

Lovell cared for Marquette's students, past and present.

Marquette University may not be in Illinois, but it is significant to me. My son is a proud Marquette graduate, as are many of my incredible staff members in Washington, DC, and across Illinois. And it was President Lovell's innovative and empathetic leadership that helped make Marquette so special for so many. In the words of Milwaukee Bucks Head Coach Doc Rivers, who played for Marquette in the 1980s, President Lovell was a "gentle giant." I join my staff, my son, and the whole Marquette community in mourning the loss of President Lovell.

While Dr. Lovell's legacy will live on in all the lives he touched, it does not make this loss any easier. He was deeply kind, an exceptional listener, and unyieldingly optimistic in the face of a formidable diagnosis. President Lovell lived the last years of his life to the fullest. And, in part, it was his deep religious convictions that allowed him to remain strong during such trying health challenges. I admire his faith and resilience.

Loretta and I join his wife Amy and his four children—Marissa, Matt, Anna, and Kevin—in grieving this tremendous loss. We send our love to all of you. Though he has passed, Dr. Lovell's embodiment of *cura personalis* carries on—and we are all better for it.

TRIBUTE TO THE KENTUCKY BOURBON TRAIL

Mr. McCONNELL. Madam President, it was roughly two centuries ago that Kentucky's early settlers first began converting corn and grain into the rich, amber liquor we now know as bourbon. Originating from the heart of the Bluegrass State, America's only native spirit has since achieved worldwide recognition and secured Kentucky's foremost place as the world capital of bourbon whiskey.

Today, visitors from all 50 States and 26 countries have traveled to the Commonwealth to enjoy this corn-based, barrel-aged spirit along the famous Kentucky Bourbon Trail. Founded in 1999, the Kentucky Bourbon Trail connects distilleries all over the Commonwealth for natives and visitors alike to responsibly enjoy our State's signature spirit. What started as only seven distilleries has grown into an international destination. Today, the Kentucky Bourbon Trail encompasses 46 distilleries offering everything from behind-the-scenes tours to unique experiences that celebrate Kentucky's rich history in bourbon production.

The Kentucky Bourbon Trail originated as a gathering place for bourbon enthusiasts to celebrate the tradition and time-honored craft behind this liquor in its birthplace. However, today the trail continues to enrich and give back to Kentucky as a vital part of our State's tourism economy. Since its inception in 1999, bourbon production in Kentucky has surged by 493 percent

and, within that time, became the largest export among all distilled spirits in the United States. Other areas within our economy have also experienced unprecedented growth—new hotels, tourism companies, and other local attractions have all cropped up along the trail's many destinations.

This year, the Kentucky Bourbon Trail celebrates 25 years since its founding. I want to thank all those involved for their stewardship of Kentucky's heritage and their work to build our State's vibrant bourbon industry. As this Kentucky landmark celebrates its silver jubilee, I would like to extend my best wishes to its dedicated team and all the hard-working Kentuckians who have contributed to the enduring popularity and legacy of bourbon whiskey.

ARMS SALES NOTIFICATIONS

Mr. CARDIN. Madam President, section 36(b) of the Arms Export Control Act requires that Congress receive prior notification of certain proposed arms sales as defined by that statute. Upon such notification, the Congress has 30 calendar days during which the sale may be reviewed. The provision stipulates that, in the Senate, the notification of proposed sales shall be sent to the chairman of the Senate Foreign Relations Committee.

In keeping with the committee's intention to see that relevant information is still available to the full Senate, I ask unanimous consent to have printed in the RECORD the notifications that have been received. If the cover letter references a classified annex, then such an annex is available to all Senators in the office of the Foreign Relations Committee, room SD-423.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

DEFENSE SECURITY
COOPERATION AGENCY,
Washington, DC.

Hon. BENJAMIN L. CARDIN,
Chairman, Committee on Foreign Relations,
U.S. Senate, Washington, DC.

DEAR MR CHAIRMAN: Pursuant to the reporting requirements of Section 36(b)(1) of the Arms Export Control Act, as amended, we are forwarding herewith Transmittal No. 24-49, concerning the Air Force's proposed Letter(s) of Offer and Acceptance to the Government of Norway for defense articles and services estimated to cost \$1.94 billion. We will issue a news release to notify the public of this proposed sale upon delivery of this letter to your office.

Sincerely,

MIKE MILLER

(For James A. Hursch, Director).

Enclosures.

TRANSMITTAL NO. 24-49

Notice of Proposed Issuance of Letter of Offer Pursuant to Section 36(b)(1) of the Arms Export Control Act, as amended

(i) Prospective Purchaser: Government of Norway.

(ii) Total Estimated Value:
Major Defense Equipment * \$0.92 billion.
Other \$1.02 billion.
Total \$1.94 billion.

