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4 MARKUP ON H.R. 3527, THE POISON CONTROL CENTER NETWORK ACT;

5 AND

6 H.R. 1098, THE TRAUMATIC BRAIN INJURY REAUTHORIZATION ACT OF

7 2013

8 TUESDAY, DECEMBER 10, 2013

9 House of Representatives,

10 Subcommittee on Health

11 Committee on Energy and Commerce

12 Washington, D.C.

13 The subcommittee met, pursuant to call, at 2:01 p.m., in

14 Room 2322 of the Rayburn House Office Building, Hon. Joe

15 Pitts [Chairman of the Subcommittee] presiding.

16 Present: Representatives Pitts, Burgess, Shimkus,

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17 Rogers, Murphy, Blackburn, Gingrey, Lance, Bilirakis,
18 Ellmers, Pallone, Dingell, Engel and Schakowsky.

19 Staff present: Nick Abraham, Legislative Clerk; Clay
20 Alspach, Chief Counsel, Health; Mike Bloomquist, General
21 Counsel; Sean Bonyun, Communications Director; Matt Bravo,
22 Professional Staff Member; Noelle Clemente, Press Secretary;
23 Brenda Destro, Professional Staff Member, Health; Paul
24 Edattel, Professional Staff Member, Health; Brad Grantz,
25 Policy Coordinator, Oversight and Investigations; Brittany
26 Havens, Legislative Clerk; Peter Kielty, Deputy General
27 Counsel; Nick Magallanes, Policy Coordinator, Commerce,
28 Manufacturing and Technology; Katie Novaria, Professional
29 Staff Member, Health; Chris Sarley, Policy Coordinator,
30 Environment and Economy; Heidi Stirrup, Health Policy
31 Coordinator; Ziky Ababiya, Democratic Staff Assistant; Jen
32 Berenholz, Democratic Chief Clerk; Stacia Cardille,
33 Democratic Deputy Chief Counsel; Karen Nelson, Democratic
34 Deputy Committee Staff Director for Health; and Anne Morris
35 Reid, Democratic Professional Staff Member.

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|
36 Mr. {Pitts.} The subcommittee will come to order. The
37 chair recognizes himself for an opening statement.

38 I am pleased that the subcommittee is marking up two
39 public health bills today that address challenges facing our
40 families and communities.

41 First, H.R. 1098, the Traumatic Brain Injury
42 Reauthorization Act of 2013, introduced by Representative
43 Bill Pascrell, reauthorizes Centers for Disease Control and
44 Prevention--the CDC--projects to reduce the incidence of
45 traumatic brain injury--TBI--as well as TBI surveillance
46 systems and registries.

47 More than 3.17 million Americans live with a disability
48 that resulted from a TBI. Every year, at least 1.7 million
49 TBIs occur either as an isolated injury or along with other
50 injuries, and TBI is a contributing factor to more than 30
51 percent of all injury-related deaths in the United States.
52 These CDC programs are critical for TBI research and
53 education and need to be reauthorized, and I am pleased we
54 are able to move this bill.

55 Finally, H.R. 3527, the Poison Control Center Network

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56 Act, introduced by Representative Lee Terry, reauthorizes
57 important activities related to poison control centers.
58 Specifically, the bill reauthorizes the poison center
59 national toll-free number, national media campaign, and the
60 State grant program. The Department of Health and Human
61 Services estimates that in any given year there will be
62 between 3 to 5 million poison exposures. Sixty percent of
63 these exposures will involve children under the age of 6 who
64 are exposed to toxins in their home.

65 Poisoning is the second most common form of
66 unintentional death in the United States and accounts for
67 285,000 hospitalizations. According to a report from the
68 Institute of Medicine, every dollar spent on poison control
69 center services saves \$7 in medical spending.

70 I urge all of my colleagues to support these bipartisan
71 bills, and yield back.

72 [The prepared statement of Mr. Pitts follows:]

73 ***** COMMITTEE INSERT *****

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|
74 Mr. {Pitts.} The chair now recognizes the ranking
75 member emeritus, the gentleman from Michigan, Mr. Dingell,
76 for 1 minute for opening statement.

