all hospitalization costs for patients 20 years of age and younger.

Despite its prevalence and significance, there are still gaps in research and standards of care for CHD patients. But for the sake of the estimated 40,000 babies, Mr. Speaker, who will be born in the next year with CHD, there is more work to be done.

Mr. Speaker, I began this journey almost 10 years ago, when then-Congressman Zack Space and I first introduced the Congenital Heart Futures Act. Last Congress, Congressman SCHIFF and I reintroduced the reauthorization of the original bill. During that time, I met a lot of patients with congenital heart defects along the way, and I have been touched by their stories.

There are people like Trey and Nicole Flynn, a young Floridian couple who lost their son, Holden, while waiting for a heart transplant. He was only 2 years old.

This bill supports the essential research necessary to make sure another family doesn't have to leave the hospital without their child in their arms.

There is also Lucas Iguina, a young man born with a complex congenital heart disease that essentially left him with half a heart.

□ 1730

Despite having three open-heart surgeries, Mr. Speaker, and countless doctor visits and medical procedures, Lucas has hopes and dreams like every other child. This bill ensures that the medical research will keep pace with his generation as they grow to be adults.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BURGESS. Mr. Speaker, I yield an additional 1 minute to the gentleman from Florida.

Mr. BILIRAKIS. Jackson Radandt, born with half a heart, has hypoplastic left heart syndrome, which means the left side of his heart was underdeveloped. He depended on lifesaving research to help his failing heart survive until his heart transplant at age 11. He is a teenager now and will live his life with a heightened sensitivity for his new heart.

Nicholas Basken was born with complex heart disease and wasn't getting blood to the lower half of his body, requiring heart surgery when he was just 2 days old. He is now at the top of his class, and this bill will ensure that his future remains bright as he navigates this chronic illness throughout his adulthood.

Abigail Adams is a young Florida advocate, whom I will meet again tomorrow, with Down syndrome. Roughly half of the babies born with Down syndrome, Mr. Speaker, have a congenital heart defect. Abigail continues to advocate for individuals with Down syndrome.

The SPEAKER pro tempore. The time of the gentleman has again expired.

Mr. BURGESS. Mr. Speaker, I yield an additional 30 seconds to the gentleman from Florida.

Mr. BILIRAKIS. My friend, David Peluso, was born with pulmonary stenosis, a condition where the pulmonary valve will not open properly. He had surgery, again, emergency open-heart surgery, at 2 days old, another corrective surgery at age 10, and many hospital visits and procedures in the meantime.

Today, again, we are giving these children hope. Today, he is a husband and a father to two kids, trying to live a normal life with atrial flutter that requires additional surgeries. This bill will continue the surveillance program so we can collect data on children and adults with congenital heart problems.

I can go on and on, Mr. Speaker. Thank you so very much, and let's pass this great bill for our children and give them hope.

Mr. GENE GREEN of Texas. Mr. Speaker, I have no other speakers.

I want to thank, also, the cosponsors of the bill, both Congressman SCHIFF and a member of our committee, Congressman BILIRAKIS, for introducing this reauthorization bill, and I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of the Congenital Heart Futures Reauthorization Act. This legislation was introduced by the gentleman from Florida (Mr. BILIRAKIS), a colleague and good friend, to address a very serious issue.

Congenital heart disease is the leading cause of infant mortality and is the most common birth defect found in young children. These children grow up facing a wealth of health issues that will have a tremendous impact on them for the rest of their lives. They often require specialized care, including cardiac care, and are subjected to a lifetime of risk for disability or premature death.

This legislation enhances research and surveillance at the CDC to ensure that our medical community and the research to support their efforts are the best available for treatment. It also establishes grants to further study congenital heart disease so that we can better combat this disease and the harm it causes in so many people's lives.

Mr. Speaker, this is a terrible disease that leaves people never knowing when it could strike. Like other diseases, we need to better understand how it develops and impacts people so that we have a better chance of fighting it and saving lives.

I thank my colleagues on both sides of the aisle for getting this legislation passed through the Energy and Commerce Committee, and I support its passage.

Mr. BURGESS. Mr. Speaker, having no further speakers, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 1222, as amended.

The question was taken.

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

Mr. BURGESS. 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.

