risk. In fact, in 2017, the most recent year for which data is available, 10.6 percent of live births were born preterm. The percentage is even greater for African American mothers and infants at 13.6 percent, a rate that is 39 percent higher than the rate among all women in Texas.

This legislation would help combat those negative trends by continuing support for federally supported activities that prevent premature births, such as research and programs at the Centers for Disease Control and Prevention, as well as activities that promote healthy pregnancies and preventing preterm birth at the Health Resources and Services Administration.

This reauthorization legislation also requires such efforts to address the determinants that contribute to the health disparities in preterm birth.

I thank Representative ESHOO and Representative LANCE for their leadership on this issue.

I encourage my colleagues to support S. 6085 to extend and expand Federal efforts to prevent and address preterm birth.

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

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. LANCE), one of the authors of this legislation.

Mr. LANCE. Mr. Speaker, I thank the chairman for his leadership on this issue.

Mr. Speaker, I rise today in very strong support of the PREEMIE Reauthorization Act. My partner in this effort over several years has been the distinguished Congresswoman from California, ANNA ESHOO.

There may be no greater calling than to help infants thrive in the early days of their lives. Working together and getting this legislation signed into law is a matter of essential importance. This is good and important work and the kind of positive difference Federal efforts can make in the lives of many.

We have a tremendous partner in the March of Dimes. For many families, the March of Dimes and its network and advocates across the country are beacons of light at dark moments. I thank the March of Dimes and their supporters for being the great defenders and fighters for mothers and for their infants.

This legislation will keep up the momentum to help pregnant women. We need to reauthorize the Centers for Disease Control and Prevention's research and data collection efforts and improve the Health Resources and Services Administration. Doctors and the public need to have the best information and care options available, and this bill does that.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Ms. ESHOO), the cosponsor of this bill and a member of the Energy and Commerce Committee and the Health Subcommittee.

Ms. ESHOO. Mr. Speaker, I thank my colleague and my classmate, Mr. GREEN, for his distinguished service here in the House. He is retiring, and I want to salute him.

I also want to salute my partner in this effort, Mr. LANCE from New Jersey. He is going to be missed at the committee and missed in the House. I think he has always been value added to the Congress, and we all wish him well.

Mr. Speaker, I rise in support of this bipartisan legislation. The shorthand for it is the PREEMIE Act. It is legislation that I introduced with Congressman LANCE to expand research, education, and the prevention of preterm birth.

Preterm birth, or birth before 37 weeks of pregnancy, is the leading cause of newborn mortality and the second leading cause of infant mortality in our country. In 2016, over 388,000 infants were born too early; and, every year, over 20,000 babies in the United States will die before their first birthday, many of them from complications of preterm birth.

In addition to being the leading cause of newborn death, premature birth can cause a lifetime of health challenges and intellectual disabilities for children who survive.

In addition to the emotional and physical toll of prematurity, there are significant healthcare costs to families, medical systems, and our overall economy. A report by the Institute of Medicine found the cost associated with preterm birth in the United States was $26.2 billion annually—that is a staggering amount of money—or $51,600 per infant born preterm. While employers, private insurers, and individuals bear about half the costs of healthcare for these infants, 40 percent of this amount is paid for by Medicaid.

Moms and babies face higher risks than ever before. After the statistics decreasing for over a decade, which is exactly what we wanted them to do, for the third year in a row now the preterm birth rate in our country has worsened, so the passing of this legislation has come at the right time.

I am proud of the work that we have done on this Reauthorization Act and that it is going to head to the President for his signature, and I am proud to have authored the original PREEMIE Act with Congressman FRED UPTON in 2006.

This updated reauthorization builds on the important investments that have been made, and we add to them. I think that is the most important thing to say.

With the incidence of preterm birth increasing across the United States, we need to do everything that we can for the mothers and for the newborns so that we improve the outcomes for them because it is their lives.

The PREEMIE Act did pass the Senate unanimously on September 12, and I have every confidence that the House is going to double the record.

Mr. Speaker, I thank the gentleman for yielding to me and, again, pay tribute to him for his exceptional service here in the House.

Mr. BURGESS. Mr. Speaker, I have no additional speakers, and 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 Illinois (Mr. DANNY K. DAVIS).

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I thank the gentleman from Texas for yielding.

I also want to commend the Subcommittee on Health and the Committee on Energy and Commerce for its outstanding work under the leadership of Dr. BURGESS.

□ 1345

Mr. Speaker, I am going to speak about sickle cell, a bill that has been worked on and passed. Of course, sickle cell disease is an inherited blood disorder characterized by affected red blood cells that mutate into the shape of a crescent or sickle. And as such, these cells are unable to pass through small blood vessels. It is a recessive-genetic condition that occurs when a

child inherits two sickle cell genes, or traits, from each parent.