77 Mr. {Dingell.} Thank you for your courtesy and for
78 holding a very important markup today. I am pleased that the
79 subcommittee has not refused to review these critical public
80 health bills before their markup in the full committee. Our
81 committee always works better when we adhere to the regular
82 order.

83 I am also pleased to offer my support for the bills we
84 are considering. The Poison Center Network Act authorizes
85 \$28.6 million for grants to support our national network of
86 poison control centers that have been proven to be
87 extraordinarily successful in treating victims of poison
88 exposure.

89 H.R. 1098 reauthorizes several critical programs at HHS
90 to help people with traumatic brain injuries. I am again
91 proud to support this legislation as it will do much good for
92 our Nation's veterans, who suffer from TBI at a very high
93 rate. These bills are great examples of excellent work that

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94 this committee does when we put politics aside and come
95 together for the public good.

96 I hope these bills will be quickly sent to the
97 President's desk for his signature, and I thank you, Mr.
98 Chairman, for your leadership, and I yield back the balance
99 of my time.

100 [The prepared statement of Mr. Dingell follows:]

101 ***** COMMITTEE INSERT *****

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|

102 Mr. {Pitts.} The chair thanks the gentleman and now
103 recognizes the vice chairman of the full committee from
104 Tennessee, Ms. Blackburn, for 1 minute for opening statement.

105 Mrs. {Blackburn.} Mr. Chairman, I appreciate the
106 hearing and I yield back my time.

107 [The prepared statement of Mrs. Blackburn follows:]

108 ***** COMMITTEE INSERT *****

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|
109 Mr. {Pitts.} The chair thanks the gentlelady and now
110 recognizes the gentleman from Illinois, Mr. Shimkus, for 1
111 minute for opening statement.

112 Mr. {Shimkus.} I have no opening statement, Mr.
113 Chairman. Thank you.

114 Mr. {Pitts.} The chair thanks the gentleman and now
115 recognizes the gentleman from--are there any other opening
116 statements? Anyone seeking recognition?

117 With the attendance, we are going to stand in recess
118 until we have further members show up.

119 [Recess.]

120 Mr. {Pitts.} All right. The subcommittee will
121 reconvene. Mr. Pallone has arrived at Union Station. He is
122 on his way, so we will get restarted with opening statements.
123 The chair reminds members that pursuant to the committee
124 rules, all members' opening statements will be made part of
125 the record.

126 Are there further opening statements? The gentleman
127 from Pennsylvania, Dr. Murphy, is recognized for 1 minute.

128 Mr. {Murphy.} Thank you, Mr. Chairman.

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129 I want to speak about H.R. 1098, the Traumatic Brain
130 Injury Reauthorization Act of 2013 and a concern I have. One
131 is that the funding within this bill is used for
132 organizations that actively engage in lobbying that sometimes
133 actually involves speaking on cases involving individual
134 patients of which they are not a treating physician or a
135 family member. We had before us in my subcommittee,
136 Oversight and Investigation, testimony by Joe Bruce--Robert
137 Bruce, who spoke about his son, who had been hospitalized,
138 involuntarily committed, and an organization called the
139 Disability Rights Center of Maine, spoke to try and get him
140 out of that hospital. They were successful in doing so. He
141 then went home without medication and he killed his mother
142 with a hatchet.

143 I have a statement here from Mr. Bruce, which he gave
144 during the testimony. I would like it attached as we
145 describe things in this bill, and there is a couple other
146 things I would to do. If another member would like to yield
147 me their minute, I recognize them now.

148 Mrs. {Elmers.} Mr. Chairman, I will yield Mr. Murphy
149 my minute.

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150 Mr. {Pitts.} Thank you. Dr. Murphy, you are recognized
151 for another 1 minute.

