Each year, thousands of Americans are diagnosed with conditions that could require stem cell transplants, such as leukemia, lymphoma, sickle cell anemia, and other immune system disorders. Some patients have a fully matched relative who can serve as a donor, but most patients require a search for an unrelated donor. This transplantation program helps identify, match, and facilitate the distribution of stem cells and cord blood from unrelated donors.

The National Cord Blood Inventory program maintains a robust inventory of high-quality cord blood units that can be used for research or transplantation.

Mr. Speaker, I am pleased we are considering this bill to extend these programs. I encourage all my colleagues to vote ''yes'' on H.R. 5160, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 5 minutes to gentleman from New Jersey (Mr. SMITH), my good friend.

Mr. SMITH of New Jersey. Mr. Speaker, each year over 3.6 million babies are born in the United States. In the past, virtually every placenta and umbilical cord was tossed as medical waste. Today, doctors have turned this medical waste into medical miracles.

Not only has God, in his infinite wisdom and goodness, created a placenta and an umbilical cord to nurture and protect the precious life of an unborn child, but now we know another gift awaits immediately after birth. Something very special is left behind: umbilical cord blood that is teeming with life-saving stem cells.

Mr. Speaker, today the House will vote to reauthorize the Stem Cell Therapeutic and Research Act of 2005, a law that I authored 21 years ago.

That law created a new nationwide umbilical cord blood stem cell program designed to collect, type, and cryogenically freeze cord blood units for transplantation into patients to mitigate and cure serious disease. The law also provided that cord blood stem cells be used for research. The new cord blood program was combined with an expanded bone marrow initiative, crafted over several years by our distinguished former colleague, Congressman Bill Young.

Mr. Speaker, umbilical cord blood stem cells obtained after the birth of a child have proven to be highly efficacious in treating over 75 diseases, including lymphoma, leukemia, sickle cell disease, and other metabolic and immune deficiencies.

I thank Dr. Joanne Kurtzberg of Duke University, an internationally renowned expert in pediatric hematology, oncology, and umbilical cord blood banking and transplantation. Dr. Kurtzberg helped draft our original law 26 years ago. It took 5 long years to enact it into law. It was blocked at many turns, but she was right there from the beginning and continues to be an extraordinary pioneer in the field.

Earlier today, I called Dr. Kurtzberg—we do talk a lot—and she said cord blood has been used as a donor for transplant, enabling over 50,000 patients with cancer, blood disease, and other genetic conditions to have a life-saving treatment. Cord blood is also used as starting material for manufacturing immune effector cells, like CAR T cells, and others to treat patients with cancer and autoimmune diseases. She said there is exciting research now using cord blood to treat children with cerebral palsy, birth asphyxia, and autism.

Mr. Speaker, the National Cord Blood Inventory—created by the original law and continued in this reauthorization—provides funding to public cord blood banks participating in the program to allow them to expand the national inventory of cord blood units that are available for transplant. These units are then listed on the registry by the National Marrow Donor Program. The funds appropriated thus far have led to an important increase in the use of these units. The registry now has approximately 121,000 available units.

The program registry allows patients and physicians to locate matching cord blood units, as well as adult donors, for both marrow and peripheral blood stem cell transplants.

Mr. Speaker, the program registry allows patients and physicians to locate matching cord blood units, as well as adult a donors, for marrow and peripheral blood stem cells. The program is the world's largest, most diverse donor registry, with more than 43 million potential marrow donors around the world. To date, NMDP, through its operation of the program, has facilitated over 150,000 transplants.

The bill before us today, Mr. Speaker, authorizes $280 million for these programs over 5 years—$115 million for cord blood, $165 million for bone marrow programs—to ensure that thousands of present and future patients benefit from this extraordinary field of regenerative medicine.

Mr. Speaker, I am deeply grateful to Chairman GUTHRIE for his amazing support and leadership in advancing the bill. I want to thank others, including my friend FRANK PALLONE; DORIS MATSUI, who is the prime Democrat cosponsor; Mr. BILIRAKIS, one of the originals and a great supporter; Ms. PINGREE; Ms. TENNEY; Mr. MFUME; and others. We have others, but they were the originals.

