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1 {York Stenographic Services, Inc.}

2 RPTS J. BROWN

3 HIF093.000

4 MARKUP ON H.R. 1281, NEWBORN SCREENING SAVES LIVES

5 REAUTHORIZATION ACT OF 2013; H.R. 3548, IMPROVING TRAUMA CARE

6 ACT OF 2013; H.R. 4080, TRAUMA SYSTEMS AND REGIONALIZATION OF

7 EMERGENCY CARE REAUTHORIZATION ACT; AND H.R. 1528, VETERINARY

8 MEDICINE MOBILITY ACT OF 2013

9 THURSDAY, APRIL 3, 2014

10 House of Representatives,

11 Committee on Energy and Commerce

12 Washington, D.C.

13 The committee met, pursuant to call, at 4:05 p.m., in

14 Room 2123 of the Rayburn House Office Building, Hon. Fred

15 Upton [Chairman of the Committee] presiding.

16 Members present: Representatives Upton, Barton,

17 Shimkus, Pitts, Terry, Murphy, Burgess, Latta, Lance

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19 McKinley, Griffith, Bilirakis, Johnson, Waxman, Pallone,
20 Green, Barrow, and Tonko.

21 Staff present: Nick Abraham, Legislative Clerk; Clay
22 Alspach, Chief Counsel, Health; Gary Andres, Staff Director;
23 Mike Bloomquist, General Counsel; Sean Bonyun, Communications
24 Director; Matt Bravo, Professional Staff Member; Noelle
25 Clemente, Press Secretary; Brenda Destro, Professional Staff
26 Member, Health; Brad Grantz, Policy Coordinator, O&I; Sydne
27 Harwick, Legislative Clerk; Brittany Havens, Legislative
28 Clerk; Sean Hayes, Deputy Chief Counsel, O&I; Robert Horne,
29 Professional Staff Member, Health; Kirby Howard, Legislative
30 Clerk; Peter Kielty, Deputy General Counsel; Alexa Marrero,
31 Deputy Staff Director; Carly McWilliams, Professional Staff
32 Member, Health; Katie Novaria, Professional Staff Member,
33 Health; Heidi Stirrup, Health Policy Coordinator; Tom Wilbur,
34 Digital Media Advisor; Jessica Wilkerson, Legislative Clerk;
35 Ziky Ababiya, Democratic Staff Assistant; Michelle Ash,
36 Democratic Chief Counsel, Commerce, Manufacturing, and Trade;
37 Jen Berenholz, Democratic Chief Clerk; Eric Flamm, Democratic
38 FDA Detailee; Elizabeth Letter, Democratic Press Secretary;
39 and Anne Morris Reid, Democratic Senior Professional Staff
40 Member.

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41 The {Chairman.} The meeting is going to come to order.

42 The Chair recognizes himself for an opening statement.

43 Today we look to build upon our strong record of
44 bipartisan success in public health as we consider four bills
45 that address issues affecting trauma patients, newborns, and
46 veterinarians. We have a proud record at this Congress of
47 working together, and the results prove it with a number of
48 public health bills that have been signed into law by the
49 President, and I am especially pleased that as we kick off
50 today's markup Committee Member Gregg Harper has an excused
51 absence as he is in the Oval Office for the signing of the
52 Gabriella Miller Kids First Research Act with the President.

53 First, we are going to consider two bills from the
54 committee members related to trauma care. H.R. 3548, the
55 Improving Trauma Care Act, introduced by Bill Johnson, is
56 designed to correct the inconsistencies in the definitions of
57 trauma that have resulted in gaps in care and coverage. This
58 bill will help important trauma centers like in my district,
59 the Bronson Methodist Hospital's Burn Center in Kalamazoo to
60 better care for their patients. In addition, we are going to
61 consider H.R. 4080, the Trauma Systems and Regionalization of
62 Emergency Care Reauthorization. Introduced by Dr. Burgess

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63 and Representative Green, the bill would reauthorize two
64 programs related to the planning and development of regional
65 emergency care. Both of these bills will improve trauma care
66 so that Americans can promptly receive specialized, life-
67 saving treatment after a traumatic injury.

68 Next, we are going to consider H.R. 1281, the Newborn
69 Screening Saves Lives Reauthorization Act, introduced by
70 Representative Roybal-Allard. Prior to passage of this bill
71 in 2008, the number and quality of newborn screening tests
72 varied from State to State. Today, with guidelines created
73 by the bill, screenings reach some four million babies in the
74 U.S. every year. Reauthorization will continue this
75 important program and encourage more timely efforts to
76 identify diseases, such as Spinal Muscular Atrophy, and
77 ensure best practices. Early screening and diagnosis often
78 means better disease management and better outcomes for these
79 kids.

