

organizations, and other associations. The partnership allows for robust analyses of healthcare across different players, including Medicare, Medicaid, and private insurers.

While these partners have access to their own data, cross-payer analyses are crucial in identifying savings and increasing detection of fraud, waste, and abuse. Collaborating through data sharing and other methods, the partners can paint a broad picture of the fraud networks and cast a wide net, increasing the ability to intervene and stop payments, and establish new and effective fraud prevention techniques.

It is worth noting that, in addition to codifying and formalizing the Health Care Fraud Prevention Task Force, the bill requires the task force to perform an analysis of abnormal or fraudulent billing patterns and trends by providers and suppliers of substance use disorder treatments. This effort fits nicely into what Congress has accomplished this year with the SUPPORT for Patients and Communities Act being signed into law.

H.R. 6753 will make a difference in cutting waste, fraud, and abuse in our healthcare system. I support this legislation and urge fellow Members to do the same.

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

Ms. KELLY of Illinois. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of the Strengthening the Health Care Fraud Prevention Task Force Act of 2018. This bipartisan bill would authorize the Healthcare Fraud Prevention Partnership and expand and enhance the task force's capabilities to fight waste, fraud, and abuse throughout our healthcare system. This, in turn, will reduce costs for families and taxpayers.

The Healthcare Fraud Prevention Partnership is a public-private partnership between the Department of Health and Human Services, private payers, Federal and State law enforcement agencies, and State healthcare agencies. The partnership aims to improve the detection and prevention of healthcare fraud by promoting the exchange of data and information between the public and private sectors on fraud trends, as well as successful anti-fraud practices.

The legislation we are considering today would require the partnership to report regularly to Congress and give the agency the tools it needs to enhance and expand its capability. This is a good bill that makes sense, a bill that will work.

We must continue to work, on a bipartisan basis, to enhance our fraud detection capabilities. I support this legislation and urge my colleagues to continue working together to find meaningful solutions to reduce costs by rooting out fraud, waste, and abuse in our healthcare system.

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

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

Mr. WALDEN. Mr. Speaker, I rise in support of H.R. 6753, the Health Care Fraud Prevention Task Force Act. This bipartisan bill—which I introduced with Ranking Member FRANK PALLONE, and is supported by Ways and Means Chairman KEVIN BRADY and Ranking Member RICHARD NEAL—passed the Energy and Commerce Committee unanimously earlier this year. This will be the 132nd bill that our committee has passed this Congress, 92 percent of which have been bipartisan just like this one. I look forward to continuing in that vein over the next two years.

By passing this bill, we will be codifying a program that already works. The Centers for Medicare and Medicaid Services (CMS) currently operates the Health Care Fraud Prevention Partnership—a voluntary collaboration between the federal government, state agencies, law enforcement, private health insurance plans, and anti-fraud associations. Together, this group works to detect and prevent fraud that threatens to undermine our nation's health care system. This program was created by the Obama Administration, and the Trump Administration has recommended codifying it into law. The bill before us today does just that, also strengthening and expanding the scope of partnership's work.

Mr. Speaker, I urge passage of this commonsense, bipartisan bill to improve the integrity of our nation's health care system.

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. 6753, 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.

ACTION FOR DENTAL HEALTH ACT OF 2017

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to 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.

The Clerk read the title of the bill.

The text of the Senate amendment is as follows:

Senate amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the Action for Dental Health Act of 2018.

SEC. 2. ORAL HEALTH EDUCATION.

(a) IN GENERAL.—Section 399LL of the Public Health Service Act (42 U.S.C. 280k) is amended—

(1) in subsection (a)—
(A) in the subsection heading, by inserting “OF ORAL HEALTH EDUCATION CAMPAIGN” after “ESTABLISHMENT”; and

(B) by striking “focused on oral healthcare prevention and education” and inserting “focused on oral health education”;

(2) in subsection (b), in the matter preceding paragraph (1), by striking “campaign” and inserting “campaign under subsection (a)”; and

(3) by striking subsection (c) and inserting the following:

“(c) 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 Services Administration, may award grants, contracts, or cooperative agreements to eligible entities to collaborate with State or local public health officials, tribal health officials, oral health professional organizations, and others, as appropriate, to develop and implement initiatives to improve oral health, including activities to prevent dental disease and reduce barriers to the provision of dental services, including—

“(A) through community-wide dental disease prevention programs; and

“(B) by increasing public awareness and education related to oral health and dental disease prevention.