SICKLE CELL DISEASE RESEARCH, SURVEILLANCE, PREVENTION, AND TREATMENT ACT OF 2017

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2410) to amend the Public Health Service Act to reauthorize a sickle cell disease prevention and treatment demonstration program and to provide for sickle cell disease research, surveillance, prevention, and treatment.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2410

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Sickle Cell Disease Research, Surveillance, Prevention, and Treatment Act of 2017''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

SEC. 2. SICKLE CELL DISEASE RESEARCH.

Part P of title III of the Public Health Service Act is amended by inserting after section 399V–6 (42 U.S.C. 280g–17) the following:

''SEC. 399V–7. NATIONAL SICKLE CELL DISEASE RESEARCH, SURVEILLANCE, PREVENTION, AND TREATMENT PROGRAM.

''(a) RESEARCH.—The Secretary may conduct or support research to expand the understanding of the cause of, and to find a cure for, sickle cell disease.''.

SEC. 3. SICKLE CELL DISEASE SURVEILLANCE.

Section 399V–7 of the Public Health Service Act, as added by section 2, is amended by adding at the end the following:

''(b) SURVEILLANCE.—

''(1) GRANTS.—The Secretary may, for each fiscal year for which appropriations are available to carry out this subsection, make grants to not more than 20 States—

''(A) to conduct surveillance and maintain data on the prevalence and distribution of sickle cell disease and its associated health outcomes, complications, and treatments;

''(B) to conduct public health initiatives with respect to sickle cell disease, including—

''(i) increasing efforts to improve access to, and receipt of, high-quality sickle cell disease-related health care, including the use of treatments approved under section 505 of the Federal Food, Drug, and Cosmetic Act or licensed under section 351 of this Act;

''(ii) working with partners to improve health outcomes of people with sickle cell disease over the lifespan by promoting guidelines for sickle cell disease screening, prevention, and treatment, including management of sickle cell disease complications;

''(iii) providing support to community-based organizations and State and local health departments in conducting sickle cell disease education and training activities for patients, communities, and health care providers; and

''(iv) supporting and training State health departments and regional laboratories in comprehensive testing to identify specific forms of sickle cell disease in people of all ages; and

''(C) to identify and evaluate promising strategies for prevention and treatment of sickle cell disease complications, including through—

''(i) improving estimates of the national incidence and prevalence of sickle cell disease, including estimates about the specific types of sickle cell disease;

''(ii) identifying health disparities related to sickle cell disease;

''(iii) assessing the utilization of therapies and strategies to prevent complications related to sickle cell disease; and

''(iv) evaluating the impact of genetic, environmental, behavioral, and other risk factors that may affect sickle cell disease health outcomes.

''(2) POPULATION INCLUDED.—The Secretary shall, to the extent practicable, award grants under this subsection to States across the United States so as to include data on the majority of the United States population with sickle cell disease.

''(3) APPLICATION.—To seek a grant under this subsection, a State shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

''(4) DEFINITIONS.—In this subsection:

''(A) The term 'Secretary' means the Secretary of Health and Human Services, acting through the Director of the National Center on Birth Defects and Developmental Disabilities.

''(B) The term 'State' includes the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.''.

SEC. 4. SICKLE CELL DISEASE PREVENTION AND TREATMENT.

(a) REAUTHORIZATION.—Section 712(c) of the American Jobs Creation Act of 2004 (Public Law 108–357; 42 U.S.C. 300b–1 note) is amended—

(1) by striking ''Sickle Cell Disease'' each place it appears and inserting ''sickle cell disease'';

(2) in paragraph (1)(A), by striking ''grants to up to 40 eligible entities for each fiscal year in which the program is conducted under this section for the purpose of developing and establishing systemic mechanisms to improve the prevention and treatment of Sickle Cell Disease'' and inserting ''grants to up to 25 eligible entities for each fiscal year in which the program is conducted under this section for the purpose of developing and establishing systemic mechanisms to improve the prevention and treatment of sickle cell disease in populations with a high density of sickle cell disease patients'';

(3) in paragraph (1)(B)—

(A) by striking clause (ii) (relating to priority); and

(B) by striking ''GRANT AWARD REQUIREMENTS'' and all that follows through ''The Administrator shall'' and inserting ''GEOGRAPHIC DIVERSITY.—The Administrator shall'';

(4) in paragraph (2), by adding the following new subparagraph at the end:

''(E) To expand, coordinate, and implement transition services for adolescents with sickle cell disease making the transition to adult health care.''; and

(5) in paragraph (6), by striking ''$10,000,000 for each of fiscal years 2005 through 2009'' and inserting ''$4,455,000 for each of fiscal years 2018 through 2022''.