80 Finally, we are going to consider H.R. 1528, the
81 Veterinary Medicine Mobility Act of 2013, which is a
82 bipartisan, pragmatic solution to the confusion that resulted
83 from the DEA's interpretation of the Controlled Substances
84 Act. Veterinary medicine is very unique because vets need to
85 be able to travel to their patients to make these ``house

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86 calls.'" It simply isn't practical to bring large animals,
87 whether they be cows, pigs, or horses, to the vets' primary
88 place of business. This commonsense bill will enable vets to
89 bring the medicines that they need with them so that they can
90 provide proper care for their animal patients.

91 Our members and staff on both sides certainly have
92 worked very hard to bring these bills to markup today. I
93 want to thank everyone. I look forward to building on the
94 record that we have.

95 I would now recognize my friend from California, Mr.
96 Waxman, for an opening statement.

97 Mr. {Waxman.} Thank you very much, Mr. Chairman. I
98 want to thank you and the staffs on both sides of the aisle
99 for the work done on these bills. These are bipartisan
100 public health bills. They address a range of issues. They
101 are all worked out, and I would urge everybody support them,
102 and I hope that if you wouldn't mind, I would like to yield
103 to Mr. Pallone as the Ranking Member of the Health
104 Subcommittee to talk further.

105 Mr. {Pallone.} I want to thank Mr. Waxman and obviously
106 Chairman Upton, and of course, thanks to Chairman Pitts for
107 his leadership. I am always pleased when we can find common
108 ground on important public health bills, and it is so

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109 important that this committee continue its focus on public
110 health issues since our actions in the public health arena
111 have such a far-reaching effort on the Nation's health.

112 The four bipartisan bills today would strengthen
113 existing programs or address new public health challenges.
114 All of these passed unanimously in the Subcommittee of Health
115 in February and have my full support. The first two bills
116 are related to trauma care, H.R. 3548, the Improving Trauma
117 Care Act of 2013, updates the definition of trauma in statute
118 to include injuries from burns and chemicals or other
119 exposure. In today's world this is a commonsense change to
120 current law.

121 The next bill, H.R. 4080, the Trauma Systems and
122 Regionalization of Emergency Care Reauthorization Act, 4080,
123 are aimed at planning and implementing trauma care systems in
124 the States and establishing pilot projects for innovative
125 models of regionalized trauma care. Traumatic injury is the
126 leading cause of death for children and adults under the age
127 of 45. So it is critical that States are equipped to deliver
128 medical services. Now, I would again thank Mr. Green and Mr.
129 Burgess, who are leaders on trauma care and for their work on
130 these bills.

131 The third bill would reauthorize the Newborn Screening

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132 Program. H.R. 1281 extends newborn screening services and
133 related activities for conditions like sickle cell anemia
134 that are not otherwise apparent at birth, and if left
135 untreated, can cause severe disability or even death. The
136 Senate has passed a nearly identical version of the amended
137 bill we will consider today, and hopefully we can move this
138 forward in the near future.

139 And the last bill is H.R. 1528, the Veterinary Medicine
140 Mobility Act of 2013. This bill clarifies that the
141 Controlled Substances Act allows veterinarians to transport,
142 administer, and dispense medicines while practicing in the
143 field. Over 130 organizations have endorsed the legislation,
144 including the 50-State veterinary medical associations.
145 This, too, passed the Senate by unanimous consent earlier
146 this year, and so I hope we can also move this expeditiously
147 through the House and get it signed into law.

148 And, again, Mr. Chairman, these are good proposals. I
149 urge members to support. Proud to see another four
150 bipartisan measures that can move through this great
151 committee. Thank you.

152 The {Chairman.} Thank you. The Chair will recognize
153 the Chairman of the Health Subcommittee, Mr. Pitts, for an
154 opening statement.

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155 Mr. {Pitts.} Thank you, Mr. Chairman. I am very
156 pleased that the four bipartisan bills that the Health
157 Subcommittee marked up on February 27 are being brought
158 before the full committee for consideration. The first two
159 bills introduced by Representative Johnson and Dr. Burgess
160 deal with trauma care. The third bill reauthorizes newborn
161 screening programs.