“(2) ELIGIBLE ENTITIES.—To be eligible to receive a grant, contract, or cooperative agreement under this subsection, an entity shall be—

“(A) a dental association;

“(B) a State or tribal health department or State or tribal oral health program;

“(C) an accredited dental education, dental hygiene, or postdoctoral dental education program; or

“(D) a non-profit community-based organization that partners with public and private non-profit entities, such as an academic institution, to facilitate the provision of dental services to underserved populations.”;

(b) TECHNICAL AMENDMENT.—Section 399LL-1(d) of the Public Health Service Act (42 U.S.C. 280k-1(d)) is amended—

(1) by striking “shall” and inserting “shall, as practicable and appropriate,” before “utilize”; and

(2) by striking “public education campaign” and inserting “oral health education campaign and action for dental health program”.

(c) REPORT TO CONGRESS.—Not later than 3 years after the date of enactment of this Act, the Secretary of Health and Human Services 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 on the outcomes and effectiveness of programs and activities conducted under sections 399LL and 399LL-1 of the Public Health Service Act (42 U.S.C. 280k and 280k-1).

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 or development of models for the provision of dental services to children and adults, such as dental homes, including for the elderly, blind, individuals with disabilities, and individuals living in long-term care facilities; and

“(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

(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 2019 through 2023”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentlewoman from Illinois (Ms. KELLY) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

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 include extraneous material in 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, we can all agree that good oral health is important for all Americans: our children, our seniors, and our families in north Texas and other neighborhoods across the Nation. It affects our ability to speak, eat, and show emotions. Yet, good oral health remains an unmet medical need for many Americans, particularly in rural or underserved communities.

Increasing access to vital healthcare services like dental health is a priority for many on the Energy and Commerce Committee. So I am pleased that today the House is again considering H.R. 2422, the Action for Dental Health Act of 2018, following recent action in the Senate.

This bill, introduced by Representatives ROBIN KELLY and MIKE SIMPSON, takes several steps to improve essential oral healthcare for disadvantaged patients by breaking down barriers to care and giving them the dental health treatment and disease prevention services they need through existing Federal dollars.

Also, most of us are aware that poor oral health can raise the risk of tooth decay, gum disease, and oral cancer. These oral diseases can lead to pain and disability for millions of Americans.

It also costs taxpayers and employers billions of dollars each year. According to the Centers for Disease Control and Prevention, on average, the Nation spends more than \$124 billion per year on costs related to dental care. More than \$6 billion of productivity is lost each year because employees miss work because of dental problems.

Poor oral health can even be linked to other chronic health conditions such as diabetes and heart disease. Many of these conditions can be avoided by simple preventive measures, such as regular cleaning and water fluoridation.

Dentists and dental specialists from Texas discussed similar concerns with me during meetings in the district and here in Washington. H.R. 2422 aims to address these issues and has the support of several national dental groups like the American Dental Association and the American Academy of Pediatric Dentistry, to name two.

Specifically, the bill seeks to reauthorize activities for oral health promotion and disease prevention at the Centers for Disease Control and Prevention. In many rural and underserved regions in Texas, these activities would expand school-based dental sealant programs and further support community water fluoridation.

□ 1645

The bill also establishes an Action for Dental Health Program within the

Department of Health and Human Services to improve oral health education and reduce barriers to oral healthcare by awarding grants, contracts, or cooperative agreements to dental associations, health departments, accredited dental education programs, or nonprofit, community-based organizations.

These grants and agreements could be used by these eligible entities to collaborate with State or local public health officials, Tribal health officials, oral health professionals, or other appropriate groups to support initiatives under the Action for Dental Health Program.

Lastly, this legislation reauthorizes and expands a grant program through the Health Resources and Services Administration for innovative dental programs at over \$13 million annually for fiscal years 2019 through 2023. These grants will help States increase their oral health workforce and offer needed dental care in dental health professional shortage areas.

Some of the eligible activities for States include establishing dental homes, which refers to comprehensive oral healthcare, for children and adults and creating initiatives to reduce the use of emergency departments for dental services.

I believe targeting resources to facilitate the provision of dental services to those in need in addition to improving oral health education will help prevent dental diseases before they start. This will ultimately reduce medical complications, emergency room visits, and poor dental health outcomes in underserved communities, not only in Texas but across the United States.

Benjamin Franklin once famously stated that “an ounce of prevention is worth a pound of cure.” We can heed those famous words by passing H.R. 2422 today and sending it to the President’s desk. I urge all Members to support this important and bipartisan legislation.

