

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 Keays 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

States to implement trauma-informed care; and

Whereas numerous Federal agencies have integrated trauma-informed approaches into their programs and grants and could benefit from closer collaboration: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the importance, effectiveness, and need for trauma-informed care among existing programs and agencies at the Federal level; and

(2) encourages the use and practice of trauma-informed care within the Federal Government, its agencies, and the United States Congress.

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 resolution.

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 Representative MIKE GALLAGHER's H. Res. 443, which recognizes the importance and effectiveness of trauma-informed care.

According to the Substance Abuse and Mental Health Services Administration, trauma results from an event or a series of events that cause intense physical and psychological stress reactions. The individual's functioning and emotional, physical, social, and spiritual health can be severely affected. It is important that health providers understand the nature and impact of trauma when caring for their patients.

H. Res. 443 highlights the work of States in trauma-informed care and encourages the Federal Government to build on the States' momentum by identifying opportunities to embed this approach to care within current Federal health operations.

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. Res. 443, Recognizing the Importance and Effectiveness of Trauma-Informed Care, sponsored by Congressman GALLAGHER from Wisconsin and Congressman DAVIS from Illinois.

This resolution recognizes the important role that trauma plays in health and life situations and the importance of deploying trauma-informed protocols to respond to traumatic experiences.

Research shows that traumatic experiences are associated with behavioral

health and chronic physical health conditions, such as substance use disorders, mental health conditions, and heart disease.

Traumatic experiences, such as physical or sexual abuse, neglect, bullying, community-based violence, and natural disasters give rise to these negative health consequences.

Because of the harmful consequences of trauma, it is important for our health system to deploy trauma-informed protocols.

The resolution recognizes the importance of Federal agencies deploying trauma-informed care to ensure that local care providers are appropriately engaging individuals with histories of trauma, and implementing strategies to intervene on the negative consequences of traumatic experiences.

I urge my colleagues to join me and support this resolution.

Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 5 minutes to the gentleman from Wisconsin (Mr. GALLAGHER), the principal author of this resolution.

Mr. GALLAGHER. Mr. Speaker, this is a great day for children, for vulnerable populations, and caregivers in my home State of Wisconsin and across this country.

□ 1800

H. Res. 443 recognizes the importance of trauma-informed care to individual wellness, the efficacy of care, and improved quality of life for those who have experienced trauma. Passage of this resolution demonstrates that this body believes in the power that trauma-informed care can have in helping children, families, and adults overcome trauma and lead healthy lives.

From veterans reintegrating into society to survivors of childhood abuse, individuals from across the population can benefit from the simple but effective principles of trauma-informed care. By recognizing and sensitively addressing the impacts of traumatic experiences, we can build stronger and more resilient communities.

We all want to address major public health issues like addiction, mental health issues, and obesity, and this resolution moves the ball forward by raising awareness and building momentum behind evidence-based best practices and solutions.

Rigorous study and academic review have shown benefits for organizations, communities, and governments that implement trauma-informed care.

I am proud to announce that my home State of Wisconsin, under the leadership of our first lady, Tonette Walker, is on track to becoming the first fully trauma-informed State in the Nation. In Illinois, home to our colleague and the cosponsor of this resolution, Congressman DANNY DAVIS, experts have come together to make this material more accessible to policymakers and the public.

Exciting innovation in mental healthcare is happening across this

country, and this resolution recognizes that hard work.

Mr. Speaker, in closing, I express my sincere thanks to my colleague, Congressman DAVIS, for his commitment to this resolution. I also thank Tonette Walker, first lady of Wisconsin, for her dedication and service and leadership in this important cause.

Mr. Speaker, additionally, I thank the chairman and the ranking member of the committee for their hard work on this issue as well.

H. Res. 443 is an important step in breaking down the stigma surrounding mental healthcare and building more inclusive communities, more resilient communities, more strong communities that take care of each other. I encourage all of my colleagues to support its passage.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield such time as he may consume to the gentleman from Illinois (Mr. DANNY K. DAVIS), the cosponsor of the bill.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I commend Dr. BURGESS for his leadership, and Representative GENE GREEN. They have both demonstrated, I think, the kind of leadership that we are often seeking, searching for, and looking for.

