MARKUP ON H.R. 3548, IMPROVING TRAUMA CARE ACT OF 2013;
H.R. 4080, TRAUMA SYSTEMS AND REGIONALIZATION OF EMERGENCY CARE REAUTHORIZATION ACT
H.R. 1281, NEWBORN SCREENING SAVES LIVES REAUTHORIZATION ACT OF 2013; AND
H.R. 1528, VETERINARY MEDICINE MOBILITY ACT OF 2013
THURSDAY, FEBRUARY 27, 2014
House of Representatives,
Subcommittee on Health
Committee on Energy and Commerce
Washington, D.C.

The subcommittee met, pursuant to call, at 3:04 p.m., in Room 2123 of the Rayburn House Office Building, Hon. Joe Pitts [Chairman of the Subcommittee] presiding.
Members present: Representatives Pitts, Burgess, Murphy,
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Blackburn, Lance, Cassidy, Guthrie, Griffith, Bilirakis, Pallone, Green, and Barrow.

Staff present: Nick Abraham, Legislative Clerk; Clay Alspach, Chief Counsel, Health; Gary Andres, Staff Director; Mike Bloomquist, General Counsel; Sean Bonyun, Communications Director; Matt Bravo, Professional Staff Member; Noelle Clemente, Press Secretary; Sydne Harwick, Legislative Clerk; Brittany Havens, Legislative Clerk; Robert Horne, Professional Staff Member, Health; Peter Kielty, Deputy General Counsel; Katie Novaria, Professional Staff Member, Health; Heidi Stirrup, Health Policy Coordinator; Tom Wilbur, Digital Media Advisor; Jessica Wilkerson, Committee Clerk; Ziky Ababiya, Democratic Staff Assistant; Michelle Ash, Democratic Chief Counsel, Commerce, Manufacturing, and Trade; Jen Berenholz, Democratic Chief Clerk; Eric Flamm, Democratic FDA Detailee; Elizabeth Letter, Democratic Press Secretary; Karen Nelson, Democratic Deputy Committee Staff Director for Health; and Anne Morris Reid, Democratic Senior Professional Staff Member.
Mr. {Pitts.} The subcommittee will come to order. The Chair recognizes himself for an opening statement.

Today we are marking up four bipartisan public health bills. The first two are trauma-related, H.R. 3548, the Improving Trauma Care Act of 2013, introduced by Representative Bill Johnson, which expands the definition the definition of ``trauma'' under the Public Health Service Act to include injury resulting from exposure to thermal, electrical, chemical, radioactive and other agents.

H.R. 4080, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act, introduced by Dr. Burgess, which would reauthorize two important grant programs, the Trauma Care Systems Planning Grants and the Regionalization of Emergency Care Systems.

The first supports State and rural development of trauma systems and the second funds pilot projects to design, implement and evaluate innovative models of regionalized emergency care.

We know that immediate access to trauma care within the golden hour after injury is critical. By improving access to the specialized care designed to treat trauma injuries, both of these trauma bills will save lives.
Our third bill is H.R. 1528, the Veterinary Medicine Mobility Act of 2013, introduced by Representative Kurt Schrader, which allows veterinarians to legally carry and dispense controlled substances in the field. This bill has a direct impact on my district, home of the University of Pennsylvania's School of Veterinary Medicine New Bolton Center. Vets are often required to provide ambulatory services in the field, especially in rural areas and for the care of large animals like cows and horses. Sometimes it is not feasible for owners to bring the animals to a hospital or clinic like New Bolton Center, and so vets provide such house call visits. Clarification of the law is necessary to allow vets to transport, administer and dispense controlled substances outside of their registered location.

And finally, we have H.R. 1281, the Newborn Screening Saves Lives Reauthorization Act of 2013, introduced by Representative Lucille Roybal-Allard, which reauthorizes federal programs that provide assistance to States to improve and expand their newborn screening programs, support parent and provider education, and ensure laboratory quality and surveillance. Early screening and diagnosis can be life changing for these children and their families.