I also want to thank some of my staff, including Rebecca West, Evan Heitman, John McDonough, who worked overtime—as you know, so many details to be attended to—and, of course, the Staff Director Megan Jackson; Emma Schultheis; and Jackie Weinrich, who worked on the Democrat side in helping to get this to the floor. I thank them all so much.

Mr. Speaker, this will save lives, and I urge support for it.

Mr. GUTHRIE. Mr. Speaker, I yield such much time as he may consume to the gentleman from Florida (Mr. BILIRAKIS), a very important member of our committee and chairman of the Commerce, Manufacturing, and Trade Subcommittee.

Mr. BILIRAKIS. Mr. Speaker, I thank the chairman for yielding.

I rise today in strong support of the Stem Cell Therapeutic and Research Reauthorization Act, bipartisan legislation that will save lives by ensuring continued access to stem cell, bone marrow, and cord blood transplants for patients across our Nation.

Every year, thousands of Americans battling leukemia, lymphoma, sickle cell disease, and other blood disorders rely on the C.W. Bill Young program to help find a compatible donor. For many patients, that match is their only chance at survival, Mr. Speaker.

This legislation reauthorizes the program, modernizes the National Cord Blood Inventory, and strengthens our Nation's transplant system to help ensure patients continue to have access to these lifesaving transplants.

I am grateful to my colleagues on both sides of the aisle for working together to advance this important piece of legislation. Mr. Speaker, Representative SMITH of New Jersey has done an outstanding job over the years. He has done a great job leading this particular bill. He works on bills, Mr. Speaker, that positively directly affect our constituents. We appreciate him and the great chairman and, of course, Ranking Member PALLONE.

I urge my colleagues to pass this good piece of legislation.

Mr. GUTHRIE. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge support for this bill. It is not only bipartisan, it is very important.

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

□ 1520

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

Mr. Speaker, in closing, I encourage a ''yes'' vote on the bill, 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. 5160, 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.

ACCELERATING ACCESS TO DEMENTIA AND ALZHEIMER'S PROVIDER TRAINING ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3747) to amend the Public Health Service Act to reauthorize the Project ECHO Grant Program, to establish grants under such program to disseminate knowledge and build capacity to address Alzheimer's disease and other dementias, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3747

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 ''Accelerating Access to Dementia and Alzheimer's Provider Training Act'' or the ''AADAPT Act''.

SEC. 2. EXPANDING CAPACITY FOR HEALTH OUTCOMES.

(a) IN GENERAL.—Section 330N of the Public Health Service Act (42 U.S.C. 254c–20) is amended—

(1) in subsection (a)(1), by striking ''entities'' and inserting ''entities, including a public or nonprofit private entity,''; and

(2) in subsection (b), by inserting ''dementia care,'' after ''palliative care,''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 330N(k) of the Public Health Service Act (42 U.S.C. 254c–20(k)) is amended by striking ''fiscal years 2022 through 2026'' and inserting ''fiscal years 2027 through 2031''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from New Jersey (Mr. PALLONE) 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 to revise and extend their remarks on the legislation and to include extraneous material on H.R. 3747.

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 today in strong support of H.R. 3747, led by my colleagues Representatives BALDERSON and BARRAGÁN, which would reauthorize the technology-enabled collaborative learning program.

The technology-enabled collaborative learning program health education model connects healthcare professionals through interactive videoconferencing, which helps meet people where they are by promoting access to specialty care for people who otherwise may not be able to access it because of where they live.

This is a valuable tool for clinicians to both continue learning and improve existing knowledge of best practices to support and care for patients in their communities. This is particularly effective for patients in rural communities, and I represent many.

Mr. Speaker, I am proud to support this legislation. I encourage my colleagues to support this bill, and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of H.R. 3747, the AADAPT Act.

This bill reauthorizes Project ECHO, or the Expanding Capacity for Health Outcomes grant program at the Health Resources and Services Administration. This program uses videoconferencing technology to train, advise, and support clinicians to improve access to specialty treatment in rural and underserved areas.

By connecting primary care providers in rural areas with specialists in academic medical centers or other specialized settings, these providers receive the support they need to manage complex patient conditions, and rural patients are more likely to receive the care that they need closer to home.