(b) TECHNICAL CHANGES.—Subsection (c) of section 712 of the American Jobs Creation Act of 2004 (Public Law 108–357; 42 U.S.C. 300b–1 note), as amended by subsection (a), is—

(1) transferred to the Public Health Service Act (42 U.S.C. 201 et seq.); and

(2) inserted at the end of section 399V–7 of such Act, as added and amended by sections 2 and 3 of this Act.

SEC. 5. COLLABORATION WITH COMMUNITY-BASED ENTITIES.

Section 399V–7 of the Public Health Service Act, as amended by section 4, is further amended by adding at the end the following:

''(d) COLLABORATION WITH COMMUNITY-BASED ENTITIES.—To be eligible to receive a grant or other assistance under subsection (b) or (c), an entity must have in effect a collaborative agreement with a community-based organization with 5 or more years of experience in providing services to sickle cell disease patients.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert extraneous material into the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, I rise today in strong support of H.R. 2410, the Sickle Cell Disease Research, Surveillance, Prevention, and Treatment Act of 2017, introduced by the gentleman from Illinois (Mr. DANNY K. DAVIS). This reauthorizes the sickle cell disease prevention and treatment demonstration program.

Sickle cell disease causes blockages of small vessels leading to various health complications. By improving research, surveillance, prevention, and treatment, along with enhancing collaboration with community-based entities focussing on sickle cell disease, this important legislation will help improve outcomes in patients suffering from this inherited blood disorder, which currently affects 1 in 500 African-American births.

Mr. Speaker, I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 2410, the Sickle Cell Disease Research, Surveillance, Prevention, and Treatment Act, introduced by the gentleman from Illinois (Mr. DANNY K. DAVIS) and Energy and Commerce Health Subcommittee Chairman BURGESS.

Sickle cell disease is a group of inherited red blood cell disorders where red blood cells become hard and sticky and have a C shape. When these sickle cells travel through the blood vessels, they can get stuck and clog the blood flow. When this occurs, it often causes extreme pain and other serious health problems, including infections, lung-related complications, and stroke.

100,000 Americans are living with sickle cell disease today. These individuals need comprehensive treatment throughout their lives in order to manage their symptoms and prevent their disease from worsening, which requires a robust network of providers available to treat sickle cell patients at every stage of life.

H.R. 2410 would reauthorize the Sickle Cell Disease Treatment Demonstration Program, allowing the Department of Health and Human Services to invest critical resources in research, surveillance, and public health initiatives for sickle cell disease. These investments will help bolster the sickle cell workforce and improve treatments for sickle cell patients of all ages.

I urge my colleagues to support this important legislation, and I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 4 minutes to the gentleman from Illinois (Mr. DANNY K. DAVIS), the sponsor of this bill.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, let me just, first of all, commend Representative BURGESS, chairman of the subcommittee, and Mr. GREEN, as well as Representative BUTTERFIELD and all of the members of the Energy and Commerce Committee, for their leadership in bringing this bill to this point at this moment.

As we just heard, sickle cell disease is an inherited blood disorder characterized by affected red blood cells that mutate into the shape of a crescent or sickle, and, as such, these cells are unable to pass through small blood vessels. It is a recessive genetic condition that occurs when a child inherits two sickle cell genes or traits from each parent.

The consequences and complications of this disease are extreme. The Sickle Cell Disease Association of America, with whom we have worked for many years, has studied and reported that common complications with this disease include early childhood death from infection; stroke in young children and adults; lung problems similar to pneumonia; chronic damage to organs, including the kidney, leading to kidney failure, and to the lungs, causing pulmonary hypertension; and severe painful episodes.

