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MARKUP OF:

H.R. 767, STOP, OBSERVE, ASK AND RESPOND

(SOAR) TO HEALTH AND WELLNESS ACT OF 2017;

H.R. 880, MILITARY INJURY SURGICAL SYSTEMS

INTEGRATED OPERATIONALLY NATIONWIDE TO

ACHIEVE ZERO PREVENTABLE DEATHS ACT

(MISSION ZERO) ACT; H.R. 931, FIREFIGHTER

CANCER REGISTRY ACT OF 2017; AND H.R. 2422,

ACTION FOR DENTAL HEALTH ACT OF 2017

THURSDAY, JUNE 29, 2017

House of Representatives

Subcommittee on Health,

Committee on Energy and Commerce

Washington, D.C.

The Subcommittee met, pursuant to call, at 10:00 a.m., in
Room 2123 Rayburn House Office Building, Hon. Michael Burgess

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[Chairman of the Subcommittee] presiding.

Present: Representatives Burgess, Guthrie, Barton, Upton, Murphy, McMorris Rodgers, Lance, Griffith, Bilirakis, Bucshon, Brooks, Mullin, Hudson, Collins, Carter, Walden(ex officio), Green, Schakowsky, Butterfield, Matsui, Castor, Schrader, Kennedy, Eshoo, DeGette, and Pallone (ex officio).

Staff present: Mike Bloomquist, Deputy Staff Director; Elena Brennan, Legislative Clerk, Energy/Environment; Adam Buckalew, Professional Staff Member, Health; Karen Christian, General Counsel; Paul Edattel, Chief Counsel, Health; Blair Ellis, Digital Coordinator/Press Secretary; Adam Fromm, Director of Outreach and Coalitions; Giulia Giannangeli, Legislative Clerk, Digital Commerce and Consumer Protection/Communications and Technology; Peter Kielty, Deputy General Counsel; Mark Ratner, Policy Coordinator; Kristen Shatynski, Professional Staff Member, Health; Jennifer Sherman, Press Secretary; Danielle Steele, Policy Coordinator, Health; Hamlin Wade, Special Advisor, External Affairs; Jacquelyn Bolen, Minority Professional Staff; Jeff Carroll, Minority Staff Director; Elizabeth Ertel, Minority Office Manager; Waverly Gordon, Minority Health Counsel; Dan Miller, Minority Policy Analyst; Tim Robinson, Minority Chief Counsel; Samantha Satchell, Minority Policy Analyst; and C. J. Young, Minority Press Secretary.

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Mr. Burgess. The Subcommittee will come to order.

The chair recognizes himself for an opening statement. This will be the last time that the Subcommittee will meet before Independence Day, and I do want to take a moment to recognize those who put their lives on the line to serve their communities. These individuals are truly national heroes.

Today's markup focuses on four important pieces of legislation that will support the people who work to improve our communities every day, and I am encouraged by the bipartisan fashion in which the subcommittee has worked to build these policies.

To start off, we will examine first the Stop, Observe, Ask, and Respond to Health and Wellness Act of 2017. This bill introduced by Representatives Cohen, Cardenas, and Kinzinger will build on a pilot program underway at the Department of Health and Human Services that has enhanced the capacity of healthcare providers and communities to identify victims and survivors of human trafficking. Empowering everyday neighbors on how to identify and help victims will strengthen our communities.

Next we will look at Military Injury Surgical Systems Integrated Operationally Nationwide to Achieve Zero Preventable Deaths Act. This is also known as the MISSION ZERO Act. This is a bill that Representative Green and I introduced, along with Representatives Hudson and Castor, and will strengthen our

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Nation's trauma care system by integrating military teams and providers into the civilian trauma system, allowing for the lessons that we have learned from the battlefield to translate into improved successes in our local trauma centers. These teams and providers can then, in turn, gain additional experiences and remain ready, so that our military maintains its state of readiness.

