A motion to reconsider was laid on the table.

ACTION FOR DENTAL HEALTH ACT OF 2017

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2422) to amend the Public Health Service Act to improve essential oral health care for low-income and other underserved individuals by breaking down barriers to care, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2422

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 ''Action for Dental Health Act of 2017''.

SEC. 2. VOLUNTEER DENTAL PROJECTS AND ACTION FOR DENTAL HEALTH PROGRAM.

Section 317M of the Public Health Service Act (42 U.S.C. 247b–14) is amended—

(1) by redesignating subsections (e) and (f) as subsections (f) and (g), respectively;

(2) by inserting after subsection (d) the following new subsection:

''(e) ACTION FOR DENTAL HEALTH PROGRAM.—

''(1) IN GENERAL.—The Secretary, in consultation with the Director of the Centers for Disease Control and Prevention and the Administrator of the Health Resources and Service Administration, may award grants to or enter into contracts with eligible entities to collaborate with State, county, or local public officials and other stakeholders to develop and implement initiatives to accomplish any of the following goals:

''(A) To improve oral health education and dental disease prevention, including through community-wide prevention programs, through the use of dental sealants and fluoride varnish, and by increasing oral health literacy.

''(B) To reduce geographic barriers, language barriers, cultural barriers, and other similar barriers to the provision of dental services.

''(2) ELIGIBLE ENTITY.—In this subsection, the term 'eligible entity' means an entity that is—

''(A) a State or local dental association;

''(B) a State oral health program;

''(C) a dental education, dental hygiene, or postdoctoral dental education program accredited by the Commission on Dental Accreditation; or

''(D) a community-based organization that—

''(i) partners with an academic institution;

''(ii) is exempt from tax under section 501(c) of the Internal Revenue Code of 1986; and

''(iii) partners with public and private stakeholders to facilitate the provision of dental services for underserved populations.''; and

(3) in subsection (g), as redesignated by paragraph (1), by striking ''such sums as may be necessary for each of the fiscal years 2001 through 2005'' and inserting ''$18,000,000 for each of the fiscal years 2018 through 2022''.

SEC. 3. GRANTS FOR INNOVATIVE PROGRAMS.

Section 340G of the Public Health Service Act (42 U.S.C. 256g) is amended—

(1) in subsection (b)(5)—

(A) in subparagraph (B), by striking ''and'' at the end; and

(B) by adding at the end the following:

''(D) the establishment of dental homes for children and adults, including for the aged, blind, and disabled populations;

''(E) the establishment of initiatives to reduce the use of emergency departments by individuals who seek dental services more appropriately delivered in a dental primary care setting; and

''(F) the provision of dental care to nursing home residents;''; and

(2) in subsection (f), by striking ''$25,000,000 for the 5-fiscal year period beginning with fiscal year 2008'' and inserting ''$13,903,000 for each of fiscal years 2018 through 2022''.

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 (Mr. BURGESS).

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material into 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, today I rise in support of H.R. 2422, the Action for Dental Health Act of 2017, introduced by Representative ROBIN KELLY.

The bill reauthorizes the oral health promotion and disease prevention programs at the Centers for Disease Control and Prevention and permits the CDC to award grants or enter into contracts with stakeholders to develop projects to improve oral health education and dental disease prevention. This bill also reauthorizes HRSA's Grants to States to Support Oral Health Workforce Activities and permits States to establish dental homes, mobile or portable dental clinics, initiatives to reduce the use of emergency departments by patients seeking dental services, and initiatives to provide dental care to nursing home residents.

Good oral health is an important component of good overall health, and this bill takes important steps to help improve the dental care in underserved communities.

Mr. Speaker, 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. 2422, the Action for Dental Health Act, sponsored by my colleague, Congresswoman ROBIN KELLY from Illinois.

For millions of Americans, affordable dental care is hard to find and desperately needed. According to the Centers for Disease Control and Prevention, nearly half of all individuals in our country over the age of 30 suffer from some form of gum disease. One in four children under the age of 5 already have cavities.

The lack of basic oral health services in some communities today leads many Americans to delay treatment to the point the pain is so severe that they rush to the emergency room, where they receive expensive treatment for common dental issues.