Mr. Speaker, I encourage all of my colleagues to vote ''yes'' on H.R. 3747, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. BALDERSON), my good friend and very important member of the Energy and Commerce Committee.

Mr. BALDERSON. Mr. Speaker, I rise today in support of H.R. 3747, the AADAPT Act.

Alzheimer's disease is one of the most significant public health challenges facing our country today. More than 7 million Americans, including over 236,000 Ohioans, are living with this devastating disease, and those numbers continue to grow.

The sooner we can identify Alzheimer's and other dementias, the sooner patients and families can begin treatment, plan for the future, and access the care and support they need.

For many families, especially in rural and underserved communities, a primary care provider is the first, and often only, healthcare professional they see when memory loss or cognitive decline begins.

The AADAPT Act strengthens and reauthorizes the Project ECHO program, giving those providers access to specialized training and mentoring so they can recognize the signs of a potential condition and deliver better care earlier and closer to home.

Mr. Speaker, I urge my colleagues to support this bill, which is a practical, bipartisan solution that strengthens our healthcare workforce and improves access to quality care for patients and families.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. TONKO), who is the ranking member of our Environment Subcommittee.

Mr. TONKO. Mr. Speaker, I thank the gentleman from New Jersey for yielding.

Mr. Speaker, I rise in strong support of the AADAPT Act, legislation I am proud to be co-leading along with my good friends and colleagues Representatives TROY BALDERSON, NANETTE BARRAGÁN, and DARIN LAHOOD.

Alzheimer's is a devastating disease that impacts nearly 427,000 individuals in New York State alone. I would imagine that everyone in this room has been impacted in some form by Alzheimer's at some point. It is, first and foremost, a human crisis, but it is also a Federal budget crisis.

That is why I have been proud to be a champion of Alzheimer's-related issues during my time in Congress and why I feel so strongly about advancing the AADAPT Act today.

The AADAPT Act represents an investment in our provider workforce as we enter a new era of dementia care, with emerging tools like blood-based biomarker tests making earlier, more accessible diagnosis possible and increasingly shifting diagnosis into primary care.

This legislation is designed to close the gaps in dementia training by ensuring providers are prepared to responsibly adopt and apply these innovations in everyday practice.

One proven way to address this issue is with the Project ECHO training model. In my district, in the capital regional of New York, health systems like St. Peter's Health Partners in Albany County are already using the ECHO model and working to improve dementia care.

Mr. Speaker, I am indeed proud to have worked on the AADAPT Act and urge all of my colleagues to support this commonsense legislation that addresses advancements in this field of dementia care.

Mr. GUTHRIE. Mr. Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. LAHOOD), a member of the Ways and Means Committee.

Mr. LAHOOD. Mr. Speaker, I thank Chairman GUTHRIE and everyone involved with this piece of legislation for their leadership, and I rise today in strong support of H.R. 3747, the AADAPT Act. I am proud to co-lead alongside Representative BALDERSON, Representative BARRAGÁN, and Representative TONKO.

Alzheimer's disease is a growing public health crisis that is sadly projected to affect nearly 14 million Americans by 2050. Yet, today, Alzheimer's and related dementias go undetected in the primary care setting roughly half of the time.

With a rapidly aging population, we must ensure that primary care providers have the training and resources they need to recognize early signs of cognitive decline and connect patients and families with the appropriate care and support.

The AADAPT Act is about making sure expertise reaches every provider community. It helps detect, diagnose, and manage Alzheimer's earlier and more effectively, especially in rural and underserved areas where access to dementia specialists can be very limited.

Earlier diagnoses have never be more important than now. As new diagnostic tools and treatment options continue to emerge, helping providers identify patients sooner can improve care planning and give patients greater support when early intervention is most impactful.

This legislation is a critical step toward closing the diagnosis gap and reducing care disparities in rural communities. Let's give providers the resources they need by utilizing these

impactful virtual education programs that help reach vulnerable patients.

Mr. Speaker, I am proud to co-lead this legislation, and I urge my colleagues to support this bill.

Mr. PALLONE. Mr. Speaker, I urge my colleagues to support this legislation, which is bipartisan. I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I encourage a ''yes'' vote on the bill, 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. 3747, 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.