Next we will examine H.R. 931, the Firefighter Cancer Registry Act of 2017. This bill introduced by Representatives Collins and Pascrell will authorize funding for the Centers for Disease Control and Prevention to create a national registry for the collection of data pertaining to cancer incidence amongst firefighters. Firefighters play an integral role in keeping our families and communities safe, and this bill will help us better understand these cancers, so that we can take better care of the men and women who take care of us.

Finally, we will examine the Dental Health Act of 2017, authored by Representative Kelly. This bill would take several steps to support and improve dental health for some of our most vulnerable populations, including children and the elderly. As a provider who spent much of three decades practicing and caring for vulnerable populations, I have the utmost respect for other providers who go out of their way to help those who cannot help themselves.

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I want to thank each member of the subcommittee for their work on these bills. They are important incremental steps that we can and should take to support our communities.

And now I am happy to represent the gentleman from Texas, Mr. Green, 3 minutes for his opening statement, please.

Mr. Green. Thank you, Mr. Chairman. Today the subcommittee is marking up four bills that will make improvements to our healthcare system and advance public health. H.R. 767, the SOAR to Health and Wellness Act, will help healthcare professionals identify and assist human trafficking victims. Far too many victims of trafficking have contact with healthcare professionals while they are in captivity yet go undetected.

The legislation -- well, according to the research, a large portion of healthcare professionals have not received specific training on human trafficking, are poorly equipped to recognize the signs and respond. This legislation builds on the work initiated by the Administration of Children and Families and Office of Women's Health in 2014, known as the Stop, Observe, Ask, and Respond, or SOAR, to a health and wellness training program, which trains providers to recognize and respond to victims of human trafficking.

Our next bill is H.R. 767, which statutorily authorizes the program and establishes grants to further train healthcare providers through diverse care settings. I appreciate the bill's

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sponsors -- Representative Cohen, Representative Cardenas, Representative Kinzinger, and Representative Wagner -- for their leadership on the issue.

H.R. 931, Firefighter Cancer Registry Act, introduced by Representative Bill Pascrell and our colleague on our committee, Congressman Collins, will help advance scientific understanding of increased incidence of cancer among our Nation's heroic firefighters, so we can develop better responses.

Several studies have identified that firefighters are at elevated levels of certain cancers, yet beyond that it is well understood and a corollary. I am actually the grandson of a firefighter, a captain in the Houston fire department, that actually died of cancer. Of course, this was in 1960 when they didn't wear any apparatus, no breathing apparatus or anything. So, but that is an important bill to track that.

H.R. 931 will direct the Centers for Disease Control and Prevention, CDC, to develop and maintain a voluntary cancer registry for firefighters. This registry will collect relevant information to determine the risk of developing various cancers and informing efforts to advance interventions. The identified data from the registry will be made available to researchers, so we can spur scientific study and ultimately better protect our Nation's first responders.

H.R. 2422, Action for Dental Health Act, seeks to improve

and promote oral health care. Millions of Americans will never see a dentist, yet half of individuals over the age of 30 suffer from gum disease, and a quarter of young children have cavities.

The Action for Dental Health Act will reauthorize the CDC's oral health promotion, disease, and prevention grants, and allow volunteer dental programs that provide healthcare to underserved populations to apply directly for these grants.

This is an important bill. It was introduced by Representative Robin Kelly and Michael Simpson, and I appreciate their leadership and commitment to oral health.

Finally, we have considering H.R. 880, MISSION ZERO Act, introduced by myself and our chairman of the committee, along with Representatives Castor and Hudson. The bill will promote development and partnerships between civilian trauma centers and our military. This will increase the number of trauma care providers available in civilian settings, maintain the combat readiness of our military trauma teams and providers, and ensure a learning health system that will knowledge-share between civilian and combat trauma settings.

There are nearly 30,000 preventable fatalities with traumatic injury each year that could have been avoided by optimal care, which provided for the coordinated trauma care. MISSION ZERO Act will assist the Department of Defense in assigning trauma surgeons to civilian trauma centers filling a gap in care and

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establish grant programs for eligible trauma systems and centers to incorporate full military trauma centers, teams, and individual military trauma providers in our hospitals.