Dental care is necessary for more than cosmetic reasons. Good oral health is vital to a person's overall health. Bad oral health can be a sign of larger health issues.

Increasing access to affordable dental care would lower the number of emergency department visits for preventable oral health conditions and reduce the risk of chronic disease.

The Action for Dental Health Act will make grants available through the Centers for Disease Control and Prevention, and the Health Resources and Services Administration, for programs to improve oral health for underserved populations.

This legislation will make it possible for groups, such as State health departments and nonprofit dental societies, to receive funding for critical oral health services. These services may include providing dental services to nursing home residents, operating a mobile dental clinic, or implementing an emergency room program so patients can receive dental care in the dentist's chair instead of the ER.

I thank the bill's sponsors for their bipartisan work on this important legislation.

Mr. Speaker, I urge my colleagues to join me in supporting the Action for Dental Health Act.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from Illinois (Ms. KELLY), the sponsor of this bill.

Ms. KELLY of Illinois. Mr. Speaker, as February's National Children's Dental Health Month draws to a close, I thank Chairman WALDEN and Ranking Member PALLONE for their leadership in making sure that this bill came to the floor today.

It has been a tremendous honor to work with my colleague, Mr. SIMPSON from Idaho, in moving this legislation that I am intensely passionate about—the Action for Dental Health Act.

I want to acknowledge that, while Members of this Chamber may not always see eye-to-eye on matters of health policy, I am proud that my colleagues were able to work together in a constructive, compassionate, and considerate way to address the critical public health matter of improving oral health in America.

Mr. Speaker, all Americans deserve a healthy smile; but, sadly, each year, tens of millions of Americans forego needed oral healthcare due to poverty, fear, language or cultural barriers, or the simple fact that there isn't a dentist in the area in which they live.

We know that regular visits to a dentist can do more than keep your smile attractive. They can tell a whole lot about your overall health, including whether or not you may be developing a disease like diabetes, or if you are at risk for a stroke.

Fifty million Americans live in places with limited access to dental care, and economically vulnerable adults are almost twice as likely to have had no dental care in the previous year than Americans in middle- and upper-income brackets.

Dental problems are a leading problem of school absences for kids and missed work for parents. Oral health has a direct relationship with school performance. Kids who reported having recent tooth pain were four times more likely to have a low grade point average—below the median GPA of 2.8—when compared to children without oral pain, according to a study by the Ostrow School of Dentistry at the University of Southern California.

My bill improves oral health for Americans by breaking down barriers to care. It allows organizations to qualify for oral health grants to support activities that improve oral health education and dental disease prevention.

This includes developing and expanding outreach programs that will facilitate establishing dental homes for children and adults, including the elderly, blind, and disabled.

The Action for Dental Health Act has received the endorsement of the American Dental Association, the National Dental Association, the American Dental Education Association, and a bipartisan coalition of our congressional colleagues.

On a final note, I would like to thank the staff of the Energy and Commerce Committee; Mia Keeys on my staff; Jamie McNeil with Congressman SIMPSON; and also Dr. Cheryl Watson-Lowry, who came to testify on behalf of the bill, in working together to help shepherd the bill before us today.

I am a true believer in the power of order and bipartisanship in making a difference in the lives of the families we represent. The process of working with you all in advancing this bill has truly strengthened my belief in that power.

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

Mr. BURGESS. Mr. Speaker, this is a good bill, and I urge passage.

Mr. Speaker, I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 2422, the Action for Dental Health Act of 2017.

The ADH Act will allow states to receive grants that will establish innovative dental programs on behalf of the Health Resources and Services Administration.

Passing H.R. 2422 will establish of dental homes for children and adults, reduce use of emergency departments for dental services, and reduce geographic, language and cultural barriers in the dental care system.

Mr. Speaker, there is a great need to improve oral health education and prevent dental diseases in low-income and underserved communities.

The health of many Americans is dependent upon the resources we provide.

African Americans, Hispanics, and Native Americans and Alaska Natives generally have the poorest oral health of any racial and ethnic groups in the United States.

African Americans, non-Hispanics, and Mexican Americans aged 35 to 44 years experience untreated tooth decay nearly twice as much as white, non-Hispanics.

Poor oral health is strongly correlated with other chronic health conditions like cardiovascular diseases, lung disease, strokes, diabetes and can also contribute to problems with employment which furthers poverty.