I look forward to reporting each of these bills to the
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83  full committee.

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

85  ****************** COMMITTEE INSERT ******************
Mr. {Pitts.} I yield back, and I now recognize the gentleman from New Jersey, Mr. Pallone, for 3 minutes for his opening statement.

Mr. {Pallone.} Thank you, Chairman Pitts. I want to commend you for holding this subcommittee markup today, that we did not have the opportunity for most of the bills or at least to examine them at a legislative, I am encouraged that we have been able to work on them in a bipartisan way.

There are four bills before us today on several different public health issues, and I am glad we are moving forward on them. I just wanted to say a few words about each, if I could. Firstly, I support H.R. 1281, the Newborn Screening Saves Lives Reauthorization Act of 2013, which we did have the opportunity to discuss at a legislative hearing last November. Newborn screening allows thousands of infants every year the chance to recognize certain conditions early on so that they can be successfully managed, leading to better health later in life. Given the enormous benefit of early recognition and treatment, it's vital that we continue to support States' programs for screening, counseling, education and other related services.

I also support the two bills related to trauma care:
H.R. 3548, the Improving Trauma Care Act of 2013, and H.R. 4080, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act. H.R. 3548 updates the definition of `trauma' in statute to include injuries from burns and chemical or other exposure. My colleagues, Mr. Green and Mr. Burgess, have been leaders on trauma care issues, and I thank them for their work on H.R. 4080. The grant programs in H.R. 4080 are aimed at planning and implementing trauma care systems in the States and establishing pilot projects for innovative models of regionalized trauma care. Since traumatic injury is the leading cause of death for children and adults under the age of 45, it's important that States are equipped to deliver medical services as timely as possible.

And finally, Mr. Chairman, I support H.R. 1528, the Veterinary Medicine Mobility Act of 2013. This bill would allow veterinarians to dispense controlled substances in the usual course of their practice, not only at their registered principal place of business but also at other sites such as farms. For large animals and rural veterinarians, this is a commonsense change that will help them in their practice. I heard you, Mr. Chairman, talk about the New Bolton Center. As you know, I have been there a couple of times and was
always very impressed with the facilities there at the
University of Pennsylvania in your district.

So finally, I would urge my colleagues to support these
bills, which I know are priorities for many of us on the
committee, and I look forward to further working with my
Republican colleagues on additional important public health
initiatives. Thank you.

[The prepared statement of Mr. Pallone follows:]

*************** COMMITTEE INSERT ***************
Mr. {Pitts.} The Chair thanks the gentleman and now recognizes the vice chairman of the subcommittee, Dr. Burgess, for 1 minute.

Dr. {Burgess.} Thank you, Mr. Chairman, and I do support each of the bills we are marking up today. In regard to H.R. 4080, trauma is the leading cause of death under age 65. It is expensive, costing over $400 billion a year, third only to heart disease and cancer. Over several years, Mr. Green and I have worked together to ensure reauthorization of crucial trauma grant programs. As a result, today we will be voting on the Trauma Systems Regionalization of Emergency Care Reauthorization Act, H.R. 4080. With the expiration of the authorization this year, this reauthorization allows for funding for trauma systems development and the regionalization of emergency care. These programs are designed to improve patient outcomes, save lives and cut costs. The legislation has the support of 10 major trauma, emergency and health care organizations. I have their letters of support, and I will submit those for the record.

It is essential that none of these critical trauma programs expire under our watch, and I urge support for H.R.
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4080, and yield back.

[The prepared statement of Dr. Burgess follows:]
Mr. {Pitts.} The Chair thanks the gentleman and the Chair recognizes Mr. Pallone.

Mr. {Pallone.} Mr. Chairman, I would just like to enter the statement of Mr. Waxman into the record.

Mr. {Pitts.} Without objection, so ordered.

