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

Health Service Act (42 U.S.C. 300d–53) is amended by striking subsection (l).

(3) AUTHORIZATION OF APPROPRIATIONS.—Part E of title XII of the Public Health Service Act (42 U.S.C. 300d–51 et seq.) is amended by inserting after section 1253 (42 U.S.C. 300d–53) the following:

''SEC. 1253A. AUTHORIZATION OF APPROPRIATIONS FOR STATE PROGRAMS RELATING TO TRAUMATIC BRAIN INJURY.

''There are authorized to be appropriated to carry out sections 1252 and 1253 $13,118,000 for each of fiscal years 2026 through 2030.''.

(c) REPORT TO CONGRESS.—Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this Act as the ''Secretary'') shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that contains—

(1) an overview of populations who may be at higher risk for traumatic brain injury, such as individuals affected by domestic violence or sexual assault and public safety officers as defined in section 1204 of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10284);

(2) an outline of existing surveys and activities of the Centers for Disease Control and Prevention on traumatic brain injuries and any steps the agency has taken to address gaps in data collection related to such higher risk populations, which may include leveraging surveys such as the National Intimate Partner and Sexual Violence Survey to collect data on traumatic brain injuries;

(3) an overview of any outreach or education efforts to reach such higher risk populations; and

(4) any challenges associated with reaching such higher risk populations.

(d) STUDY ON LONG-TERM SYMPTOMS OR CONDITIONS RELATED TO TRAUMATIC BRAIN INJURY.—

(1) IN GENERAL.—The Secretary, in consultation with stakeholders and the heads of other relevant Federal departments and agencies, as appropriate, shall conduct, either directly or through a contract with a nonprofit private entity, a study to—

(A) examine the incidence and prevalence of long-term or chronic symptoms or conditions in individuals who have experienced a traumatic brain injury;

(B) examine the evidence base of research related to the chronic effects of traumatic brain injury across the lifespan;

(C) examine any correlations between traumatic brain injury and increased risk of other conditions, such as dementia and mental health conditions;

(D) assess existing services available for individuals with such long-term or chronic symptoms or conditions; and

(E) identify any gaps in research related to such long-term or chronic symptoms or conditions of individuals who have experienced a traumatic brain injury.

(2) PUBLIC REPORT.—Not later than 2 years after the date of enactment of this Act, the Secretary shall—

(A) submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report detailing the findings, conclusions, and recommendations of the study described in paragraph (1); and

(B) in the case that such study is conducted directly by the Secretary, make the report described in subparagraph (A) publicly available on the website of the Department of Health and Human Services.

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. 1493.

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

There was no objection.

□ 1540

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

Mr. Speaker, I rise today in strong support of H.R. 1493, led by my colleagues Representatives PALLONE and BACON, which would reauthorize HHS programs that allocate resources for traumatic brain injury prevention, improving access to TBI rehabilitation and TBI patient advocacy systems.

TBI is a significant public health burden and a major driver of death and disability. In 2021 alone, there were over 69,000 TBI-related deaths. Though we may make every effort to prevent TBI from occurring in the first place, it is critical that when a TBI occurs, we are prepared and ready to employ resources that support patients in their recovery and rehabilitation.

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. 1493, my bill to reauthorize the Traumatic Brain Injury Act of 1996.

This bipartisan legislation reauthorizes through fiscal year 2030 the critical Federal programs dedicated to the prevention, detection, treatment, and surveillance of traumatic brain injuries. It also renames the national TBI surveillance program to honor the legacy of my dear friend, the late Representative Bill Pascrell, Jr., of New Jersey, who founded and led the Congressional Brain Injury Task Force for more than two decades after meeting his constituent Dennis Benigno of Clifton, New Jersey, whose son suffered a life-changing traumatic brain injury in a car crash.

The Traumatic Brain Injury Act was signed into law in 1996. At that time, our understanding of these injuries was so limited that public health experts called TBI the silent epidemic, and we did not know how many Americans were affected each year, who was most at risk, or how many people were left with a permanent, life-altering disability.

That first law authorized Federal support and programs to research TBI research and conduct surveillance, both directly and through grants to public and nonprofit organizations.