□ 1530

ACTION FOR DENTAL HEALTH ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2001) to amend the Public Health Service Act to reauthorize a grant program for addressing dental workforce needs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2001

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''.

SEC. 2. ACTION FOR DENTAL HEALTH.

Section 340G(f) of the Public Health Service Act (42 U.S.C. 256g(f)) is amended by striking ''$13,903,000 for each of fiscal years 2019 through 2023'' and inserting ''$15,000,000 for each of fiscal years 2026 through 2030, to remain available until expended''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from New Jersey (Mr. PALLONE) 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 to revise and extend their remarks on the legislation and to include extraneous material on H.R. 2001.

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 strong support of H.R. 2001 led by my colleagues Representative KELLY and Representative SIMPSON, which reauthorizes a grant program that helps States develop and implement programs to address the need for dental professionals in areas facing a workforce shortage.

Oral health is foundational to a person's overall health, as poor oral health may cause issues with daily tasks, like eating, and negatively impacts a person's ability to take part in school or work.

This legislation is a bipartisan effort to help improve the oral health of all Americans by ensuring that communities across the Nation have access to strong oral health programs despite dental workforce shortages.

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

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

Mr. Speaker, I rise in support of H.R. 2001, the Action for Dental Health Act, led by Representative KELLY.

Access to oral healthcare is critical to ensuring a person's health and well-being. Too often, however, oral health 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. We need to expand access to oral healthcare, including strengthening the oral healthcare workforce.

The Action for Dental Health Act reauthorizes 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.

Mr. Speaker, I encourage all of my colleagues to vote ''yes'' on H.R. 2001, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 5 minutes to the gentleman from Idaho (Mr. SIMPSON), my good friend, who is a member of the Committee on Appropriations, and also a dentist, so he knows this issue well.

Mr. SIMPSON. Mr. Speaker, I thank the gentleman from Kentucky for yielding.

Mr. Speaker, I rise today in support of H.R. 2001, the Action for Dental Health Act.

This bill reauthorizes grants to State and local organizations to address dental workforce needs and improve access to care for patients.

Administered by the Health Resources and Services Administration, or HRSA, these grants play a vital role in supporting programs that provide oral healthcare to vulnerable and underserved populations, especially children, seniors, and those living in rural areas.

Since it was first implemented, the Action for Dental Health Act has delivered meaningful results. It has enhanced dental services for hardworking American families, strengthened the dental safety net, and brought disease prevention and education programs directly into communities that have been overlooked for far too long.

It has also increased awareness of the importance of oral health to overall health. This is why this reauthorization is so critical.

Congress still has a lot more work to do, especially with dental workforce shortages and the alarming number of adults and children suffering from untreated dental diseases.

According to the American Dental Association, 9 out of 10 dentists report difficulties in recruiting dental hygienists and assistants, a challenge that is particularly difficult in rural areas. As a result, many dental practices are overwhelmed by trying to see their patients in a timely manner.

As a former dentist in my hometown of Blackfoot, Idaho, I have seen firsthand the value of good oral health and the consequences of neglect. For people who don't have access to dental care, oral health disease is almost 100 percent inevitable. In fact, it is the most common chronic disease affecting children in the United States.

The more dentists can provide patients with an early diagnosis, the better off these patients and our healthcare system will be.

As co-chair of the Congressional Oral Health Caucus, I am in a fortunate position to have the ability to impact the oral health initiatives that deserve to be prioritized.

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

Mr. Speaker, I look forward to getting this important bill across the finish line and sent to the President's desk, and I urge my colleagues to support this bill.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Illinois (Ms. KELLY), a member of our committee, who has for a long time championed the healthcare concerns of low-income and underserved people.

Ms. KELLY of Illinois. Mr. Speaker, I am pleased today to speak on my bipartisan bill, H.R. 2001, the Action for Dental Health Act, to reauthorize vital oral health workforce grants through 2030.

Even though it is entirely preventable, tooth decay remains the most prevalent chronic disease among children and adults in this country. Right now, millions of Americans live in communities with a severe shortage of dental health professionals.

This means that kids are forced to grow up with untreated tooth decay, impacting their ability to eat, play, and learn.

It means that adults are skipping care until a simple cavity becomes an infection and an infection becomes an emergency room visit.