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.

It means that seniors are forced to live with toothlessness or chronic dental pain with potentially life-threatening consequences.

Dental health is often an indication of overall health, which is why we must address the barriers to these services and ensure that everyone has access to reliable care. The more we can address early diagnosis, intervention, and preventative dental treatments, the better off our patients and our healthcare system will be.

The Action for Dental Health Act reauthorizes vital funds to grow the oral health workforce, support oral health education, and establish dental homes. Passing this bill is a major step forward. By supporting local organizations and strengthening existing resources, we will expand oral healthcare in underserved communities, reducing dental disease and preventing costly emergency room visits.

I thank my colleague Congressman MIKE SIMPSON of Idaho for his work on this bill. As one of a handful of dentists in Congress, I thank him for his expertise and partnership on such an important effort. I have been proud to work with my colleagues on oral health issues since 2013. I am glad to see bipartisan support on such a critical issue.

Mr. Speaker, let's act now to ensure every American in need has access to quality dental health services.

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

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

Mr. Speaker, I urge support for this bipartisan bill. Obviously, dental care is so important.

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

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

Mr. Speaker, I agree with my friend from New Jersey. Dental care is important.

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. 2001, 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.

PROGRAMS TO PREVENT, DETECT, AND TREAT TRAUMATIC BRAIN INJURIES

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1493) to reauthorize and make improvements to Federal programs relating to the prevention, detection, and treatment of traumatic brain injuries, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1493

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

SECTION 1. PROGRAMS TO PREVENT, DETECT, AND TREAT TRAUMATIC BRAIN INJURIES.

(a) THE BILL PASCRELL, JR., NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY SURVEILLANCE AND REGISTRIES.—

(1) PREVENTION OF TRAUMATIC BRAIN INJURY.—Section 393B of the Public Health Service Act (42 U.S.C. 280b–1c) is amended—

(A) in subsection (a), by inserting ''and prevalence'' after ''incidence'';

(B) in subsection (b)—

(i) in paragraph (1), by inserting ''and reduction of associated injuries and fatalities'' before the semicolon;

(ii) in paragraph (2), by inserting ''and related risk factors'' before the semicolon; and

(iii) in paragraph (3)—

(I) in the matter preceding subparagraph (A), by striking ''2020'' each place it appears and inserting ''2030''; and

(II) in subparagraph (A)—

(aa) in clause (i), by striking ''; and'' and inserting ''of traumatic brain injury;'';

(bb) by redesignating clause (ii) as clause (iv);

(cc) by inserting after clause (i) the following:

''(ii) populations at higher risk of traumatic brain injury, including populations whose increased risk is due to occupational or circumstantial factors;

''(iii) causes of, and risk factors for, traumatic brain injury; and''; and

(dd) in clause (iv), as so redesignated, by striking ''arising from traumatic brain injury'' and inserting '', which may include related mental health and other conditions, arising from traumatic brain injury, including''; and

(C) in subsection (c), by inserting '', and other relevant Federal departments and agencies'' before the period at the end.

(2) NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY SURVEILLANCE AND REGISTRIES.—Section 393C of the Public Health Service Act (42 U.S.C. 280b–1d) is amended—

(A) by amending the section heading to read as follows: ''**THE BILL PASCRELL, JR., NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY SURVEILLANCE AND REGISTRIES**'';

(B) in subsection (a)—

(i) in the matter preceding paragraph (1), by inserting ''to identify populations that may be at higher risk for traumatic brain injuries, to collect data on the causes of, and risk factors for, traumatic brain injuries,'' after ''related disability,'';

(ii) in paragraph (1), by inserting '', including the occupation of the individual, when relevant to the circumstances surrounding the injury'' before the semicolon; and

(iii) in paragraph (4), by inserting ''short- and long-term'' before ''outcomes'';

(C) by striking subsection (b);

(D) by redesignating subsection (c) as subsection (b);

(E) in subsection (b), as so redesignated, by inserting ''and evidence-based practices to identify and address concussion'' before the period at the end; and

(F) by adding at the end the following:

''(c) AVAILABILITY OF INFORMATION.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall make publicly available aggregated information on traumatic brain injury and concussion described in this section, including on the website of the Centers for Disease Control and Prevention. Such website, to the extent feasible, shall include aggregated information on populations that may be at higher risk for traumatic brain injuries and strategies for preventing or reducing risk of traumatic brain injury that are tailored to such populations.''.

(3) AUTHORIZATION OF APPROPRIATIONS.—Section 394A of the Public Health Service Act (42 U.S.C. 280b–3) is amended—

(A) in subsection (a), by striking ''1994, and'' and inserting ''1994,''; and

(B) in subsection (b), by striking ''appropriated'' and all that follows through ''2024'' and inserting ''appropriated $9,250,000 for each of fiscal years 2026 through 2030''.

(b) STATE GRANT PROGRAMS.—

(1) STATE GRANTS FOR PROJECTS REGARDING TRAUMATIC BRAIN INJURY.—Section 1252 of the Public Health Service Act (42 U.S.C. 300d–52) is amended—

(A) in subsection (b)(2)—

(i) by inserting '', taking into consideration populations that may be at higher risk for traumatic brain injuries'' after ''outreach programs''; and

(ii) by inserting ''Tribal,'' after ''State,'';

(B) in subsection (c), by adding at the end the following:

''(3) MAINTENANCE OF EFFORT.—With respect to activities for which a grant awarded under subsection (a) is to be expended, a State or American Indian consortium shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the State or American Indian consortium for the fiscal year preceding the fiscal year for which the State or American Indian consortium receives such a grant.

''(4) WAIVER.—The Secretary may, upon the request of a State or American Indian consortium, waive not more than 50 percent of the matching fund amount under paragraph (1), if the Secretary determines that such matching fund amount would result in an inability of the State or American Indian consortium to carry out the purposes under subsection (a). A waiver provided by the Secretary under this paragraph shall apply only to the fiscal year involved.'';

(C) in subsection (e)(3)(B)—

(i) by striking ''(such as third party payers, State agencies, community-based providers, schools, and educators)''; and

(ii) by inserting ''(such as third party payers, State agencies, community-based providers, schools, and educators)'' after ''professionals'';

(D) in subsection (h), by striking paragraphs (1) and (2) and inserting the following:

''(1) AMERICAN INDIAN CONSORTIUM; STATE.—The terms 'American Indian consortium' and 'State' have the meanings given such terms in section 1253.

''(2) TRAUMATIC BRAIN INJURY.—

''(A) IN GENERAL.—Subject to subparagraph (B), the term 'traumatic brain injury'—

''(i) means an acquired injury to the brain;

''(ii) may include—

''(I) brain injuries caused by anoxia due to trauma; and

''(II) damage to the brain from an internal or external source that results in infection, toxicity, surgery, or vascular disorders not associated with aging; and

''(iii) does not include brain dysfunction caused by congenital or degenerative disorders, or birth trauma.

''(B) REVISIONS TO DEFINITION.—The Secretary may revise the definition of the term 'traumatic brain injury' under this paragraph, as the Secretary determines necessary, after consultation with States and other appropriate public or nonprofit private entities.''; and

(E) by striking subsection (i).

(2) STATE GRANTS FOR PROTECTION AND ADVOCACY SERVICES.—Section 1253 of the Public