



Legislative Bulletin.....June 24, 2014

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***H.R. 1098 - Traumatic Brain Injury Reauthorization Act of 2013,
as amended — (Pascrell-D, NJ)***

Order of Business: [H.R. 1098](#) is scheduled to be considered on June 24, 2014, under a motion to suspend the rules and pass the bill, which requires a two-thirds majority for passage.

Summary: This bill reauthorizes the Traumatic Brain Injury Act of 2008 for FY 2014-2018. H.R. 1098 allows for continued research on brain injuries at the Centers for Disease Control and Prevention (CDC). In addition, state grants are available for projects which improve access to rehabilitation and other services regarding traumatic brain injury (TBI). This bill would allow the grant programs, previously administered by the Health Resources and Services Administration (HRSA), to be spearheaded within another agency in the Department of Health and Human Services (HHS) in order to better coordinate TBI activities with services and support available to older Americans and individuals with other disabilities.

No later than 24 months after the date of enactment, the Secretary of Health and Human Services in conjunction with the Secretary of Defense and the Secretary of Veterans Affairs, will submit a report to Congress outlining recommendation that have been adopted and a description of planned activities address recommendations that have not been adopted.

Major Changes Since the Last Time This Legislation was Before the House: The Traumatic Brain Injury Act of 2008 ([PL 110-206](#)), passed the House on April, 8, 2008, with a vote of [392-1](#).

Additional Background: Congress first passed the Traumatic Brain Injury (TBI) Act in 1996 to help individuals with TBI, and their families, gain access to rehabilitation, long-term care, and

community and family supports often needed for return to home, work, school and community activities. The law has been reauthorized and amended twice, in 2000 and 2008.

According to the [Committee Report](#), brain injury is the leading cause of death and disability that affects persons of all ages, races, and income levels. In 2009, there were 2.4 million visits to the emergency department, hospitalizations or deaths associated with TBI. In addition, TBI can create an increased risk for diseases such as Alzheimer's and Parkinson's.

Committee Action: This bill was introduced by Representative Pascrell on March 12, 2013, and it was referred to the Energy and Commerce Committee Subcommittee on Health. On December 10, 2013, the Subcommittee on Health held a [markup](#) session and favorably forwarded H.R. 1098, as amended, to the full Committee by a voice vote. On December 10 and 11, 2013, the Committee on Energy and Commerce held a [markup](#) session and approved H.R. 1098, as amended, by a voice vote.

Outside Groups Support:

[National Association of State Head Injury Administrators](#)

[National Organizations for Injury and Violence Prevention](#)

Administration Position: No Statement of Administration Policy is available at this time.

Cost to Taxpayers: The bill would authorize the appropriation of about \$16 million annually for fiscal years 2014 through 2018 for activities related to traumatic brain injury. [CBO](#) estimates that implementing the bill would cost about \$74 million over the 2014-2019 period, assuming appropriation of the authorized amounts. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: H.R. 1098 contains no intergovernmental or private-sector mandates as defined in UMRA. State, local, and tribal governments that provide traumatic brain injury services could benefit from grant funds authorized by the bill.

Does the Bill Contain Any Federal Encroachment into State or Local Authority in Potential Violation of the 10th Amendment?: No.

Does the Bill Delegate Any Legislative Authority to the Executive Branch?: No.

Does the Bill Contain Any Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: In compliance with clause 9(e), 9(f), and 9(g) of rule XXI of the Rules of the House of Representatives, the Committee finds that H.R. 1098 contains no earmarks, limited tax benefits, or limited tariff benefits.

Constitutional Authority: According to the sponsor, "Congress has the power to enact this legislation pursuant to Article I, Section 8, Clause 3 of the United States Constitution." Read the statement [here](#).

***H.R. 1281 - Newborn Screening Saves Lives Reauthorization
Act of 2013 — (Roybal-Allard-D, CA)***

Order of Business: H.R. 1281 is scheduled to be considered on June 24, 2014, under a motion to suspend the rules and pass the bill, which requires a two-thirds majority for passage.

Summary: This bill amends the Public Health Service Act to reauthorize the Newborn Screening Saves Lives Act of 2008 for grant programs and other initiatives to promote expanded screening of newborns and children for heritable disorders.