In fact, pain episodes are a hallmark of sickle cell disease. They are unpredictable in many ways, both the timing of when they occur—how severe they will be—and how long they will last. For those with the disease, these devastating pain episodes can start as early as 6 months of age and can span a lifetime, impacting school attendance and participation in the workforce. In fact, these pain crises contribute significantly to the 200,000 emergency room visits collectively made by sufferers of sickle cell disease each year in our country. A typical crisis will result in a hospital stay of 7 to 10 days.

Mr. Speaker, we have made a tremendous amount of progress in the treatment, research, and effective ways of dealing with this disease. I note that more than 20 years ago I worked with the project at the University of Illinois running a sickle cell education project, and I have seen much of that progress that we have talked about, but we still have a long way to go. There is still tremendous need for research. There is need for additional treatment modalities.

So, again, I thank all of those who have demonstrated support for this important legislation. I urge its passage.

Mr. BURGESS. Mr. Speaker, I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 4 minutes to the gentleman from North Carolina (Mr. BUTTERFIELD), our colleague on the committee whom I call ''Judge,'' just like I do you, because you are both former district judges.

Mr. BUTTERFIELD. Mr. Speaker, I rise today in support of H.R. 2410, the Sickle Cell Disease Research, Surveillance, Prevention, and Treatment Act.

I want to commend my friends Representative DANNY DAVIS and Representative Dr. MICHAEL BURGESS for their tireless work in this space. Both of these men have a lifetime of service in the delivery of healthcare, the gentleman from Illinois (Mr. DANNY K. DAVIS) and the gentleman from Texas (Mr. BURGESS). I thank both of them for their incredible work.

I have been a lifetime advocate, Mr. Speaker, for addressing sickle cell disease, and I am proud to cosponsor this bill. I have done so in previous Congresses.

Sickle cell disease is the most common genetic blood disorder. It affects approximately 100,000 individuals, primarily African Americans, throughout the country.

Sickle cell disease awareness is significant to me for many reasons. One, because this disorder affects many of my constituents in North Carolina. It is significant, Mr. Speaker, because I had a dear cousin, whose name was Rubie Butterfield Mizell, who, in 1972, passed away from this disease in Opalocka, Florida.

People with sickle cell disease have red blood cells with abnormal types of hemoglobin, often causing anemia, jaundice, and the formation of gallstones.

What is truly frightening is that sickle cell disease does not have a cure. The most widely used treatment for sickle cell disease was modern medicine 20 years ago that can reduce the number of episodes but does not eliminate them or their severity.

The health challenges facing people with sickle cell disease are enormous. The disease is widespread. The consequences can be dire, and that is why the Congressional Black Caucus and the Health Brain Trust of the Congressional Black Caucus have made these a priority in our agenda over the years under the leadership of the gentlewoman from Chicago, Illinois (Ms. KELLY).

□ 1745

People with sickle cell disease have a much shorter life expectancy, with median ages of death for males of only 33 years and for females of only 36 years. These patients are also more likely to have additional health complications, including stroke, blood clots, loss of vision, and lung and kidney failure.

There are approximately 4,400 people with sickle cell disease in North Carolina. I am sure that, Mr. Speaker, in the State of Texas, it may be even more. My hope is that someday there will be none.

That is why we must reauthorize the Sickle Cell Disease Treatment Demonstration Program to enable the Secretary of HHS to support research to increase our understanding of the disease, and create a grant program to study the prevalence of sickle cell and identify ways to prevent and treat sickle cell disease effectively.

Sixty-five percent of individuals with this disease in North Carolina have at least one emergency room visit per year. That is no way to live. I am sure Dr. BURGESS, when he practiced medicine in his home State, saw many, many patients who were similarly situated.

We should do all that we can to help improve patients' lives, advance treatment, and find a cure. I am grateful for the opportunity to move this bill through the House, and I hope that my colleagues will join me in supporting it.

I thank Dr. BURGESS, Mr. DAVIS, and Mr. GREEN for their work. All of these gentlemen have done a great job in this space.

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

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

Mr. Speaker, I was surprised to learn at the legislative hearing that we had on this bill—and it has been now several months ago—that there had not been a new FDA-approved treatment for sickle cell in 40 year's time. Now, my understanding is that may have changed recently, but that is way too long. We do need to improve research, surveillance, prevention, and treatment, and really take care of those patients who are suffering with this disease.