[The prepared statement of Mr. Waxman follows:]

*************** COMMITTEE INSERT ***************
Mr. {Pitts.} The Chair reminds Members that pursuant to Committee Rules, all Members' opening statements will be made part of the record.
Mr. {Pitts.} The Chair now calls up H.R. 3548 and asks the clerk to report.

The {Clerk.} H.R. 3548, to amend Title XII of the Public Health Service Act to expand the definition of "trauma" to include thermal--

[H.R. 3548 follows:]

*************** INSERT 1 ***************
Mr. {Pitts.} Without objection, the first reading of the bill is dispensed with and the bill will be open for amendment at any point. So ordered.

Dr. {Burgess.} Mr. Chairman, I have an amendment at the desk.

Mr. {Pitts.} The Chair recognizes the gentleman, Dr. Burgess, for the purpose of offering an amendment.

Dr. {Burgess.} Mr. Chairman, this is an amendment in the nature of a substitute for H.R. 3548. The bill amends the Public Health Service Act to improve the definition of trauma by including injuries caused by thermal, electrical, chemical or radioactive force. These injuries are commonly treated by burn centers.

The amendment ensures that the definition is changed in all relevant sections of the Public Health Service Act. The amendment is supported by 10 trauma, burn and health care organizations. I am certainly glad to be a cosponsor of the underlying legislation and have worked closely with Mr. Johnson from Ohio on this issue and this legislation. I urge support from the committee for the amendment and the underlying bill, H.R. 3548.

Mr. {Pitts.} The clerk will report the amendment.
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205 The {Clerk.} Amendment in the nature of a substitute to H.R. 3548 offered by Mr. Burgess of Texas.

207 [The amendment of Mr. Burgess follows:]

208 *************** COMMITTEE INSERT ***************
Mr. {Pitts.} Without objection, the reading of the amendment is dispensed with.

Is there further discussion of the amendment? If not, all those in favor shall signify by saying aye. All those opposed, no. The ayes have it, and the amendment is agreed to.

Are there any other amendments? If there are no other amendments, the question now occurs on forwarding H.R. 3548 to the full committee as amended. All those in favor, say aye. Those opposed, no. The ayes appear to have it. The ayes have it, and the bill is agreed to.
Mr. {Pitts.} The Chair now calls up H.R. 4080 and asks the clerk to report.

The {Clerk.} H.R. 4080, to amend Title XII of the Public Health Service Act to reauthorize certain trauma care programs, and for other purposes.

[H.R. 4080 follows:]

*************** INSERT 2 ***************
Mr. {Pitts.} Without objection, the first reading of the bill is dispensed with, and the bill will be open for amendment at any point. So ordered.

The Chair recognizes Dr. Burgess to offer--do you have an amendment?

Dr. {Burgess.} Mr. Chairman, I have an amendment at the desk.

Mr. {Pitts.} The clerk will report the amendment.

The {Clerk.} Amendment to H.R. 4080 offered by Mr. Burgess of Texas.

[The amendment of Dr. Burgess and Mr. Green follows:]

*************** INSERT 3 *******************
Mr. {Pitts.} Without objection, the reading of the amendment is dispensed with, and Dr. Burgess is recognized for 5 minutes in support of the amendment.

Dr. {Burgess.} Thank you, Mr. Chairman, and actually, first off, I can ask unanimous consent—I don't think I did that previously—about the letters of support for H.R. 4080? I ask unanimous consent that they be entered into the record.

Mr. {Pitts.} Without objection, so ordered.

[The information follows:]
Dr. {Burgess.} Thank you, Mr. Chairman.

During my opening statement, I outlined the importance and the long bipartisan and unanimous support for trauma systems before the committee, and I certainly want to thank Mr. Green of Texas for introducing legislation with me.

As I stated before, it is something we worked on for years and it is an issue that both of us remain committed.

I also want to thank you and the committee staff for working with us to get us to this point. As you know, I appreciate your commitment to working towards reauthorization of the Trauma Service Availability Grants and the Trauma Care Center Grants in the near future, and I hope you will help us get these programs on a single reauthorization schedule.