152 Mr. {Murphy.} I thank the gentlelady from North
153 Carolina.

154 It goes on to say that this organization not only
155 actively got involved in a case which was against the
156 parents' and the physicians' wishes but they also actively
157 work to block other legislative efforts in the State of Maine
158 that help to deal with people with persistent and severe
159 mental illness.

160 Now, it does not end there. They also have groups which
161 are actively involved in various States to advocate and lobby
162 on specific pieces of legislation, and it is forbidden that
163 these organizations use it for that, but I believe what they
164 tend to say is, well, we don't use the federal money for that
165 part, we use it for other things, and yet it actively works
166 against what I believe this committee is concerned about when
167 it comes to dealing with such things as mental illness and
168 health care overall.

169 So I am stating that as a concern, and as we talk about
170 this during the markup itself, Mr. Chairman, I would like to

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171 have a brief colloquy with you with regard to what I would
172 hope we could do in the future on this.

173 And with that, I yield back. Thank you.

174 [The prepared statement of Mr. Murphy follows:]

175 ***** COMMITTEE INSERT *****

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|
176 Mr. {Pitts.} The chair thanks the gentleman. Anyone
177 else seeking recognition?

178 If not, again, the committee will stand in recess.

179 [Recess.]

180 Mr. {Pitts.} The subcommittee will reconvene, and the
181 chair recognizes the ranking member, Mr. Pallone, for 3
182 minutes for an opening statement.

183 Mr. {Pallone.} Thank you, Mr. Chairman, and I
184 apologize. The train was delayed an hour and a half. But I
185 want to thank you and Chairman Upton for allowing regular
186 order at my insistence on these important public health
187 bills.

188 As you know, I have always advocated for ensuring that
189 the members who elect to sit on the subcommittees have the
190 ability to participate in the legislative process, so I am
191 also glad that the Administration was given the opportunity
192 to submit their technical views to us because we can always
193 benefit from their expertise.

194 The two bills before us today address two public health
195 issues that greatly affect the health and well-being of

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196 Americans, poison control efforts and traumatic brain injury,
197 and I am glad that we are moving forward on them.

198 The first bill, H.R. 1098, the Traumatic Brain Injury
199 Reauthorization Act of 2013, which was authored by my friend
200 and colleague from New Jersey, Mr. Pascrell, would continue
201 efforts to advance better surveillance, prevention and
202 treatment of brain injury. At least 1.7 million traumatic
203 brain injuries occur every year in the United States, not
204 including injuries sustained by active military, and they can
205 lead to permanent disability or even death. This bill will
206 help provide critical services to people with TBI and their
207 families, as well as continue important research. The
208 reauthorization would also move TBI programs out of the
209 maternal and health children's program to acknowledge the
210 impact of TBI across the lifespan including other adults and
211 returning service members and veterans.

212 I also support H.R. 3527, the Poison Center Network Act,
213 which would reauthorize the Poison Control Center grant
214 program, and I want to thank our committee members, Mr. Engel
215 and Mr. Terry, for their leadership on this bill.

216 Poison exposure is the leading cause of unintentional

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217 injury in the United States, and poison control centers help
218 to reduce the number of deaths and the severity of illness
219 caused by poisoning, thereby also reducing the cost burden on
220 our health system. Annually, of all the calls to poison
221 control centers about a potential poisoning, more than 70
222 percent are managed onsite and outside of the health care
223 facility, meaning that the caller gets the help they need
224 over the phone without having to go to a doctor or the
225 hospital, and this grant programs helps to support the work
226 of these critical poison centers throughout the Nation
227 including education and surveillance through the toll-free
228 National Poison Help Line.

229 I know that although the newborn screening savings
230 lives, the reauthorization bill is not on today's agenda.
231 Both sides of the aisle are interested in moving it forward
232 in the new year in addition to a number of other health bills
233 that we examined in a recent legislative hearing. So I look
234 forward to moving all these bills through the subcommittee
235 early next year.

236 Mr. Chairman, the bills before us today will help
237 meaningfully address the public health needs of our

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238 communities, and I urge my colleagues to support them, and
239 thank you again for having this markup in subcommittee, and I
240 do again apologize for being late with the train.

