

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 yeas 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”; and

(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 (1), 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.

The Centers for Disease Control plans to conduct its data collection via telephone surveys and a pilot test to ensure that we will get the best data from a wide range of households. The bill also reauthorizes State grants for protection and advocacy services at the Administration for Community Living.

These services protect individuals with disabilities by providing them with legal support, especially when it comes to their ability to make certain lifestyle choices, such as living independently. This is particularly important given that individuals who suffer from traumatic brain injury, such as concussions, may experience a disability.

According to the CDC, more than 61 percent of children with moderate to severe traumatic brain injury experience a disability. We have yet to see what cost to these individuals and to society these disabilities convey in the long term.

The culmination of the programs that will be reauthorized by this legislation provides hope to individuals and families that are affected by traumatic brain injury. We still have much to learn about the risks and the short- and long-term effects of traumatic brain injury, and this legislation will chip away at our goal of increasing knowledge, awareness, and treatment of traumatic brain injury.

Mr. Speaker, I urge all of my colleagues to support H.R. 6615, 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 H.R. 6615, the Traumatic Brain Injury Program Reauthorization Act of 2018, introduced by Representative PASCARELL and Representative THOMAS ROONEY. This legislation would reauthorize funding for Administration for Community Living's Traumatic Brain Injury Program, TBI, to fiscal year 2024.

The TBI program provides grants to States to support activities, such as improving screening to identify individuals with TBI, building a trained TBI workforce, providing resources to families, and funding protection and advocacy systems for people with TBI.

H.R. 6615 will also reauthorize programs at the Centers for Disease Control and Prevention to increase the incidence of traumatic brain injury and reduce the prevalence of TBI. These programs are important in improving our understanding of traumatic brain injury, and our ability to prevent and treat such injuries.

Recently, the CDC released new diagnostic guidelines focused on treating children with mild TBI and concussions, largely based on research and surveillance efforts funded by CDC's traumatic brain injury program.

Finally, this legislation also will reauthorize a new National Concussion Surveillance System to determine the prevalence and the incidence of concussions in the U.S. This is particularly

important for improving our understanding of long-term consequences of concussions, as well as efforts to prevent, diagnose, and treat concussions.

Mr. Speaker, I urge my colleagues to support H.R. 6615, and I reserve the balance of my time.

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 New Jersey (Mr. PASCARELL), the cosponsor of this bill.

Mr. PASCARELL. Mr. Speaker, I rise to support H.R. 6615, the Traumatic Brain Injury Program Reauthorization Act of 2018, and I also would like to thank Chairman WALDEN and Ranking Member PALLONE for their work to move this important legislation forward. I am grateful to House leadership for bringing this for a vote. I want to associate myself with the words of Mr. BURGESS and Mr. GREEN.

Mr. Speaker, I commend Congressman GREEN and Congressman BURGESS for their steadfast work to improve our Nation's health landscape over the past several decades, and especially during Mr. GREEN's tenure on the Energy and Commerce Health Subcommittee. How time flies.

I would also like to give a special thanks to my colleague, TOM ROONEY, who sponsored this legislation with me. Congressman ROONEY has been a great partner as my co-chair of the Congressional Traumatic Brain Injury Task Force. Over 20 years ago, Mr. Speaker, we put together the task force on a bipartisan basis, and it is still going, and it is still very, very active.

Mr. Speaker, I want to thank the gentleman for all he has done for Americans living with brain injuries during his time in Congress.

I am glad to see this body come together in a bipartisan manner to support the work being done in our Federal agencies and across the country to expand research and prevention in the treatment of traumatic brain injury.

Traumatic brain injury knows no bounds. It affects people of all backgrounds and every ZIP Code. We are only at the precipice of understanding how prevalent that is. The passage of this legislation will fulfill a very critical obligation to Americans living with brain injuries, including our servicemembers, our athletes, and our children.

This reauthorization is especially important because it includes for the first time funding for the Centers for Disease Control and Prevention so that they can determine how many Americans have sustained a brain injury. This will give us critical insight into the problem.

Dubbed the signature injury of servicemembers returning from Iraq and Afghanistan, TBI has continued to occur on the battlefield. TBI happens on the sports field as well, and we are working diligently to address this.

We have come a long way to improve safety screening and rehab since we first talked about TBI two decades ago, but much more must be done. This legislation makes the right investments in our Federal and State TBI initiatives; provides those living with brain injuries the supports that they need, and when we are supporting the brain injured, we are also supporting their families. It includes critical increases in funding and modernizes how the government oversees TBI.

Our legislation is endorsed by the Brain Injury Association of America, the National Association of State Head Injury Administrators, and the American Academy of Neurology.

Mr. Speaker, I look forward to working with Congressman ROONEY, the membership of the Congressional Brain Injury Task Force, as well as Senator CASEY and Senator HATCH to send this legislation swiftly to the President's desk.

□ 1400

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

Mr. BURGESS. Mr. Speaker, I urge my colleagues to support H.R. 6615, 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, H.R. 6615, 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.

#### PREVENTING MATERNAL DEATHS ACT OF 2018

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1318) to support States in their work to save and sustain the health of mothers during pregnancy, childbirth, and in the postpartum period, to eliminate disparities in maternal health outcomes for pregnancy-related and pregnancy-associated deaths, to identify solutions to improve health care quality and health outcomes for mothers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1318

*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 "Preventing Maternal Deaths Act of 2018".

#### SEC. 2. SAFE MOTHERHOOD.

Section 317K of the Public Health Service Act (42 U.S.C. 247b-12) is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) by striking "purpose of this subsection is to develop" and inserting "purposes of this