

entire healthcare system. It encourages more efficient preventative medicine, as well. This means treating prediabetes before it becomes diabetes. This means treating heart issues before they become heart disease.

The market has already created direct primary care, and it is a model that actually thrives in districts like mine, where we have doctors like my friend, Dr. Glenn Davis, whose direct primary care practice saves businesses lots of money on their premium payments and also delivers quality care to patients, but, as usual, the government has not caught up.

This bill removes the uncertainty about whether Medicaid can pay for direct primary care access and empowers States with the necessary guidance to provide direct primary care for vulnerable patients who need it most.

It is a game changer because many Medicaid patients aren't accessing primary care right now. They are more likely to show up at an ER than schedule regular visits with a primary care physician, and ER costs keep going up because too many people are not getting the preventative care that they need.

Why? Well, because the truth is a lot of primary care doctors simply can't serve Medicaid patients due to low reimbursement rates. If we allow States to tailor their Medicare programs for direct primary care, which this bill does, we can fundamentally change this dynamic.

Our legislation is straightforward, and it has zero cost. It clarifies that current laws don't prohibit direct primary care arrangements while offering guidance for States that want to use direct primary care in their Medicaid programs, just like my home State of Texas.

Mr. Speaker, I genuinely hope that we can push this forward in a truly bipartisan way.

Ms. SCHRIER. Mr. Speaker, I have no further speakers. I am prepared to close, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. SMUCKER), a member of the Ways and Means Committee and a good friend of mine.

Mr. SMUCKER. Mr. Speaker, I thank Mr. GUTHRIE for yielding.

Mr. Speaker, I rise today in support of this bill, the Medicaid Primary Care Improvement Act, which I am proud to be an original cosponsor of.

Now, we have heard of the many benefits of direct primary care. Certainly, I have seen that in my community, where we have many patients accessing their care through doctors providing direct primary care, which is receiving primary care services for a simple, flat monthly fee. We have seen that it keeps patients out of emergency rooms, improves health outcomes, and it yields savings. I also believe it will yield savings to the Medicaid program in this case.

This bill clarifies that State Medicaid programs may include direct primary care arrangements and, as I said, will help vulnerable beneficiaries access low-cost and high-quality healthcare services.

I think giving States that flexibility is a great step in the right direction as well. When State Medicaid programs innovate on behalf of their patients, especially with something like this—leveraging value-based care delivery models like direct primary care—I think patients and taxpayers will be the winners.

I would also mention a bill that I have introduced, the Primary Care Enhancement Act, which would allow patients or individuals with health savings accounts to access primary care and have that cost be included as a qualified expense in the HSA. This will be another way to expand access to primary care.

Mr. Speaker, I thank Mr. GUTHRIE for yielding time, and I thank Mr. CRENSHAW for his important work on this bill. I encourage my colleagues to vote "yes."

Ms. SCHRIER. Mr. Speaker, whatever we can do to expand affordable care, improve healthcare, strengthen the doctor-patient relationship, and bring down costs is a win for our constituents. That is why I am excited to sponsor this bill, the Medicaid Primary Care Improvement Act, that allows the use of direct primary care.

Mr. Speaker, I encourage my colleagues to vote for this bill, and I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I appreciate Dr. SCHRIER and all the work that she has done, all the work that the two gentlemen who spoke as primary sponsors have done on this bill. It is a good bill.

Mr. Speaker, in closing, I urge my colleagues to support H.R. 3836, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 3836, as amended.

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

A motion to reconsider was laid on the table.

□ 1645

ACTION FOR DENTAL HEALTH ACT OF 2023

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3843) to amend title III of the Public Health Service Act to reauthorize grants to address dental workforce needs.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3843

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 2023".

SEC. 2. REAUTHORIZATION OF GRANTS TO ADDRESS DENTAL WORKFORCE NEEDS.

Section 340G(f) of the Public Health Service Act (42 U.S.C. 256g(f)) is amended by striking "2019 through 2023" and inserting "2024 through 2028".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentlewoman from Washington (Ms. SCHRIER) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Kentucky?

There was no objection.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 3843, the bipartisan Action for Dental Health Act led by Representative SIMPSON.

Oral health plays an important role in the well-being of all Americans.

According to the Health Resources and Services Administration, we will be facing a shortage of close to 9,000 general dentists and more than 23,000 dental hygienists over the next 15 years.

The Action for Dental Health program directs Federal funding to State and local organizations to help support the dental workforce and improve access to care for patients.

This bill reauthorizes this important program for a 5-year period and strengthens the impact of existing resources to enhance oral healthcare.

Advancing early diagnosis and preventive dental treatments will improve the patient care and health outcomes. This reauthorization is an important step in addressing barriers to oral healthcare services.

Mr. Speaker, I urge my colleagues to support the underlying bill, and I reserve the balance of my time.

Ms. SCHRIER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 3843, the Action for Dental Health Act, sponsored by Representatives Kelly and Simpson.

Access to oral healthcare is critical to ensuring a person's overall health and well-being. Too often, however, oral healthcare is overlooked. Tooth decay is the most common chronic disease in both children and adults in the United States. In fact, more than one in four adults have untreated cavities, and nearly half of American adults show signs of gum disease.

Clearly, we need to do more to expand access to oral healthcare, including strengthening the oral healthcare workforce.

The Action for Dental Health Act will reauthorize State oral health workforce improvement programs. These programs seek to enhance dental workforce planning and development through the support of innovative programs that meet the individual needs of each funded State.

I hope my colleagues will join me in this effort to strengthen and expand access to oral healthcare. I encourage all of my colleagues to vote "yes" on H.R. 3843, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 3 minutes to the gentleman from Idaho (Mr. SIMPSON), a dentist who is a Member of the House, chairman of the subcommittee on the Appropriations Committee, and my good friend.