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

Ms. KELLY of Illinois. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I stand proudly in support of H.R. 2422, my bipartisan Action for Dental Health Act. Since 2013, I have been working with my colleagues to emphasize the importance of oral health, especially for America’s children and seniors.

Tooth decay is the most common chronic childhood disease, five times more common than asthma and seven times more common than hay fever. Furthermore, a child’s oral health status is directly tied to their academic achievement and school attendance. Likewise, poor oral health, such as toothlessness or tooth decay, are potentially life-threatening conditions for our grandmothers and grandfathers, and Medicare does not cover dental health services.

Unfortunately, so many other Americans in between childhood and elderly

adulthood lack access to oral healthcare because of cost or a lack of dentists in their area.

The Action for Dental Health bill starts to change this by making oral healthcare more accessible for those in need without new Federal spending. Once enacted, the Action for Dental Health Act will empower the Centers for Disease Control and Prevention to deliver more and better dental healthcare to underserved populations, especially urban and rural communities, and increase education about the importance of oral health. This legislation will strengthen the impact of existing resources and services.

The goal of the Action for Dental Health Act is to reduce the number of oral health emergency room visits, which are often costly, not comprehensive, and only occur at late stages after causing other negative health effects.

So, in the short and long term, this bill will save money for patients and taxpayers.

Mr. Speaker, the Action for Dental Health Act is cosponsored by 83 Members of Congress and supported by the American Dental Association, the National Dental Association, the American Dental Education Association, and 39 other advocacy groups.

The bipartisan companion legislation was introduced in the U.S. Senate by Senator CORY BOOKER as S. 3016. When originally debated in February, it passed this House with 90 percent of Members voting “yes.”

I am especially proud to have worked with Congressman MIKE SIMPSON of Idaho, one of a handful of dentists in Congress. I offer my deepest thanks to him and his team. I thank him for his steadfast leadership, expertise, and partnership.

In this time of a deeply divided Congress, I am glad that Congressman SIMPSON and I could put forward a bipartisan bill that has won the support of hundreds of our colleagues and field leaders. I look forward to working with him on more bipartisan solutions to increase access to healthcare, especially oral healthcare.

The Action for Dental Health Act is a prime example of how Congress should work. Together, we developed the idea, consulted with experts in the field, worked across the aisle on the legislative text, introduced it, advanced it through the committee process, organized House and Senate votes, amended the bill, and we now look to advance this critical bill to President Trump’s desk to make it law.

This is how Congress should work. We need to get back to this cooperative process. Let us not delay making way for quality dental health services for Americans in need.

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

Mr. BURGESS. Mr. Speaker, I urge an “aye” vote on the measure, and 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 concur in the Senate amendment to the bill, H.R. 2422.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the Senate amendment was concurred in.

A motion to reconsider was laid on the table.

STATE OF MODERN APPLICATION, RESEARCH, AND TRENDS OF IOT ACT

Mr. LATTA. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6032) to direct the Secretary of Commerce to conduct a study and submit to Congress a report on the state of the internet-connected devices industry in the United States, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6032

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 "State of Modern Application, Research, and Trends of IoT Act" or the "SMART IoT Act".

SEC. 2. STUDY AND REPORT ON INTERNET OF THINGS.

(a) **STUDY.**—The Secretary of Commerce shall conduct a study on the state of the internet-connected devices industry (commonly known as the "Internet of Things") in the United States. In conducting the study, the Secretary shall—

(1) develop and conduct a survey of the internet-connected devices industry through outreach to participating entities as appropriate, including—

(A) a list of the industry sectors that develop internet-connected devices;

(B) a list of public-private partnerships focused on promoting the adoption and use of internet-connected devices, as well as industry-based bodies, including international bodies, which have developed, or are developing, mandatory or voluntary standards for internet-connected devices;

(C) the status of the industry-based mandatory or voluntary standards identified in subparagraph (B); and

(D) a description of the ways entities or industry sectors develop, use, or promote the use of internet-connected devices;

(2) develop a comprehensive list of Federal agencies with jurisdiction over the entities and industry sectors identified under paragraph (1);

(3) identify which Federal agency or agencies listed under paragraph (2) each entity or industry sector interacts with;

(4) identify all interagency activities that are taking place among the Federal agencies listed under paragraph (2), such as working groups or other coordinated efforts;

(5) develop a brief description of the jurisdiction and expertise of the Federal agencies listed under paragraph (2) with regard to such entities and industry sectors;

(6) identify all regulations, guidelines, mandatory standards, voluntary standards, and other policies implemented by each of the Federal agencies identified under paragraph (2), as well as all guidelines, mandatory standards, voluntary standards, and other policies implemented by industry-based bodies; and

(7) identify Federal Government resources that exist for consumers and small busi-

nesses to evaluate internet-connected devices.