Today we address the most pressing expiration, but as envisioned in the larger legislation Mr. Green and I will be introducing, we must address all necessary updates to the trauma program under the Public Health Service Act and ensure that none expires.

The technical amendment I am offering with Mr. Green makes two small changes to the underlying legislation. First, it makes a technical correction to a citation and mandates a report to Congress on how States have distributed
their funds to support their trauma systems. What we are
doing today is the first step towards ensuring the
development of critical trauma and emergency services for all
of our constituents. I urge Members' support of the
amendment and the underlying bill, and I will yield back to
the chairman.

Mr. {Pitts.} The chair thanks the gentleman.
Is there further discussion of the amendment? If there
is no further discussion, the vote occurs on the amendment.
All those in favor shall signify by saying aye.
All those opposed, no.
The ayes have it, and the amendment is agreed to.
The question now occurs on forwarding the bill to the
full committee as amended.
All those in favor, say aye.
Those opposed, no.
The ayes appear to have it. The ayes have it, and the
bill is agreed to.
Mr. {Green.} Can I ask unanimous consent to place a
statement into the record? I apologize for being late.
Mr. {Pitts.} Without objection, so ordered.

[The prepared statement of Mr. Green follows:]
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296       **************** COMMITTEE INSERT ****************
H.R. 1281

Mr. {Pitts.} All right. The Chair calls up H.R. 1281 and asks the clerk to report.

The {Clerk.} H.R. 1281, to amend the Public Health Service Act to reauthorize programs under Part A of Title XI of such Act.

[H.R. 1281 follows:]

*************** INSERT 4 ***************
Mr. {Pitts.} Without objection, the first reading of the bill is dispensed with, and the bill will be open for amendment at any point. So ordered.

The Chair recognizes himself to offer an amendment in the nature of a substitute, and the clerk will report the amendment.

The {Clerk.} Amendment in the nature of a substitute to H.R. 1281 offered by Mr. Pitts.

[The amendment of Mr. Pitts follows:]

*************** COMMITTEE INSERT ******************
Mr. {Pitts.} Without objection, the reading of the amendment is dispensed with.

Is there any discussion of the amendment? If there is no discussion, the question now occurs on the amendment in the nature of a substitute.

All those in favor by signify by saying aye.

All those opposed, no.

The ayes have it, and the amendment is agreed to.

The question now occurs on forwarding H.R. 1281 to the full Committee as amended.

All those in favor, say aye.

Those opposed, no.

The ayes appear to have it, and the ayes have it, and the bill is agreed to.
H.R. 1528

Mr. {Pitts.} All right. The Chair now calls up H.R. 1528 and asks the clerk to report.

The {Clerk.} H.R. 1528, to amend the Controlled Substances Act to allow a veterinarian to transport and dispense controlled substances in the usual course of veterinary practice outside--

[H.R. 1528 follows:]

*************** INSERT 5 ***************
Mr. {Pitts.} Without objection, the first reading of the bill is dispensed with. The bill will be open for amendment at any point. So ordered.

The Chair now recognizes Dr. Burgess for an amendment.

The {Clerk.} Amendment to H.R. 1528 offered by Mr. Burgess.

[The amendment of Dr. Burgess follows:]

*************** COMMITTEE INSERT ****************
Mr. {Pitts.} The Chair recognizes Dr. Burgess 5 minutes to speak on the amendment.

Dr. {Burgess.} Mr. Chairman, the amendment makes a very small technical change, and the vice chair urges the committee's support and the support of the underlying bill, and yield back.

Mr. {Pitts.} Is there any further discussion on the amendment? If not, the votes occurs on the amendment. All those in favor shall signify by saying aye.

Those opposed, no.

The ayes have it, and the amendment is agreed to.

The question now occurs on forwarding the bill to the full Committee as amended. All those in favor, say aye.

Those opposed, no.

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

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

That concludes the business of the markup. Without objection, the subcommittee stands adjourned.
Whereupon, at 3:20 p.m., the Subcommittee was adjourned.