Included in this bill is the extension of the grant program which aims to enhance, improve or expand the ability of State and local public health agencies to provide screening, counseling, or health care services to newborns and children having or at risk for heritable disorders. It also expands the program to include evaluation of treatment and follow-up care for newborns and their families after screening and diagnosis. Eligible entities are required to assist in providing health care professionals with education in new technologies, the screening of specimens and sharing medical information with families and professionals.

The [Advisory Committee](#) on Heritable Disorders in Newborns and Children is extended through FY 2019 and is amended to provide technical assistance to individuals and organizations regarding the submissions of nominations to the uniform screening panel and to prepare for the review of nominations prior to their submission. This bill also amends the process for decisions on recommendations. The time for the Secretary to adopt the recommendations of the Advisory Committee is reduced from 180 to 120 days.

The clearinghouse of newborn screening information is extended and required to maintain current information on number of conditions for which screening is conducted by each state and disseminate guidelines related to diagnosis, counseling and treatment.

This bill allows the Secretary, acting through the Director of the Centers for Disease Control and Prevention, to provide as appropriate, the coordination of surveillance activities through standardized data collection and reporting, and by promoting data sharing regarding new-born screening with State-based birth defects and developmental disabilities monitoring programs.

Finally, this bill directs the Comptroller General to submit a report no later than two years after enactments on the analysis of information regarding the timeliness of newborn screening and a summary of any guidelines or best practices to support a timely newborn screening system.

Major Changes Since the Last Time This Legislation was Before the House: Newborn Screening Saves Lives Act of 2008 ([PL 110-237](#)) passed the House by voice vote on April 30, 2008.

Additional Background: [Newborn screening](#) was first introduced as a public health program in the 1960s and serves as a way to identify certain genetic and metabolic conditions in newborns. Many times, the newborns look healthy, but without testing these conditions could affect the long-term health or survival of the child. Each state requires newborn screening. In 2003, the Department of Health and Human Services started the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNC) to make recommendations to the Secretary that would standardize newborn screening programs in the U.S.

Read the Committee Report [here](#).

Committee Action: This bill was introduced on March 20, 2013, by Representative Roybal-Allard and referred to the Committee on Energy and Commerce. On February 27, 2014, the Subcommittee on Health met in [markup](#) and favorably forwarded H.R. 1281 to the full Committee, as amended, by a voice vote. On April 3, 2014, the Energy and Commerce Committee met in [markup](#) and approved H.R. 1281, as amended, by unanimous consent.

Outside Groups Oppose:
[Citizen' Council for Health Freedom](#)

Outside Groups Support:
[March of Dimes](#)
[Coalition Support Letter](#)

Possible Conservative Concerns: Some conservative organizations have expressed concerns regarding the government's storage and use of test results from newborns and the lack of parental consent needed.

Administration Position: No Statement of Administration Policy is available at this time.

Cost to Taxpayers: [CBO](#) estimates that implementing H.R. 1281 would cost \$80 million over the 2015-2019 period, assuming appropriation of the necessary amounts. H.R. 1281 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: H.R. 1281 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

Does the Bill Contain Any Federal Encroachment into State or Local Authority in Potential Violation of the 10th Amendment?: No.

Does the Bill Contain Any Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: In compliance with clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 1281 contains no earmarks, limited tax benefits, or limited tariff benefits.

Constitutional Authority: According to the sponsor, “Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause 1.” Read the statement [here](#).

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H.R. 3548 - Improving Trauma Care Act of 2014 — (Johnson-R, OH)

Order of Business: [H.R. 3548](#) is scheduled to be considered on June 24, 2014, under a motion to suspend the rules and pass the bill, which requires a two-thirds majority for passage.

Summary: This bill amends the Public Health Service Act to expand the definition of ‘trauma’ to include an injury resulting from exposure to another extrinsic agent, including an extrinsic agent that is thermal, electrical, chemical or radioactive.

Additional Background: Currently, the definition of trauma only includes injuries which result from exposure to a mechanical force. The current definition does not accurately reflect the medical reality of trauma. By changing the definition to clarify burn injuries are trauma allows burn centers to compete for trauma center grants under applicable Federal programs.

Read the committee report [here](#).