Mr. Speaker, this is a good bill, and I thank Mr. DAVIS for bringing it to our attention.

Mr. Speaker, I urge passage of the bill, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in support to H.R. 2410, the ''Sickle Cell Disease Research, Surveillance, Prevention, and Treatment Act of 2017.''

I support this bipartisan legislation because it will improve the way states study and monitor sickle cell disease.

This bill amends the Public Health Service Act to require the Department of Health and Human Services to make grants to states to:

Collect data on the prevalence and distribution of sickle cell disease;

Conduct sickle cell disease public health initiatives to improve access to care and health outcomes; and

Identify and evaluate strategies for prevention and treatment of sickle cell disease complications.

Mr. Speaker, it is estimated that:

Sickle cell disease affects 90,000 to 100,000; Americans;

Sickle cell disease occurs among about 1 out of every 500 Black or African-American births;

Sickle cell disease occurs among about 1 out of every 36,000 Hispanic-American births;

Sickle Cell Trait occurs among about 1 in 12 Blacks or African Americans.

If one parent has sickle cell 4 anemia and the other has sickle cell trait, there is a 50 percent chance (or 1 out of 2) of having a baby with either sickle cell disease or sickle cell trait with each pregnancy.

It is critical that infants with Sickle Cell are identified early.

Sickle cell-related deaths among African-American children younger than 4 years of age fell by 42 percent from 1999 through 2002.

This drop coincided with the introduction in 2000 of a vaccine that protects against invasive pneumococcal disease.

Many racial health disparities stem from lack of access to quality healthcare and proper health awareness.

Certain medical illnesses are known to be more prevalent in certain demographic groups, including type II diabetes, lupus, sickle cell anemia, and Triple Negative Breast Cancer for which African Americans are more than twice as likely to be diagnosed on average.

As a Member of Congress, I have been a staunch advocate for my constituents to find a cure for sickle cell disease.

Mr. Speaker, this bipartisan legislation will prepare states to combat sickle cell disease in the 21st century, while helping provide access to healthcare for Americans.

I urge all of my colleagues to join me in supporting the passage of H.R. 2410.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 2410.

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

A motion to reconsider was laid on the table.

ACTION FOR DENTAL HEALTH ACT OF 2017

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2422) to amend the Public Health Service Act to improve essential oral health care for low-income and other underserved individuals by breaking down barriers to care, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2422

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 2017''.

SEC. 2. VOLUNTEER DENTAL PROJECTS AND ACTION FOR DENTAL HEALTH PROGRAM.

Section 317M of the Public Health Service Act (42 U.S.C. 247b–14) is amended—

(1) by redesignating subsections (e) and (f) as subsections (f) and (g), respectively;

(2) by inserting after subsection (d) the following new subsection:

''(e) ACTION FOR DENTAL HEALTH PROGRAM.—

''(1) IN GENERAL.—The Secretary, in consultation with the Director of the Centers for Disease Control and Prevention and the Administrator of the Health Resources and Service Administration, may award grants to or enter into contracts with eligible entities to collaborate with State, county, or local public officials and other stakeholders to develop and implement initiatives to accomplish any of the following goals:

''(A) To improve oral health education and dental disease prevention, including through community-wide prevention programs, through the use of dental sealants and fluoride varnish, and by increasing oral health literacy.

''(B) To reduce geographic barriers, language barriers, cultural barriers, and other similar barriers to the provision of dental services.

''(2) ELIGIBLE ENTITY.—In this subsection, the term 'eligible entity' means an entity that is—

''(A) a State or local dental association;

''(B) a State oral health program;

''(C) a dental education, dental hygiene, or postdoctoral dental education program accredited by the Commission on Dental Accreditation; or

''(D) a community-based organization that—

''(i) partners with an academic institution;

''(ii) is exempt from tax under section 501(c) of the Internal Revenue Code of 1986; and

''(iii) partners with public and private stakeholders to facilitate the provision of dental services for underserved populations.''; and

(3) in subsection (g), as redesignated by paragraph (1), by striking ''such sums as may be necessary for each of the fiscal years 2001 through 2005'' and inserting ''$18,000,000 for each of the fiscal years 2018 through 2022''.