(b) **REPORT TO CONGRESS.**—Not later than 1 year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Commerce, Science, and Transportation of the Senate a report that contains—

(1) the results of the study conducted under subsection (a); and

(2) recommendations of the Secretary for growth of the United States economy through the secure advancement of internet-connected devices.

(c) **DEFINITIONS.**—In this section:

(1) **FEDERAL AGENCY.**—The term "Federal agency" means an agency, as defined in section 551 of title 5, United States Code.

(2) **INTERNET-CONNECTED DEVICE.**—The term "internet-connected device" means a physical object that—

(A) is capable of connecting to the internet, either directly or indirectly through a network, to communicate information at the direction of an individual; and

(B) has computer processing capabilities for collecting, sending, receiving, or analyzing data.

SEC. 3. NO ADDITIONAL FUNDS AUTHORIZED.

No additional funds are authorized to be appropriated to carry out this Act. This Act shall be carried out using amounts otherwise authorized.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Ohio (Mr. LATTA) and the gentlewoman from Illinois (Ms. KELLY) each will control 20 minutes.

The Chair recognizes the gentleman from Ohio.

GENERAL LEAVE

Mr. LATTA. 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 materials in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, I rise today in strong support of H.R. 6032, the State of Modern Application, Research, and Trends of IoT Act, or the SMART IoT Act.

Earlier this year, the SMART IoT Act was unanimously approved by the Digital Commerce and Consumer Protection Subcommittee and the full Energy and Commerce Committee.

I would like to thank Chairman WALDEN for his support of this bipartisan legislation. I also want to thank Representative WELCH for his leadership as the original cosponsor of the SMART IoT Act and the many bipartisan members of the Energy and Commerce Committee for cosponsoring this bill.

Representative WELCH and I have been working together on these issues for years, including as co-founders of the Internet of Things Working Group in the 114th Congress.

Today marks an important step towards maximizing the full potential of Internet-connected devices, more commonly known as smart devices.

Almost any physical object can be transformed into a smart device with

microchips, sensors, and wireless communications. Once transformed, these smart devices connect through a network to share, exchange, and analyze data to gather insights used to solve problems or enable new capabilities.

IoT solutions will benefit consumers and businesses by improving productivity, efficiency, and much more. Whether we are talking about advancements to automobiles that will improve roadway safety and save lives or smart-city applications that will improve services for residents, one thing is clear: We have the chance to benefit from a more connected world.

Because of the vast benefits of IoT, we are seeing significant economic impacts across a number of industries. By 2025, it is projected that the total economic impact of IoT could reach \$11.1 trillion. This includes value increases annually of up to \$2.5 trillion in the healthcare sector, \$2.3 trillion in manufacturing, \$300 billion in infrastructure, \$100 billion in agriculture, and \$50 billion in vehicle use.

To realize these benefits, we must ensure the Government does not get in the way. Throughout numerous meetings over the years, we heard from many stakeholders. What became clear is that it is difficult to know who is doing what, both in the Federal Government and also in the private sector.

A lack of collaboration and dialogue presents the problem of creating unnecessary barriers to innovation and commonsense policy, something we cannot afford to do if we want to unleash the power of IoT in the United States. We must equip ourselves and industry with information about what Federal, public-private, and self-regulatory efforts are in place or under way.

This is why we developed the SMART IoT Act. The SMART IoT Act directs the Secretary of Commerce to create a compendium to answer that very question: Who is doing what? At the Federal level, this is what will help promote interagency discussions and avoid conflicting or duplicative obligations or regulations that may slow innovation and progress.

At the industry level, this will help innovators and businesses know how entities are developing, using, and promoting use of IoT solutions. It will also highlight industry-based efforts to self-regulate and provide all stakeholders with a resource to facilitate communication and information sharing.

The SMART IoT Act is a critical first step to future IoT policy efforts. It provides important information that will foster Federal collaboration and streamline private industry efforts.

We have an obligation to do what we can to promote American competitiveness and technological advancements that benefit Americans in an environment where other countries are trying to overtake the United States in technical innovation.

Mr. Speaker, again I thank Chairman WALDEN, Representative WELCH, and