The Surgeon General estimates that children with oral disease miss over 51 million hours of school each year, and that adults with oral disease miss approximately 164 million hours of work each year.

I urge my colleagues to join me in supporting H.R. 2422 to show their support and compassion for the people we serve and to ensure that individuals predisposed to contracting any sort of dental diseases receive the proper prevention and care they deserve.

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. 2422, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes 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.

RECOGNIZING IMPORTANCE AND EFFECTIVENESS OF TRAUMA-INFORMED CARE

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 443) recognizing the importance and effectiveness of trauma-informed care, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 443

Whereas traumatic experiences affect millions of people in the United States and can affect a person's mental, emotional, physical, spiritual, economic, and social well-being;

Whereas adverse childhood experiences (ACEs) can be traumatizing and, if not recognized, can affect health across the lifespan and, in some cases, result in a shortened life span;

Whereas ACEs are recognized as a proxy for toxic stress, which can affect brain development and can cause a lifetime of physical, mental, and social challenges;

Whereas ACEs and trauma are determinants of public health problems in the United States such as obesity, addiction, and serious mental illness;

Whereas trauma-informed care is an approach that can bring greater understanding and more effective ways to support and serve children, adults, families, and communities affected by trauma;

Whereas trauma-informed care is not a therapy or an intervention, but a principle-based, culture-change process aimed at recognizing strengths and resiliency as well as helping people who have experienced trauma to overcome those issues in order to lead healthy and positive lives;

Whereas adopting trauma-informed approaches in workplaces, communities, and government programs can aid in preventing mental, emotional, physical, and/or social issues for people impacted by toxic stress and/or trauma;

Whereas trauma-informed care has been promoted and established in communities across the United States, including the following different uses of trauma-informed care being utilized by various types of entities:

(1) The State of Wisconsin established Fostering Futures, a statewide initiative partnering the State with Tribes, State agencies, county governments, and nonprofit organizations to make Wisconsin the first trauma-informed State. The goal of Fostering Futures is to reduce toxic stress and improve lifelong health and well-being for all Wisconsinites.

(2) The Menominee Tribe in Wisconsin improved educational and public health outcomes by increasing understanding of historical trauma and childhood adversity and by developing culturally relevant, trauma-informed practices.

(3) In Chicago, Illinois, schools of medicine provide critical trauma-informed care, including the University of Illinois at Chicago Comprehensive Assessment and Response Training System, which improves the quality of psychiatric services provided to youth in foster care, and the University of Chicago Recovery & Empowerment After Community Trauma Initiative, which helps residents who are coping with community violence.

(4) In Philadelphia, Pennsylvania, service providers, academics, and local artists use art to engage their community to educate and involve citizens in trauma-informed care activities.

(5) In San Francisco, California, the city's public health department aligned its workforce to create a trauma-informed system.

(6) In Kansas City, Missouri, schools worked to become trauma-informed by encouraging teachers and children to create their own self-care plans to manage stress. They have implemented broad community-wide, trauma-informed culture change.

(7) In Tarpon Springs, Florida, the city crafted a community effort to gather city officials, professionals, and residents to coordinate multiple trauma-informed activities, including a community education day.

(8) In Worcester, Massachusetts, community members worked with the Massachusetts State Department of Mental Health to create a venue with peer-to-peer support to better engage individuals dealing with trauma or extreme emotional distress.

(9) In Walla Walla, Washington, the city and community members launched the Children's Resilience Initiative to mobilize neighborhoods and Washington State agencies to tackle ACEs.

(10) The State of Oregon passed the first law to promote trauma-informed approaches to decrease rates of school absenteeism and understanding and promoting best practices to leverage community resources to support youth.

(11) The State of Massachusetts passed a law to promote whole-school efforts to implement trauma-informed care approaches to support the social, emotional, and academic well-being of all students, including both preventive and intensive services and supports depending on students' needs.

(12) The State of Washington implemented the ACEs Public-Private Initiative, a collaboration among private, public, and community organizations to research and inform policies to prevent childhood trauma and reduce its negative emotional, social, and health effects;

Whereas the Substance Abuse and Mental Health Services Administration provides substantial resources to better engage individuals and communities across the United