SEC. 3. GRANTS FOR INNOVATIVE PROGRAMS.

Section 340G of the Public Health Service Act (42 U.S.C. 256g) is amended—

(1) in subsection (b)(5)—

(A) in subparagraph (B), by striking ''and'' at the end; and

(B) by adding at the end the following:

''(D) the establishment of dental homes for children and adults, including for the aged, blind, and disabled populations;

''(E) the establishment of initiatives to reduce the use of emergency departments by individuals who seek dental services more appropriately delivered in a dental primary care setting; and

''(F) the provision of dental care to nursing home residents;''; and

(2) in subsection (f), by striking ''$25,000,000 for the 5-fiscal year period beginning with fiscal year 2008'' and inserting ''$13,903,000 for each of fiscal years 2018 through 2022''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, today I rise in support of H.R. 2422, the Action for Dental Health Act of 2017, introduced by Representative ROBIN KELLY.

The bill reauthorizes the oral health promotion and disease prevention programs at the Centers for Disease Control and Prevention and permits the CDC to award grants or enter into contracts with stakeholders to develop projects to improve oral health education and dental disease prevention. This bill also reauthorizes HRSA's Grants to States to Support Oral Health Workforce Activities and permits States to establish dental homes, mobile or portable dental clinics, initiatives to reduce the use of emergency departments by patients seeking dental services, and initiatives to provide dental care to nursing home residents.

Good oral health is an important component of good overall health, and this bill takes important steps to help improve the dental care in underserved communities.

Mr. Speaker, I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 2422, the Action for Dental Health Act, sponsored by my colleague, Congresswoman ROBIN KELLY from Illinois.

For millions of Americans, affordable dental care is hard to find and desperately needed. According to the Centers for Disease Control and Prevention, nearly half of all individuals in our country over the age of 30 suffer from some form of gum disease. One in four children under the age of 5 already have cavities.

The lack of basic oral health services in some communities today leads many Americans to delay treatment to the point the pain is so severe that they rush to the emergency room, where they receive expensive treatment for common dental issues.

Dental care is necessary for more than cosmetic reasons. Good oral health is vital to a person's overall health. Bad oral health can be a sign of larger health issues.

Increasing access to affordable dental care would lower the number of emergency department visits for preventable oral health conditions and reduce the risk of chronic disease.

The Action for Dental Health Act will make grants available through the Centers for Disease Control and Prevention, and the Health Resources and Services Administration, for programs to improve oral health for underserved populations.

This legislation will make it possible for groups, such as State health departments and nonprofit dental societies, to receive funding for critical oral health services. These services may include providing dental services to nursing home residents, operating a mobile dental clinic, or implementing an emergency room program so patients can receive dental care in the dentist's chair instead of the ER.

I thank the bill's sponsors for their bipartisan work on this important legislation.

Mr. Speaker, I urge my colleagues to join me in supporting the Action for Dental Health Act.

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

Ms. KELLY of Illinois. Mr. Speaker, as February's National Children's Dental Health Month draws to a close, I thank Chairman WALDEN and Ranking Member PALLONE for their leadership in making sure that this bill came to the floor today.

It has been a tremendous honor to work with my colleague, Mr. SIMPSON from Idaho, in moving this legislation that I am intensely passionate about—the Action for Dental Health Act.

I want to acknowledge that, while Members of this Chamber may not always see eye-to-eye on matters of health policy, I am proud that my colleagues were able to work together in a constructive, compassionate, and considerate way to address the critical public health matter of improving oral health in America.

Mr. Speaker, all Americans deserve a healthy smile; but, sadly, each year, tens of millions of Americans forego needed oral healthcare due to poverty, fear, language or cultural barriers, or the simple fact that there isn't a dentist in the area in which they live.

We know that regular visits to a dentist can do more than keep your smile attractive. They can tell a whole lot about your overall health, including whether or not you may be developing a disease like diabetes, or if you are at risk for a stroke.

Fifty million Americans live in places with limited access to dental care, and economically vulnerable adults are almost twice as likely to have had no dental care in the previous year than Americans in middle- and upper-income brackets.