162 I would like to briefly focus on H.R. 1528, the
163 Veterinary Medicine Mobility Act of 2013, introduced by
164 Representative Kurt Schrader and cosponsored by
165 Representative Blackburn and more than 175 other members.
166 This is a commonsense bill that is supported by the
167 veterinary community and will bring clarity to the sometimes
168 conflicting guidance from the Drug Enforcement Administration
169 relative to the Controlled Substances Act and the ability of
170 a licensed veterinarian to transport and dispense controlled
171 substances in the usual course of veterinary practice outside
172 of the registered location.

173 Simply put, the bill allows veterinarians to legally
174 carry and dispense controlled substances in the field. This
175 bill has a direct impact on my district, home of the
176 University of Pennsylvania School of Veterinary Medicine, New
177 Bolton Center. Vets are often required to provide ambulatory

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178 services in the field, especially in rural areas, and for the
179 care of large animals such as cows or horses, sometimes it is
180 not feasible for owners to bring the animals to a hospital or
181 clinic like New Bolton Center, and so vets provide essential
182 house call visits. Clarification of the law is necessary to
183 allow vets to transport, administer, and dispense controlled
184 substances outside of their registered location, whether to
185 provide pain management, anesthesia, or euthanasia. Passage
186 of this important legislation will allow veterinarians to
187 complete ability to provide care to their animal patients
188 beyond their clinics, and this will protect the health and
189 welfare of the Nation's animals, ensure public safety, and
190 safeguard the Nation's food supply.

191 The companion bill passed the Senate by unanimous
192 consent on January 8, 2014. Finally, the bill is supported
193 by the American Veterinary Medical Association, the ASPCA,
194 the American Animal Hospital Association, the American
195 Association of Equine Practitioners, and a Veterinary
196 Coalition coordinated by the AVMA of over 110 organizations.

197 So I urge all of my colleagues to support not only H.R.
198 1528 but the other three bills as well, and I would like to
199 ask unanimous consent at this time to enter in today's markup
200 record two letters of support for H.R. 1528. The first

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201 letter is from the American Society for the Prevention of
202 Cruelty to Animals. The second letter is from the American
203 Veterinary Medical Association. Both of these organizations,
204 among many others, support passage of H.R. 1528 and
205 appreciate the support of this committee as given to the
206 legislation and urges its immediate adoption.

207 Thank you, Mr. Chairman. I yield back.

208 [The information follows:]

209 ***** COMMITTEE INSERT *****

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|
210 The {Chairman.} Thank you. The Chair would remind
211 members that pursuant to the committee rules all members'
212 opening statements will be made part of the record.

213 Are there further opening statements?

214 The gentleman from Texas is recognized for 1 minute.

215 Mr. {Green.} Mr. Chairman, I appreciate the committee's
216 leadership on having this markup on these bills. I am also
217 particularly pleased with the Trauma Systems and
218 Regionalization of Emergency Care Authorization Act that is
219 being considered. The bill authorizes trauma care systems,
220 planning grants, and the regionalization of emergency care
221 system grants that are designed and share the availability
222 and effectiveness of use of trauma care to save lives and
223 save health costs, care costs, and improve patient outcomes.
224 These programs can prevent trauma care center closures, drive
225 the development of more efficient regionalized systems of
226 emergency care.

227 Currently, one in seven Americans, 45 million people,
228 lack access to a trauma center able to treat severe traumatic
229 injuries within the first hour, which can be the difference
230 between life and death. All these bills address serious
231 health public needs and remind us what we can accomplish when

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232 we work together and improve the health and safety of
233 Americans, and I yield back my time.

234 The {Chairman.} The gentleman yields back.

235 The Chair would recognize the gentleman from Texas, Dr.
236 Burgess, for a minute.

237 Dr. {Burgess.} I thank the Chairman for the
238 recognition. I am a cosponsor of all the bills under
239 consideration, but I particularly wanted to talk about H.R.
240 4080 introduced with Mr. Green, which is the Trauma Systems
241 Regionalization of Emergency Care Reauthorization Act. A
242 study released this week found that patients living near a
243 recently-closed trauma facility had an over 20 percent more
244 likely chance to die from their injuries incurred in trauma.
245 Two years after closure the likelihood of death increased to
246 29 percent, emphasizing the importance of these grants.

247 I thank the Chairman for his commitment to synchronize
248 this activity, work with the other programs expiring this
249 year, and I want to thank the committee staff on both sides
250 of the aisle, Mr. Green for his partnership on all these
251 issues, Christian O'Neil and his office, Adrianna Simonelli
252 with mine, and of course, J.P. Poliskevitz, who has helped
253 shepherd this through to completion.