The consequences and complications of this disease are extreme. The Sickle Cell Disease Association of America, whom we have worked with for many years on this legislation, have studied and reported that common complications with this disease include early childhood death from infection; stroke in young children and adults; lung problems similar to pneumonia; chronic damage to organs, including the kidney, leading to kidney failure; damage to the lungs, causing pulmonary hypertension; and severe, painful episodes. In fact, pain episode are a hallmark of sickle cell disease.

Mr. Speaker, I am pleased that we are at this juncture in passing S. 2465, a bill designed to help improve, treat, prevent, and conduct research on sickle cell disease and to include other blood diseases for surveillance and data collection.

While this legislation includes other blood diseases, its original intent and its continuing focus is to put major emphasis on sickle cell disease and issues related to it.

Mr. Speaker, I want to thank my colleagues, Representative MICHAEL BURGESS, and Representative G.K. BUTTERFIELD, Senator TIM SCOTT, and Senator CORY BOOKER for their tireless support and efforts to bring this bipartisan and bicameral bill to fruition.

There has been a great deal of back and forth on this bill. Therefore, I want to thank, again, Dr. BURGESS, the chief Republican cosponsor and advocate. I want to commend the leadership on the Committee on Energy and Commerce, Chairman GREG WALDEN and Ranking Member FRANK PALLONE.

Mr. Speaker, I want to highlight the work of my colleague and friend, Representative G.K. BUTTERFIELD, who carried the bill for this legislation in the Committee on Energy and Commerce.

Our staffs did outstanding work, and I commend all of them, especially my Health Subcommittee staffer, Dr. Caleb Gilchrist. I want to acknowledge and thank our advocate organizations, the Sickle Cell Disease Association of America, the American Society of Hematology, and other organizations, hospital providers, families, and those infected with the sickle cell disease.

Mr. Speaker, those who say that Congress does not work and is not working, I tell you, when we pass legislation of this sort, it tells me that America is on the right track and we are, indeed, moving forward to help make our communities as safe and healthy as they can possibly be.

I end by just thanking Dr. BURGESS, again, for his outstanding leadership on this issue.

Mr. BURGESS. Mr. Speaker, I would just like to take a second and thank Representative DAVIS for his kind remarks, and I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, we have no further speakers on this bill, and I yield back the balance of my time

Mr. BURGESS. Mr. Speaker, I urge all of my colleagues to support S. 3029, and 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, S. 3029.

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. BURGESS. 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. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6615) to reauthorize the Traumatic Brain Injury program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6615

*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 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 SURVEILLANCE SYSTEM.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may implement a national concussion surveillance system to determine the prevalence and incidence of concussion.''; and

(2) in section 394A (42 U.S.C. 280b–3)—

(A) in subsection (b)—

(i) by striking ''393B and 393C'' and inserting ''393B, 393C(a), and 393C(b)''; and

(ii) by striking ''$6,564,000 for each of fiscal years 2015 through 2019'' and inserting ''$6,750,000 for each of fiscal years 2019 through 2023''; and

(B) by adding at the end the following:

''(c) NATIONAL CONCUSSION SURVEILLANCE SYSTEM.—To carry out section 393C(c), there are authorized to be appropriated $5,000,000 for each of fiscal years 2019 through 2023.''.

**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 2019 through 2023''.

**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 2019 through 2023''.

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.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to insert extraneous materials in 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, I rise in support of H.R. 6615, the Traumatic Brain Injury Program Reauthorization Act, and I would like to thank Representatives BILL PASCRELL and Representative THOMAS ROONEY for introducing this important legislation.

Traumatic brain injuries impact many families each and every year. The Centers for Disease Control and Prevention released a report last month that found that young children have one of the highest rates of TBI-related emergency department visits.

These injuries can harm the developing brain and have the potential to impact a child's cognitive abilities in the long term.

Whether the result of a hard hit during a football game as a teen, a car crash in middle age, or a fall as a senior, traumatic brain injuries pose various and serious risks to Americans.

This legislation reauthorizes the Centers for Disease Control and Prevention traumatic brain injury initiatives at a level of $675 million per year for fiscal years 2019 through 2023.

Additionally, this bill authorizes the National Concussion Surveillance System at a level of $5 million per year through fiscal year 2023. This is important in ensuring that we have adequate data regarding who is getting concussions, how they are treated, and if there are any trends.

This data will help identify where individuals are seeking healthcare treatment, if they are seeking treatment at all. Additionally, we do not currently have national estimates of the number of individuals living with disabilities due to brain injury, and this system will help to establish such estimates.