Committee Action: This bill was introduced by Representative Johnson on November 20, 2013, and referred to the Energy and Commerce Committee. On February 27, 2014, the Subcommittee on Health met in [markup](#) and favorably forwarded H.R. 3548 to the full Committee, as amended, by a voice vote. On April 3, 2014, the Committee on Energy and Commerce met in [markup](#) and approved H.R. 3548, as amended, by a voice vote.

Administration Position: No Statement of Administration Policy is available at this time.

Cost to Taxpayers: [CBO](#) estimates that implementing the legislation would have no significant effect on the federal budget. Enacting H.R. 3548 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

Does the Bill Expand the Size and Scope of the Federal Government?: No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: The bill would not impose intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments.

Does the Bill Contain Any Federal Encroachment into State or Local Authority in Potential Violation of the 10th Amendment?: No.

Does the Bill Contain Any Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: No.

Constitutional Authority: According to the sponsor, “Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause 3 of the United States Constitution.” Read the statement [here](#).

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H.R. 4080 - Trauma Systems and Regionalization of Emergency Care Reauthorization Act, as amended — (Burgess-R, TX)

Order of Business: [H.R. 4080](#) is scheduled to be considered on June 24, 2014, under a motion to suspend the rules and pass the bill, which requires a two-thirds majority for passage.

Summary: This bill amends the Public Health Service Act to reauthorize Trauma Care Systems Planning Grants and the Regionalization of Emergency Care Systems through FY 2019. These grants support the development and access to trauma systems and for pilot projects to design, implement and evaluate innovative models of regionalized and comprehensive emergency care and trauma systems. In addition, it directs states to consider national standards and requirements of the American Burn Association for the designation of a verified burn center.

Additional Background: A trauma center is a type of hospital that has resources and equipment to help care for the seriously injured. The American Trauma Society [classifies](#) trauma centers as Level I to Level V. Currently, trauma is the leading cause of death for those under 45, and one in seven Americans lack access to a [trauma center](#) within one hour.

Read the committee report [here](#).

Committee Action: H.R. 4080 was introduced on February 25, 2014, by Representative Burgess and referred to the Committee on Energy and Commerce. On February 27, 2014, the Subcommittee on Health met in [markup](#) and favorably forwarded H.R. 4080 to the full Committee, as amended, by a voice vote. On April 3, 2014, the Energy and Commerce Committee met in [markup](#) and approved H.R. 4080, as amended, by unanimous consent.

Outside Groups Support:

[American Association of Neurological Surgeons and Congress of Neurological Surgeons](#)

[Trauma Center Association of America](#)

[Emergency Nurses Association](#)

[American Burn Association](#)

[Association of Critical Care Transport](#)

[American College of Emergency Physicians](#)

[American Heart Association/American Stroke Association](#)

[America Trauma Society](#)

Administration Position: No Statement of Administration Policy is available at this time.

Cost to Taxpayers: H.R. 4080 would authorize the appropriation of \$24 million a year for 2015 through 2019 for public and private entities that provide trauma and emergency care services and for the administration of Federal Interagency Committee on Emergency Medical Services (FICEMS). [CBO](#) estimates that implementing the bill would cost \$101 million over the 2015-2019 period, assuming appropriation of the specified amounts.

Does the Bill Expand the Size and Scope of the Federal Government?: No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Does the Bill Contain Any Federal Encroachment into State or Local Authority in Potential Violation of the 10th Amendment?: No.

Does the Bill Delegate Any Legislative Authority to the Executive Branch?: No.

Does the Bill Contain Any Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: In compliance with clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 4080 contains no earmarks, limited tax benefits, or limited tariff benefits.

Constitutional Authority: According to the sponsor, "Congress has the power to enact this legislation pursuant to the following: Article One, Section Eight, Clause One "The Congress shall have the power to lay and collect taxes, duties, imposts, and excises, to pay the debts and provide for the common defense and general welfare of the United States; but all duties, imposts and excises shall be uniform throughout the United States." Article One, Section Eight, Clause Three "To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes." Read the statement [here](#).

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H.R. 4631 -The Autism CARES Act of 2014, as amended— (Smith- R, NJ)

Order of Business: [H.R. 4631](#) is scheduled to be considered on June 24, 2014, under a motion to suspend the rules and pass the bill, which requires a two-thirds majority for passage.