(iii) Major Defense Equipment (MDE):

Three hundred (300) AIM-120C-8 Advanced Medium-Range Air-to-Air Missiles (AMRAAM).

Twenty (20) AIM-120C-8 AMRAAM guidance sections.

Non-MDE: Also included are AMRAAM containers and support equipment; spare parts, consumables, accessories, and repair and return support; weapons software, support equipment, and classified software delivery and support; transportation support; classified publications and technical documentation; training; studies and surveys; U.S. Government and contractor engineering; technical and logistics support services; and other related elements of logistics and program support.

(iv) Military Department: Air Force (NO-D-YAH).

(v) Prior Related Cases, if any: NO-D-YAE.

(vi) Sales Commission, Fee, etc., Paid, Offered, or Agreed to be Paid: None known at this time.

(vii) Sensitivity of Technology Contained in the Defense Article or Defense Services Proposed to be Sold: See Attached Annex.

(viii) Date Report Delivered to Congress: June 11, 2024.

* As defined in Section 47(6) of the Arms Export Control Act.

POLICY JUSTIFICATION

Norway—AIM-120C-8 Advanced Medium-Range Air-to-Air Missiles

The Government of Norway has requested to buy three hundred (300) AIM-120C-8 Advanced Medium-Range Air-to-Air Missiles (AMRAAM) and twenty (20) AIM-120C-8 AMRAAM guidance sections. Also included are AMRAAM containers and support equipment; spare parts, consumables, accessories, and repair and return support; weapons software, support equipment, and classified software delivery and support; transportation support; classified publications and technical documentation; training; studies and surveys; U.S. Government and contractor engineering; technical and logistics support services; and other related elements of logistics and program support. The estimated total cost is \$1.94 billion.

This proposed sale will support the foreign policy goals and national security objectives of the United States by improving the security of a North Atlantic Treaty Organization (NATO) Ally that is a force for political stability and economic progress in Europe.

The proposed sale will improve Norway's capability to meet current and future threats by supplementing and replacing its AIM-120B AMRAAMs with the latest version of the AIM-120C. Norway already has AMRAAMs and F-35As in its inventory and will have no difficulty absorbing these articles into its armed forces. The newly acquired missiles will be used for ground-based air defense in the National Advanced Surface-to-Air Missile System (NASAMS) but may be subject to dual use with the F-35A.

The proposed sale of this equipment and support will not alter the basic military balance in the region.

The principal contractor will be RTX Corporation, located in Tucson, AZ. The purchaser typically requests offsets. Any offset agreement will be defined in negotiations between the purchaser and the contractor.

Implementation of this proposed sale will not require the assignment of any additional U.S. Government or contractor representatives to Norway.

There will be no adverse impact on U.S. defense readiness as a result of this proposed sale.

TRANSMITTAL NO 24-49

Notice of Proposed Issuance of Letter of Offer Pursuant to Section 36(b)(1) of the Arms Export Control Act
Annex Item No. vii

(vii) Sensitivity of Technology:

1. The AIM-120C-8 Advanced Medium-Range Air-to-Air Missile (AMRAAM) is a supersonic, air or surface-launched aerial intercept guided missile featuring digital technology and microminiature solid-state electronics. AMRAAM capabilities include look-down and shoot-down, multiple launches against multiple targets, resistance to electronic countermeasures, and interception of high and low-flying and maneuvering targets. This potential sale will include AMRAAM guidance sections, control sections, warhead spares, and containers.

2. The highest level of classification of defense articles, components, and services included in this potential sale is SECRET.

3. If a technologically advanced adversary were to obtain knowledge of the specific hardware and software elements, the information could be used to develop countermeasures that might reduce weapon system effectiveness or be used in the development of a system with similar or advanced capabilities.

4. A determination has been made that Norway can provide substantially the same degree of protection for the sensitive technology being released as the U.S. Government. This proposed sale is necessary in furtherance of the U.S. foreign policy and national security objectives outlined in the Policy Justification.

5. All defense articles and services listed in this transmittal have been authorized for release and export to the Government of Norway.

NATIONAL ORAL HEALTH MONTH

Mr. CARDIN. Madam President, I rise today to recognize June as National Oral Health Month. This month provides us an opportunity to reflect on the significant role oral health plays in overall health and to recommit our efforts to ensure that Americans have access to quality oral health care.

While oral diseases alone contribute to negative outcomes, there are proven relationships between poor oral health and other medical conditions like cardiovascular diseases, diabetes, cancers, pneumonia, premature birth, and infectious diseases. The World Health Organization estimates economic productivity losses from oral diseases at \$323 billion in 2022.

Oral disease affects Americans of all ages. For children, dental cavities remain one of the most common chronic diseases. About one in four preschool children experienced caries in primary teeth and at least one in six children aged 6 to 11 years experienced dental cavities in permanent teeth. According to the CDC, 34 million school hours are lost each year—on average—because of emergency dental care.