Mr. Speaker, this initial Federal investment has transformed what we know now and identified what we still need to do. Because Congress chose to invest, we now know that traumatic brain injury sends more than 214,000 Americans to the hospital in a single year and that it takes roughly 69,000 lives annually, nearly 190 deaths every single day.

We know that more than 5.3 million Americans are living today with a lifelong disability caused by a brain injury, and we know who is most at risk: older adults who fall, servicemembers and veterans, athletes on playing fields across the country, victims of domestic violence, and far, far too many children. There is also the economic toll of treating, rehabilitating, and caring for these individuals throughout their lives.

Mr. Speaker, Congress' investment gave us the tools to act on what the data revealed, from concussion guidelines to protect young athletes to targeted prevention for the older Americans who are most likely to be hospitalized. None of that existed before the Federal partnership and Representative Pascrell's leadership. All of that is at risk if we continue to allow this work to lapse.

Since the program's inception in 1996, Congress has reauthorized this act on a bipartisan basis time and again. However, despite bipartisan efforts by our committee to continue reauthorizing these programs, the Federal authorization lapsed in 2024. Without reauthorization, research slows, surveillance weakens, and the support services that patients and families depend on are put in jeopardy. We cannot afford to lose momentum on an issue that touches veterans, athletes, survivors of violence, older adults, and countless other Americans in every one of our districts.

Mr. Speaker, H.R. 1493 renews three proven programs. First, it reauthorizes the CDC's TBI program, which drives our national research, surveillance, and prevention efforts. Second, it reauthorizes the Administration for Community Living's State partnership grant programs, which helps States, Tribal organizations, and their partners connect survivors to rehabilitation and community-based services. Third, it reauthorizes the State Protection and Advocacy program, which safeguards the rights of Americans living with brain injury.

This is a modest Federal investment with an extraordinary reach. Since 1997, 48 States, 2 territories, and the District of Columbia have used these partnership grants to build the very systems that their residents now rely on.

This bill does not simply extend those programs but strengthens them. It requires the Department of Health and Human Services to conduct a study and report to Congress on traumatic brain injury, and it directs the CDC to publish information on the populations at highest risk and on the strategies to protect them so that Congress and our

public health officials can respond to the growing needs of these communities with better data and clear priorities.

Mr. Speaker, this is a commonsense, bipartisan bill that benefits all Americans. It advanced out of committee without a single dissenting vote. This bill supports research. It strengthens care, and it helps ensure that Americans living with traumatic brain injuries are not left behind.

Mr. Speaker, I urge my colleagues to vote ''yes,'' and I reserve the balance of my time.

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

Mr. PALLONE. Mr. Speaker, I encourage my colleagues to support this bill on a bipartisan basis, in part because of how important it is but in part also because it honors my friend Congressman Bill Pascrell.

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

Mr. GUTHRIE. Mr. Speaker, in closing, I encourage a ''yes'' vote on this 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. 1493, 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.

EARLY ACT REAUTHORIZATION OF 2025

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4541) to reauthorize the Young Women's Breast Health Education and Awareness Requires Learning Young Act of 2009, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4541

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

TITLE I—EARLY ACT REAUTHORIZATION

SEC. 101. SHORT TITLE.

This title may be cited as the ''EARLY Act Reauthorization of 2025''.

SEC. 102. REAUTHORIZATION OF THE YOUNG WOMEN'S BREAST HEALTH EDUCATION AND AWARENESS REQUIRES LEARNING YOUNG ACT OF 2009.

Section 399NN(h) of the Public Health Service Act (42 U.S.C. 280m(h)) is amended by striking ''2026'' and inserting ''2031''.

TITLE II—SCREENS FOR CANCER ACT

SEC. 201. SHORT TITLE.

This title may be cited as the ''Screening for Communities to Receive Early and Equitable Needed Services for Cancer Act of 2025'' or the ''SCREENS for Cancer Act of 2025''.

SEC. 202. NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM.