Summary: This bill reauthorizes the Combating Autism Reauthorization Act through September 30, 2019. This reauthorization aims to increase awareness, reduce barriers to screening and diagnosis, and to promote evidence-based interventions for individuals with autism spectrum disorder or other developmental disabilities. A national autism spectrum disorder initiative is

created with the purpose of implementing autism spectrum disorder activities which take into account the strategic plan developed by the Interagency Autism Coordinating Committee.

This bill amends the Public Health Service Act to update the responsibilities of the Interagency Autism Coordinating Committee to monitor autism spectrum disorder research across all relevant Federal departments. In addition, it calls for the development of a strategic plan for autism spectrum disorder research which includes recommendations to ensure that support activities and research are not unnecessarily duplicative among the Federal departments. The Committee would submit an annual update on the strategic plan to both Congress and the President.

This bill also includes submission of several reports to Congress on the progress on the implementation of the bill, information on the incidence and prevalence of autism spectrum disorders among children and adults, the challenges young adults face when transitions from school-based services to services available in adulthood, and the policies and programs relevant to young adults with autism spectrum disorders.

Major Changes Since the Last Time This Legislation was Before the House: The Combating Autism Act ([PL 112-32](#)) passed the House by voice vote September 20, 2011.

Additional Background: Enacted in 2006 and reauthorized in 2011, the Combating Autism Act has been the primary vehicle for federal funding for autism research, services, training and monitoring. The U.S. Centers for Disease Control and Prevention (CDC) identify around 1 in 68 American children as on the autism spectrum. It is estimated that 1 out of 42 boys and 1 out of 189 girls in the United States are diagnosed with autism.

Committee Action: This bill was introduced by Representative Smith on May 9, 2014, and referred to the Committee on Energy and Commerce and further to the Subcommittee on Health. On May 28, 2014, the subcommittee held a [markup](#) and the bill was favorably reported out (as [amended](#)) by voice vote. On June 10, 2014, the full committee met and marked up the bill where it was reported out (as [amended](#)) by voice vote.

Outside Groups Support:
[Consortium of Citizens with Disabilities](#)

Administration Position: No Statement of Administration Policy is available at this time.

Cost to Taxpayers: [CBO](#) estimates that implementing H.R. 4631 would cost \$1.1 billion over the 2015-2019 period, assuming appropriation of the authorized amounts. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: H.R. 4631 contains no intergovernmental or private-sector mandates as defined in UMR. The bill would benefit state, local, and tribal governments that receive grants related to

autism spectrum disorders.

Does the Bill Contain Any Federal Encroachment into State or Local Authority in Potential Violation of the 10th Amendment?: No.

Does the Bill Delegate Any Legislative Authority to the Executive Branch?: No.

Constitutional Authority: According to the sponsor, “Congress has the power to enact this legislation pursuant to: Article I, Section 8, Clause 1 of the Constitution.” Read the statement [here](#).

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S. 1681 – Intelligence Authorization Act for Fiscal Year 2014 (*Sen. Feinstein, D-CA*)

Order of Business: The bill is scheduled to be considered on June 24, 2014, subject to a rule.

Summary: [S. 1681](#) authorizes funding for the U.S. intelligence community including for the intelligence activity of the Central Intelligence Agency (CIA), the Office of the Director of National Intelligence (ODNI), the National Security Agency (NSA), the National Geospatial-Intelligence Agency (NGA), and the National Reconnaissance Office (NRO) among others.

- Title II of the bill would authorize the Central Intelligence Agency Retirement and Disability System. Section 202 amends the [Central Intelligence Agency Retirement Act](#) to expand the definition of "qualifying service," for purposes of creditable service determinations under the Federal Employees Retirement System (FERS) and the Central Intelligence Agency Retirement and Disability System, to include duties in support of intelligence activities hazardous to life or health or duties that are so specialized as to be clearly distinguishable from normal government employment.
- Title III of the bill pertains to general intelligence community matters. Section 303 amends the [National Security Act of 1947](#) to extend protections against the disclosure of the identity of individuals under the Freedom of Information Act to the Inspector General of the Intelligence Community. Section 305 requires the Office of the Director of National Intelligence, the Central Intelligence Agency, the Defense Intelligence Agency, the National Security Agency, the National Reconnaissance Office, and the National Geospatial-Intelligence Agency to undergo a full financial audit each year beginning with their FY2014 financial statements. The section also requires the chief financial officer of each such agency to provide the congressional intelligence committees an annual audit report on each audit conducted. Section 323 requires the DNI to submit a report on the Syrian chemical weapons program. Section 325 repeals reporting requirements pertaining to the threat of attack on the United States using weapons of mass destruction,

commerce with, and assistance to Cuba from other foreign countries, and uncontrolled treaty-limited equipment.