254 I strongly urge support and hope to see these bills on

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255 the Floor soon.

256 I yield back.

257 The {Chairman.} The Chairman yields back.

258 The Chair would recognize the gentleman from Ohio, Mr.

259 Johnson, for 1 minute.

260 Mr. {Johnson.} Thank you, Mr. Chairman, and I am very

261 proud to be sponsoring the Improving Trauma Care Act of 2013,

262 and I want to thank the committee for their work to advance

263 the bill through the legislative process.

264 You know, it is intolerable that 45 million Americans do

265 not have access to a level one or two trauma center for care

266 within that first golden hour after injury. Compounding this

267 shortfall is the fact that the Nation's Traumatic Emergency

268 Medical Care System is plagued by inconsistent definitions of

269 what constitutes trauma, definitions that currently exclude

270 burn injuries. Now, I don't know about you, but if I suffer

271 a traumatic burn injury, I want somebody at the hospital to

272 think it is a trauma other than me, and I am proud to sponsor

273 H.R. 3548, which updates both definitions of trauma to

274 clearly include burns. There are important gains to be made

275 by the further integration of care and finding synergies

276 between burn and trauma centers.

277 In addition, I want to thank Dr. Burgess for his work to

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278 reauthorize trauma programs, and I am proud to support his
279 bill, H.R. 4080, and I am grateful for this effort to improve
280 trauma care more broadly. I hope that all my colleagues on
281 the committee will support this commonsense legislation that
282 prevents gaps in coverage and improves the provision of
283 trauma care.

284 Thanks, Mr. Chairman.

285 The {Chairman.} Thank you. Are there other members
286 wishing to offer an opening statement?

287 Seeing none, the Chair would ask that the clerk report
288 the four bills to be considered and report the title of the
289 bills.

290 The {Clerk.} H.R. 3548, to amend Title XII of the
291 Public Health Service Act to expand the definition of trauma
292 to include thermal, electrical, chemical, radioactive, and
293 other extrinsic agents; H.R. 4080, to amend Title XII of the
294 Public Health Service Act to reauthorize certain trauma care
295 programs and for other purposes; H.R. 1281, to amend the
296 Public Health Service Act to reauthorize programs under Part
297 A of Title XI of such Act; H.R. 1528, to amend the Controlled
298 Substances Act to allow a veterinarian to transport and
299 dispense controlled substances in the usual course of
300 veterinary practice outside of the registered location.

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301 [H.R. 3548, H.R. 4080, H.R. 1281 and H.R. 1528 follow:]

302 ***** INSERTS A, B, C, D *****

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303 The {Chairman.} The Chair would announce that the bills
304 are open for amendment, and I would announce that the Chair
305 has an amendment to H.R. 1281, and the clerk will report the
306 title.

307 The {Clerk.} Amendment to the committee print of H.R.
308 1281 offered by Mr. Upton.

309 {The amendment of Hon. Upton follows:]

310 ***** COMMITTEE INSERT*****

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311 The {Chairman.} The staff will distribute the
312 amendment. It is at the desk, and it has been an agreed-to
313 amendment, the manager's amendment. I don't think anyone has
314 any issues with it at all. We will wait until it is
315 distributed.

316 Mr. {Waxman.} Mr. Chairman, we support the amendment,
317 and I would ask unanimous consent that the amendment be
318 agreed to.

319 The {Chairman.} Without objection, the vote is on the
320 amendment, and all those in favor will say aye. Those
321 opposed say no, and in the opinion of the Chair the ayes have
322 it. The amendment is agreed to.

323 Are there further amendments to any of the four bills
324 before us?

325 Seeing none, the Chair would ask unanimous consent that
326 the committee favorably report the bills as amended: H.R.
327 3548 as amended by the Subcommittee on Health, H.R. 4080 as
328 amended by the Subcommittee on Health, H.R. 1281 with the
329 amendment adopted by myself, and H.R. 1528 as amended by the
330 Subcommittee on Health.

331 Without objection, so ordered. All those in favor, say
332 aye. Those opposed, say nay. In the opinion of the Chair

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333 the ayes have it, and the bills are passed without objection.

334 The staff is authorized to make technical conforming changes

335 to the bills reported by the committee today. So ordered.

336 And without objection the committee stands adjourned.

337 [Whereupon, at 4:20 p.m., the committee was adjourned.]