Mr. Speaker, it has been my pleasure to work with Representative GALLAGHER of Wisconsin in development of this legislation.

Mr. Speaker, I also want to commend the first lady of Wisconsin for the leadership that she has provided. Of course, the first lady is the wife of the Governor. I must admit that I was a bit amazed when we were contacted by the first lady of Wisconsin to talk about this kind of legislation and to talk about the importance of it.

Mr. Speaker, I rise today in support of H. Res. 443, which recognizes the importance and effectiveness of trauma-informed care and proposes to implement this care at the Federal level.

Traumatic experiences affect millions of people across the country, including the city of Chicago. It is integral to the development of any person who has experienced trauma to get physical and emotional support after experiencing an extremely stressful life event.

This is especially important to our Nation's children, as adverse childhood experiences can affect the health of a child for the rest of his or her life. If a child does not receive care for trauma, it could even shorten his or her lifespan, and this stress facilitates negative brain development.

Trauma-informed care addresses the survivor's specific needs in relation to his or her personal trauma and recovery. It promotes a collaborative environment between the survivor and close friends and family, and it addresses the symptoms of trauma that require treatment. This helps the survivor work through his or her recovery in a positive way with the support of close allies.

Though many States have adopted trauma-informed care programs, it is essential to implement trauma-informed care at the Federal level and make sure that people anywhere in the country get the treatment and support they need, not just those in certain States.

It has also been my pleasure to work closely with Senator DURBIN, the senior Senator from the State of Illinois, and hundreds of groups that have formed a coalition to help promote and develop an understanding of just how much trauma care is needed.

Very seldom do I talk about it or mention it, but I had a grandson who was murdered a year or so ago, and there were other children in the home. It was a home invasion. So I can tell people firsthand that the kind of attention and care that individuals get after they have had a traumatic experience makes a tremendous amount of difference in their recovery.

I also note that I was trained as a psychologist, and so I have interacted in many instances with individuals who had experienced stress. So this is an excellent piece of legislation.

Mr. Speaker, I commend Representative GALLAGHER again for his leadership. It has been my pleasure to work with him. I look forward to the passage of this resolution.

Mr. BURGESS. Mr. Speaker, I reserve the balance of my time.

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

Mr. BURGESS. Mr. Speaker, I yield myself the balance of my time.

This is an important resolution. I urge its passage.

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

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 agree to the resolution, H. Res. 443, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 6 o'clock and 7 minutes p.m.), the House stood in recess.

□ 1831

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. SIMPSON) at 6 o'clock and 31 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 1222, by the yeas and nays; and H.R. 2422, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. The second electronic vote will be conducted as a 5-minute vote.

CONGENITAL HEART FUTURES REAUTHORIZATION ACT OF 2017

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 1222) to amend the Public Health Service Act to coordinate Federal congenital heart disease research efforts and to improve public education and awareness of congenital heart disease, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

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, as amended.

The vote was taken by electronic device, and there were—yeas 394, nays 7, not voting 29, as follows:

[Roll No. 81]

YEAS—394

Abraham
Adams
Aderholt
Aguilar
Allen
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barr
Barragán
Barton
Bass
Beatty
Bera
Bergman
Beyer
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Blackburn
Blum
Blumenauer
Blunt
Blunt Rochester
Bonamici
Bost
Boyle, Brendan
F.
Brady (TX)
Brat
Bridenstine
Brooks (IN)
Brown (MD)
Brownley (CA)
Buchanan
Buck
Bucshon
Budd
Burgess
Bustos
Butterfield
Byrne
Calvert
Capuano

Carbajal
Cárdenas
Carson (IN)
Carter (GA)
Cartwright
Castor (FL)
Castro (TX)
Chabot
Cheney
Chu, Judy
Clark (MA)
Clarke (NY)
Clay
Clyburn
Coffman
Cohen
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Connolly
Cook
Cooper
Correa
Costa
Costello (PA)
Courtney
Crawford
Crist
Crowley
Cuellar
Culberson
Curbelo (FL)
Curtis
Davidson
Davis (CA)
Davis, Danny
Davis, Rodney
DeFazio
DeGette
Delaney
DeLauro
DeBene
Demings