- Title V of the legislation pertains to security clearance reform. Section 504 requires the DNI to report to Congress each year, through 2017, on the reciprocal treatment of security clearances, including the periods of time required by authorized adjudicative agencies for accepting background investigations and determinations completed by an authorized investigative entity or authorized adjudicative agency, and the total number of cases in which a background investigation or determination completed by an authorized investigative entity or adjudicative agency is, or is not, accepted by another agency.

A Congressional Research Service section-by-section guide of S. 1681 can be found [here](#).

According to the [Senate Select Committee on Intelligence](#), the bill would:

- Authorize funding for counterterrorism, counterproliferation, intelligence collection on critical threats, advanced information technology infrastructure to improve analysis and information sharing, and improvements to security measures to prevent the unauthorized disclosure of classified information;
- Require the general counsel of each intelligence agency to notify the congressional intelligence committees of any significant legal interpretation of the Constitution or federal law affecting intelligence activities conducted by the agency, to include any significant interpretations resulting from opinions of the Justice Department's Office of Legal Counsel (OLC);
- Require the Attorney General to establish a process for the regular review for official publication of significant OLC opinions that have been provided to an element of the intelligence community, and further requires that any OLC opinion made public, but for its classification, shall be provided to Congress;
- Require Senate confirmation for the directors and inspectors general of the National Security Agency and the National Reconnaissance Office;
- Require that the President prepare a plan to respond to the unauthorized public disclosure of any covert action;
- Prohibit firings, demotions or other personnel actions against intelligence community employees as a reprisal for legitimate whistleblower activities, and prevent intelligence agency managers from revoking an employee's security clearance as a reprisal for legitimate whistleblower activities and creates an appeals procedure for employees who believe they have faced such reprisal;
- Protect the identities of intelligence community employees who provide information to the inspector general of the intelligence community from disclosure through the [Freedom of Information Act](#).

- Requires intelligence contractors to notify the government of any successful unauthorized penetration of their computer networks.
- Reauthorize the [Public Interest Declassification Board](#) to December 31, 2018. The Board's current authorization would otherwise expire at the end of 2014.
- Require a declassification review of documents collected in Abbottabad, Pakistan, during the mission that killed Osama bin Laden on May 1, 2011; and
- Require the Director of National Intelligence to set standards to improve security background investigations through continuous evaluation of intelligence employees and contractors.

Additional Information: This legislation is mainly in a classified annex. The Senate report ([S. Rept. 113-120](#)) was reported out of committee on November 13, 2013. The legislative bulletin for H. R. 4681 and its [amendments](#) can be found [here](#).

Committee Action: The bill was introduced in the Senate on November 12, 2013, and was referred to the Senate Select Committee on Intelligence. On June 11, 2014, the legislation was passed by the Senate by voice vote.

Administration Position: No Statement of Administration Policy is available.

Cost to Taxpayers: The Congressional Budget Office estimates that implementing the unclassified provisions of S. 1681 would cost \$564 million over the 2014-2019 period. In addition, enacting the bill would increase direct spending by \$20 million over the 2014-2024 period by modifying the retirement benefits of certain employees of the Central Intelligence Agency (CIA). CBO also estimates that enacting the bill would have an insignificant effect on revenues in any particular year but would increase revenues by about \$1 million over 2014-2024 period. Because enacting the legislation would affect direct spending and revenues, pay-as-you-go procedures apply. The CBO's estimate can be found [here](#).

Does the Bill Expand the Size and Scope of the Federal Government?: No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: S. 1681 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would not affect the budgets of state, local, or tribal governments.

Constitutional Authority: Senate rules do not require a statement of constitutional authority to accompany legislation when introduced.

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NOTE: *RSC Legislative Bulletins are for informational purposes only and should not be taken as statements of support or opposition from the Republican Study Committee.*