(a) NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM.—Title XV of the Public Health Service Act (42 U.S.C. 300k et seq.) is amended—

(1) in section 1501 (42 U.S.C. 300k)—

(A) in subsection (a)—

(i) in paragraph (2), by striking ''the provision of appropriate follow-up services and support services such as case management'' and inserting ''that appropriate follow-up services are provided'';

(ii) in paragraph (3), by striking ''programs for the detection and control'' and inserting ''programs for the prevention, detection, and control'';

(iii) in paragraph (4), by striking ''the detection and control'' and inserting ''the prevention, detection, and control'';

(iv) in paragraph (5)—

(I) by striking ''monitor'' and inserting ''ensure''; and

(II) by striking ''; and'' and inserting a semicolon;

(v) by redesignating paragraph (6) as paragraph (9);

(vi) by inserting after paragraph (5) the following:

''(6) to enhance appropriate support activities to increase breast and cervical cancer screenings, such as navigation of health care services, implementation of evidence-based or evidence-informed strategies to increase breast and cervical cancer screening in health care settings, and facilitation of access to health care settings;

''(7) to reduce disparities in breast and cervical cancer incidence, morbidity, and mortality, including in populations with higher than average rates;

''(8) to improve access to breast and cervical cancer screening and diagnostic services and reduce related barriers, including factors that relate to negative health outcomes; and''; and

(vii) in paragraph (9), as so redesignated, by striking ''through (5)'' and inserting ''through (8)''; and

(B) by striking subsection (d);

(2) in section 1503 (42 U.S.C. 300m)—

(A) in subsection (a)—

(i) in paragraph (1), by striking ''that, initially'' and all that follows through the semicolon and inserting ''that appropriate breast and cervical cancer screening and diagnostic services are provided consistent with relevant evidence-based recommendations; and'';

(ii) by striking paragraphs (2) and (4);

(iii) by redesignating paragraph (3) as paragraph (2); and

(iv) in paragraph (2), as so redesignated, by striking ''; and'' and inserting a period; and

(B) by striking subsection (d);

(3) in section 1508(b) (42 U.S.C. 300n–4(b))—

(A) by striking ''1 year after the date of the enactment of the National Breast and Cervical Cancer Early Detection Program Reauthorization of 2007, and annually thereafter,'' and inserting ''2 years after the date of enactment of the SCREENS for Cancer Act of 2025, and every 5 years thereafter,'';

(B) by striking ''Labor and Human Resources'' and inserting ''Health, Education, Labor, and Pensions''; and

(C) by striking ''preceding fiscal year'' and inserting ''preceding 2 fiscal years in the case of the first report after the date of enactment of the SCREENS for Cancer Act of 2025, and preceding 5 fiscal years for each report thereafter,''; and

(4) in section 1510(a) (42 U.S.C. 300n–5(a))—

(A) by striking ''2011, and'' and inserting ''2011,''; and

(B) by inserting '', and $235,500,000 for each of fiscal years 2026 through 2030'' before the period at the end.

(b) GAO STUDY.—Not later than September 30, 2027, the Comptroller General of the United States shall report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives on the work of the National Breast and Cervical Cancer Early Detection Program, including—

(1) an estimate of the number of individuals eligible for services provided under such program;

(2) a summary of trends in the number of individuals served through such program; and

(3) an assessment of any factors that may be driving the trends identified under paragraph (2), including any barriers to accessing breast and cervical cancer screenings provided by such program.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentlewoman from Colorado (Ms. DEGETTE) 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. 4541.

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. 4541, led by my colleagues Representatives WASSERMAN SCHULTZ and MILLER-MEEKS.

This bill reauthorizes funding for the Young Women's Breast Health Education and Awareness Requires Learning Young Act, which supports critical education, outreach, and provider training efforts through HHS, acting through the CDC to close the gaps between screening and detection of breast cancer in women under the age of 45 and those at high risk.

Breast cancer is the second most common cancer and second leading cause of cancer death among American women, claiming the lives of roughly 42,000 women annually.

The EARLY Act has played a significant role in increasing breast cancer awareness and prevention efforts, and we must vote today to ensure future generations of women continue to benefit from these efforts.

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

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

Mr. Speaker, I rise in strong support of H.R. 4541, the EARLY Act Reauthorization of 2025.

Breast cancer remains the most common cancer among women, with 321,000 new cases and 42,000 projected deaths just this year alone.

While breast cancer is often thought of as affecting older women, younger women are often diagnosed too late, where treatment options are more limited and, frankly, outcomes are worse.

Approximately 16 percent of all new breast cancer cases occur in women under the age of 50. The importance of early detection simply cannot be overstated.