Denham
Dent
DeSantis
DeSaulnier
DesJarlais
Deutch
Diaz-Balart
Dingell
Donovan
Doyle, Michael
F.
Duncan (SC)
Duncan (TN)
Duncan
Dunn
Ellison
Emmer
Eshoo
Espallat
Estes (KS)
Esty (CT)
Evans
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foster
Fox
Frankel (FL)
Frelinghuysen
Fudge
Gabbard
Gaetz
Gallagher
Gallego
Garamendi
Garrett
Gianforte
Gibbs
Gohmert
Gomez
Gonzalez (TX)
Goodlatte
Gosar

Gottheimer
Gowdy
Granger
Graves (GA)
Graves (LA)
Green, Al
Green, Gene
Griffith
Grijalva
Grothman
Guthrie
Gutiérrez
Hanabusa
Handel
Harper
Harris
Hartzler
Hastings
Heck
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Higgins (NY)
Hill
Himes
Holding
Hollingsworth
Hoyer
Hudson
Huffman
Hultgren
Hunter
Hurd
Issa
Jackson Lee
Jayapal
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (LA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jordan
Joyce (OH)
Kaptur
Katko
Keating
Kelly (IL)
Kelly (MS)
Kelly (PA)
Khanna
Kihuen
Kildee
Kilmer
Kind
King (IA)
King (NY)
Kinzinger
Knight
Krishnamoorthi
Kuster (NH)
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latta
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lewis (MN)
Lieu, Ted
Lipinski
LoBiondo
Loeb
Lofgren
Loudermilk
Love
Lowenthal

Amash
Biggs
Brooks (AL)

Barletta
Black
Brady (PA)
Carter (TX)

Lowey
Lucas
Luetkemeyer
Lujan Grisham,
M.
Lujan, Ben Ray
Lynch
MacArthur
Maloney, Sean
Marchant
Marino
Marshall
Mast
Matsui
McCarthy
McCaul
McClintock
McColum
McEachin
McHenry
McKinley
McMorris
Rodgers
McNerney
McSally
Meadows
Meehan
Meeks
Meng
Messer
Mitchell
Moolenaar
Moore
Moulton
Mullin
Murphy (FL)
Nadler
Napolitano
Newhouse
Norcross
Norman
Nunes
O'Halleran
O'Rourke
Olson
Palazzo
Pallone
Palmer
Panetta
Pascarella
Paulsen
Pelosi
Perlmutter
Perry
Peters
Peterson
Pingree
Pittenger
Pocan
Poe (TX)
Poliquin
Polis
Posey
Price (NC)
Quigley
Raskin
Ratcliffe
Reed
Reichert
Renacci
Rice (NY)
Rice (SC)
Richmond
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Thomas
J.
Ros-Lehtinen
Rosen
Roskam
Ross
Rothfus
Rouzer
Roybal-Allard

NAYS—7

Jones
Massie
Mooney (WV)

NOT VOTING—29

Cicilline
Cleaver
Cramer
Cummings

Royce (CA)
Ruiz
Ruppersberger
Russell
Rutherford
Ryan (OH)
Sánchez
Sarbanes
Scalise
Schakowsky
Schiff
Schneider
Schrader
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell (AL)
Shea-Porter
Sherman
Shimkus
Simpson
Sinema
Sires
Slaughter
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Soto
Stefanik
Stewart
Stivers
Suozi
Swalwell (CA)
Takano
Taylor
Tenney
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tipton
Titus
Tonko
Torres
Tsongas
Turner
Upton
Peters
Valadao
Veasey
Vela
Velázquez
Visclosky
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Wasserman
Schultz
Waters, Maxine
Watson Coleman
Webster (TX)
Webster (FL)
Welch
Wenstrup
Westerman
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

Sanford

Doggett
Duffy
Engel
Graves (MO)