241 Thank you, Mr. Chairman.

242 [The prepared statement of Mr. Pallone follows:]

243 ***** COMMITTEE INSERT *****

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244 Mr. {Pitts.} The chair thanks the gentleman.

245 Do other members seek recognition? If not, the--I am
246 sorry. The gentlelady from Illinois, Ms. Schakowsky, is
247 recognized for 1 minute.

248 Ms. {Schakowsky.} Thank you, Mr. Chairman. First, I
249 want to associate myself with the remarks of Mr. Pallone.

250 In 2012, the Poison Control Center prevented an
251 estimated 35,000 ER visits and saved Illinoisans \$50 million
252 in reduced health care and productivity costs.

253 But I also just want to address a comment made earlier
254 by my friend, Congressman Murphy, about protection and
255 advocacy, or PA systems, which provide advocacy and resources
256 to thousands of people with traumatic brain injury each year
257 and carry out activities they are authorized by Congress to
258 conduct. In the Manager's Amendment, we are augmenting the
259 existing requirement that protection and advocacy systems
260 submit an annual report to the Secretary by requiring the
261 Secretary to submit a report to Congress describing TBI
262 services and activities conducted by protection and advocacy
263 systems, and this will help us learn more about the important

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264 work of those systems, and I support that very much, and I
265 yield back. Thank you.

266 [The prepared statement of Ms. Schakowsky follows:]

267 ***** COMMITTEE INSERT *****

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268

Mr. {Pitts.} The chair thanks the gentlelady.

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|

269 H.R. 3527

270 Mr. {Pitts.} The chair now calls up H.R. 3527, and asks
271 the clerk to report.

272 The {Clerk.} H.R. 3527, to amend the Public Health
273 Service Act to reauthorize the poison center national toll-
274 free number.

275 [H.R. 3527 follows:]

276 ***** INSERT 1 *****

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|

277 Mr. {Pitts.} Without objection, the first reading of
278 the bill is dispensed with and the bill will be open for
279 amendment at any point. So ordered.

280 Are there any bipartisan amendments to the bill? Are
281 there any other amendments?

282 The question now occurs on forwarding H.R. 3527 to the
283 full committee.

284 All those in favor, say aye.

285 Those opposed, no.

286 The ayes appear to have it. The ayes have it, and the
287 bill is agreed to.

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|

288 H.R. 1098

289 Mr. {Pitts.} The chair now calls up H.R. 1098 and asks
290 the clerk to report.

291 The {Clerk.} H.R. 1098, to amend the Public Health
292 Service Act to reauthorize certain programs relating to
293 traumatic brain injury and to--

294 [H.R. 1098 follows:]

295 ***** INSERT 2 *****

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|

296 Mr. {Pitts.} Without objection, the first reading of
297 the bill is dispensed with, and the bill will be open for
298 amendment at any point. So ordered.

299 The chair recognizes himself to offer an amendment in
300 the nature of a substitute, and the clerk will report the
301 amendment.

302 The {Clerk.} Amendment in the nature of a substitute to
303 H.R. 1098 offered by Mr. Pitts.

304 [The amendment by Mr. Pitts follows:]

305 ***** INSERT 3 *****

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|

306 Mr. {Pitts.} Without objection, the reading of the
307 amendment is dispensed with.

308 Is there any discussion of the amendment?

309 Mr. {Murphy.} Mr. Chairman?

310 Mr. {Pitts.} The chair recognizes the gentleman from
311 Pennsylvania.

312 Mr. {Murphy.} Thank you. Move to strike the last word.

313 Mr. {Pitts.} The gentleman is recognized for 5 minutes.

314 Mr. {Murphy.} Thank you, Mr. Chairman.

315 Mr. Chairman, in your amendment, I appreciate that you
316 are asking the Secretary to put together a report in terms of
317 how the State grants for protection and advocacy services are
318 using the money.