Mr. SIMPSON. Mr. Speaker, I thank the gentleman from Kentucky for yielding, and I thank both the gentleman from Kentucky and the gentlewoman from Washington for bringing this bill to the floor.

Mr. Speaker, I rise today in support of H.R. 3843, the bipartisan reauthorization of the Action for Dental Health Act of 2023.

First, I thank my colleague from Illinois, Congresswoman ROBIN KELLY, for her continued leadership on this issue. I was proud to partner with her in 2018 when the Action for Dental Health Act first passed, and I am pleased to see the House of Representatives working again in a bipartisan fashion to consider the reauthorization of the Action for Dental Health Act.

Since its implementation, the Action for Dental Health Act has improved dental care in communities across the United States, strengthened the dental safety net, and brought disease prevention and education into underserved communities.

This reauthorization is an essential step in continuing to address barriers to oral healthcare services that still exist, like tackling the oral health workforce issues and reducing the number of adults and children living with untreated dental disease.

As a former dentist in Blackfoot, Idaho, I know that the more we can provide patients with an early diagnosis, the better off our patients and our oral healthcare system will be.

As co-chair of the Congressional Oral Health Caucus, I am proud to, once again, join Congresswoman KELLY in this effort, and I encourage my colleagues to vote "yes" on this critical reauthorization so we can continue the work to decrease dental health disparities in communities where better access to care is most needed.

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

Ms. KELLY of Illinois. Mr. Speaker, I thank you for considering the Action for Dental Health Act that I am proud to co-lead with Representative MIKE SIMPSON.

The Action for Dental Health Act was the first bill I passed when I ar-

rived in Congress, and I am honored to see the continuing support for this important piece of legislation.

Oral healthcare is a critical part of our overall health, and preventive dental care can reduce costs for families and helps so many people live better lives.

Oral disease is a common risk factor with chronic diseases, such as cardiovascular diseases and diabetes. Oral health affects our ability to eat, speak, and show emotions. It plays a crucial role in shaping an individual's self-esteem, academic performance, and attendance at work or school.

Furthermore, many studies have shown a connection between poor oral health and increased mortality risk, showing that preventative oral healthcare not only enhances quality of life but also plays a pivotal role in promoting longevity and reducing mortality risk.

Additionally, oral health is an important part of perinatal health. Reducing bacteria in a woman's mouth during pregnancy can significantly reduce her risk of developing oral diseases and spreading decay-causing bacteria to her baby. Moreover, some evidence suggests that women with periodontal disease during pregnancy could be at greater risk for poor birth outcomes, such as preeclampsia, preterm birth, and low birthweight.

Regular preventive dental care is essential for good oral health, so one can find problems earlier when they are easier to treat and have better outcomes. Unfortunately, many don't get the care they need. More people are unable to afford dental care than other types of healthcare. Vulnerable populations, including children, low-income communities, minorities, and the elderly are particularly susceptible to experiencing limited access to dental care, leading to poorer oral health outcomes.

We must address the barriers to oral healthcare services. By prioritizing early diagnosis, intervention, and preventive dental treatments, we can significantly improve the well-being of patients and alleviate strain on our healthcare system.

I am proud the Energy and Commerce Health Subcommittee, as well as the full committee, has recognized the urgent need to address this pressing challenge for so many Americans.

The Action for Dental Health Act passed the Health Subcommittee and the full Energy and Commerce Committee with unanimous, bipartisan support.

Mr. Speaker, I encourage my colleagues to support this bill.

Mr. GUTHRIE. Mr. Speaker, I have no further speakers, and I reserve the balance of my time.

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

Mr. Speaker, I speak now as a pediatrician. In addition to limiting children's consumption of sweet drinks and frequent snacking on carbohydrates, to

providing fluoride for all of our patients, we absolutely need to expand the oral healthcare workforce to provide dental care for our patients.

I encourage my colleagues to vote "yes" on H.R. 3843, and I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, in closing, this is an important piece of legislation. I thank my friends for bringing this forward. I urge my colleagues to support H.R. 3843, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 3843.

The question was taken.

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

Mr. GUTHRIE. 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.

ASSESSMENT OF TRANS-ATLANTIC SUBMARINE FIBER OPTIC CABLE

Mr. LATTA. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3385) to direct the Assistant Secretary of Commerce for Communications and Information to submit to Congress a report containing an assessment of the value, cost, and feasibility of developing a trans-Atlantic submarine fiber optic cable connecting the contiguous United States, the United States Virgin Islands, Ghana, and Nigeria, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3385

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. ASSESSMENT OF TRANS-ATLANTIC SUBMARINE FIBER OPTIC CABLE.

(a) *REPORT.*—Not later than 1 year after the date of the enactment of this Act, the Secretary, in consultation with the heads of other Federal departments and agencies as necessary, shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Commerce, Science, and Transportation of the Senate a report containing an assessment of the value, cost, and feasibility of a trans-Atlantic submarine fiber optic cable connecting the contiguous United States, the United States Virgin Islands, Ghana, and Nigeria, to enhance the national security of the United States.

(b) *ELEMENTS.*—The report required by subsection (a) shall include an assessment of—

(1) the digital security, national security, and economic opportunities associated with a trans-Atlantic submarine fiber optic cable described in subsection (a);

(2) the lifespan of submarine fiber optic cables currently connecting the United States Virgin Islands to the contiguous United States;

(3) the current security of telecommunications between the contiguous United States and the United States Virgin Islands;

(4) the readiness of telecommunications infrastructure in the United States Virgin Islands to