In Maryland, like many other States, we have witnessed firsthand the consequences of neglecting the oral health of young people. Deamonte Driver, a 12-year-old Prince George's County resident, tragically died in 2007 due to a lack of comprehensive dental services. Deamonte's death was particularly heartbreaking because it was entirely preventable. What started out as a toothache turned into a severe brain infection that could have been pre-

vented by an \$80 extraction. After multiple surgeries and a lengthy hospital stay, sadly, Deamonte passed away.

We must ensure everyone has timely, affordable access to oral health care.

In recent years, dentists nationwide have seen a significant decrease in operating room access for dental procedures. This problem has primarily impacted children and adults with disabilities who are in need of urgent dental care and cannot access it in an office-based setting, necessitating care in an operating room. Earlier this Congress, Senator BLACKBURN and I sent a letter to the Centers for Medicare and Medicaid Services urging them to include the recently established code for dental surgical services in the 2024 Medicare Hospital Outpatient Prospective Payment System. I am glad to say that the code was included in CMS's final rule to expand access to these critical procedures and shorten the waitlists to receive care under general anesthesia in operating rooms.

I am proud to say that we have since made significant progress in improving access to pediatric dental care in our country and in Maryland. In 2009, Congress reauthorized the Children's Health Insurance Program—CHIP—with an important addition: a guaranteed pediatric dental benefit. Research shows that CHIP generally offers more comprehensive benefits at a much lower cost to families than private coverage. Additionally, the Affordable Care Act—ACA—has significantly improved access to affordable dental care for millions of Americans by requiring most insurers to cover essential health benefits.

Providing dental coverage for adults also improves outcomes for their children. A 2021 study found that Medicaid adult dental coverage was associated with a reduction in the prevalence of untreated tooth decay among children after parents had access to coverage for at least 1 year. The study found that all children saw improvements in oral health, and non-Hispanic Black children experienced larger and more persistent improvements than non-Hispanic White children. A Medicaid dental benefit for adults would enhance the progress for children and provide much needed dental care and improve oral health outcomes for adults, showing the interconnectedness in outcomes for all ages.

Earlier this Congress, I introduced the Medicare Dental Benefit Act. This legislation would require Medicare coverage to include dental and oral health services, such as routine diagnostic and preventive services, basic and major dental services, and emergency care. By including these services in Medicare, more than 65 million seniors and people with disabilities would have access to affordable dental care.

I have also worked with Senator STABENOW to introduce the Medicaid Dental Benefit Act. This bill would extend comprehensive dental health benefits to tens of millions of low-income

Americans on Medicaid. The legislation would provide States with a 100 percent Federal match for the dental benefit for 3 years. This investment of Federal funds would support States to set up or improve their dental benefit and assist in provider education and outreach efforts to better connect enrollees to oral health care.

Last year, I held a hearing in the Senate Finance Health Care Subcommittee to focus on these issues. The hearing highlighted disparities in access to oral health care, which have persisted and have serious consequences for children, adults, families, and communities. I was proud to have Dr. Warren Brill, a distinguished pediatric dentist from Maryland who has long provided care to low-income children serve as a witness. Dr. Brill was able to provide valuable insights for our conversation and gave Senators an on-the-ground perspective of someone doing this important work.

It is also important that we support research focused on empowering dentists and advancing oral health for all. I am proud to have the National Institute of Dental and Craniofacial Research, one of the National Institutes of Health, in Maryland and I was glad to pass a resolution this Congress to recognize their 75th anniversary and highlight the important work they do.

While we will continue to work on combating oral disease in Maryland and the United States, we must also realize that it is a global challenge that requires cooperation from partners around the world to address effectively.

Oral diseases, such as tooth decay and gum disease, are globally the most common health conditions, impacting over 3.5 billion people as of 2019. Despite the widespread nature of oral diseases, many go untreated as health systems around the world are often not properly equipped to deliver appropriate oral health care.

In light of these concerning figures, I am glad to see that the World Health Organization, FDI World Dental Federation, and National Institutes of Health have all issued landmark oral health reports in 2021 and 2022 as well as the World Health Assembly having adopted a global strategy on oral health in 2022. Our coordinated efforts with global partners are essential to overcoming this widespread issue.

It is important that we reiterate that oral health is a crucial part of overall health and accessing care should not be a luxury reserved for the most privileged. Ensuring affordable, quality care not only helps to combat widespread issues like dental caries and gum disease, but also can work to the significant health disparities that exist in America. As we recognize the progress we have made on this issue, we must recommit to expanding access to oral health services, reducing disparities and emphasizing a preventative approach. I urge my colleagues to join me in this effort.