319 I raised a comment during the opening statements that
320 group such as the one in Maine and multiple other States use
321 this for actively lobbying on legislative issues in the
322 States and on federal programs, etc. Congress does not spend
323 money nor does it authorize lobbying or lawsuits against
324 itself or States nor does it authorize actions by groups to
325 work against the medical advice in psychiatric cases, and yet

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326 that is where some of these organizations are acting.

327 In this, I know that you are trying to have some
328 resolution to this by having the Secretary report back to
329 Congress, but I would hope, Mr. Chairman, that between now
330 and when this goes before the full committee that we might
331 work at some other wording so that we can all achieve the
332 good work that we want to see advocacy groups do but make
333 sure also that they are working with the best interests of
334 the so many people who are out there suffering from mental
335 illness and other illnesses, and traumatic brain injury as
336 well.

337 As a person who works with them myself in my Naval
338 Reserve duty, I know that the military, Department of
339 Defense, Department of Veterans Affairs cannot possibly
340 handle all these cases, plus there is so many other types of
341 head injuries that may come from sports, from accidents,
342 etc., and we do need to be aware of these, but so often
343 persons with mental illness and persons with head injury are
344 not aware of their problems. It is a very, very important
345 medical and psychological fact that many of them have an
346 injury to the extent they are not even aware they have a

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347 problem. The official term for this is anosognosia. And in
348 that, when an organization takes on the State or physicians
349 or someone and works against medical advice or lobbies
350 actively against a State, I am concerned that this whole
351 issue gets confused and far beyond what Congress initially
352 intended.

353 So Mr. Chairman, I hope we can work together between now
354 and when this comes before the full committee to see if we
355 can sharpen that language up so it can really meet the
356 Congressional intent that we are supporting good work of good
357 organizations and making sure that they are also limited in
358 the scope of what they do.

359 Mr. {Pitts.} The chair thanks the gentleman. The chair
360 now recognizes the ranking member, Mr. Pallone, 5 minutes.

361 Mr. {Pallone.} Thank you, Mr. Chairman.

362 I offer my support for the Manager's Amendment to H.R.
363 1098. The amendment makes mostly technical corrections but
364 includes a number of important changes to current law. It
365 requires the directors of CDC and NIH to update Congress on
366 progress in implementing recommendations from an earlier
367 report regarding coordination of TBI activities in current

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368 and former military members. CDC and NIH would identify
369 specific recommendations that have not been adopted and a
370 plan to execute them.

371 I think we know all too well how greatly our military
372 families have been affected by TBI so it is critical that the
373 Departments of Defense and Veterans Affairs are working
374 alongside our health agencies to ensure the best care for
375 returning service members.

376 The Manager's Amendment also removes the requirement
377 that the Secretary of HHS make grants to the authorized
378 programs, to HRSA, which is a change from today's structure.
379 Instead, it would give the Secretary discretion to move this
380 authority to another operating division within HHS. This is
381 to allow for better coordination of TBI activities with other
382 HHS programs focused on increased access to community
383 supports across the lifespan.

384 And lastly, the Manager's Amendment specifies
385 authorization levels for all outlying programs. I would urge
386 my colleagues to support this amendment, and again, thank
387 you, Mr. Chairman.

388 Mr. {Pitts.} The chair thanks the gentleman. Does

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389 anyone else seek recognition?

390 If there are no more amendments, the vote occurs on the
391 amendment in the nature of a substitute.

392 All those in favor shall signify by saying aye.

393 Those opposed, no.

394 The ayes have it. The amendment is agreed to.

395 The question now occurs on forwarding H.R. 1098 to the
396 full committee as amended.

397 All those in favor, say aye.

398 Those opposed, no.

399 The ayes appear to have it. The ayes have it, and the
400 bill is agreed to.

401 Without objection, the staff is authorized to make
402 technical and conforming changes to the legislation
403 considered by the subcommittee today. So ordered.

404 That concludes the business. Without objection, the
405 subcommittee stands adjourned.

406 Whereupon, at 2:41 p.m., the Subcommittee was
407 adjourned.]