The bill is a step forward on national trauma care that allows for the continuous and seamless exchange of knowledge between the military and the civilian health sectors.

I want to thank the bill's sponsors, but I also want to thank Chairman Burgess because I don't know how many terms this is we have been working on reauthorizing and trying to bring up the level of trauma care legislation.

And I yield back my time.

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman. The chair now recognizes the gentleman from Florida, Mr. Bilirakis, for 1 minute for an opening statement, please.

Mr. Bilirakis. Thank you, Mr. Chairman. Today's markup continues our important work to ensure our health system provides the value Americans expect. We are considering a number of critical bills today, including the MISSION ZERO Act. This bill promotes quality care for our Nation's heroes and our fellow citizens by sharing best practices through military-civilian partnerships in trauma care.

It is really a win-win across military and civilian healthcare sectors. I am also proud to co-sponsor the Action

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for Dental Health Act. In 2014, approximately 164,000 ER visits across Florida were dental-related, with hospital bills exceeding \$243 million, and in Pasco County ER expenses totaled nearly \$11 million.

The Action for Dental Health Act addresses this issue by increasing preventive access for underserved citizens.

The bills in front of us today are a testament to our ability to work in a bipartisan manner for the American people, and I look forward to continuing the great work of this subcommittee.

Thank you, Mr. Chairman, and I yield back.

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman. The chair recognizes the gentleman from New Jersey, Mr. Pallone, the ranking member of the full committee, for an opening statement, please.

Mr. Pallone. Thank you, Mr. Chairman. I don't want to repeat what has already been said, but we do have four important bills that will improve public health and help to ensure providers and patients have the tools they need to respond to critical healthcare issues.

The bills -- if I could just comment briefly on H.R. 767, the SOAR to Health and Wellness Act, it is going to provide -- it is going to teach providers how to recognize the signs of human trafficking, how to respond, so that we can ensure that survivors receive the coordinated care they need.

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And, of course, H.R. 880, the MISSION ZERO Act, will create partnerships between trauma centers and the military that will improve access to trauma care in communities across the country, ensuring our military trauma personnel remain combat-ready, improve the sharing of knowledge between our civilian and military trauma centers.

H.R. 931, the Firefighter Cancer Registry Act, sponsored by Congressmen Pascrell and Collins, requires the Centers for Disease Control and Prevention to develop a registry to help us better understand the cancer risk factors associated with being a firefighter, and that registry will also inform interventions to reduce such risk, so we can make sure we are protecting firefighters who risk their lives every day to protect us.

And, finally, H.R. 2422, the Action for Dental Health Act, far too many Americans lack access to affordable dental care.

Unfortunately, these individuals often end up foregoing care or delaying care to the point where they find themselves in the emergency room. Oral health plays a vital role in an individual's overall health and happiness, and I am pleased to support initiatives to increase access to care for those who need it.

All of these bills, Mr. Chairman, are bipartisan and will provide vital resources to address ongoing public health concerns, and I urge support and yield back.

Mr. Burgess. The gentleman yields back. The chair thanks

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the gentleman. The chair now recognizes the chairman of the full committee, the gentleman from Oregon, Mr. Walden, for 3 minutes for an opening statement, please.

Mr. Walden. I thank the gentleman and appreciate your work on this legislation. Today we mark up four bills to advance public health that have strong bipartisan support, once again, in our committee. The first three bills would all provide resources and support to the trauma and first responder community. The fourth bill will enhance public health in underserved populations in need of quality dental services.

H.R. 767, the Stop, Observe, Ask, and Respond, or SOAR, to Health and Wellness Act of 2017, sponsored by Representative Steve Cohen, would improve and expand training for health professionals on how to identify and treat human trafficking victims. As we learned at the hearing on this bill, human trafficking is a healthcare issue, and health professionals are in the unique position to recognize and respond to these victims.

In order to prevent lost opportunities to offer trafficked victims help, providers on the front lines need the training to recognize the signs of exploitation and provide appropriate care.

H.R. 880 sponsored by the Health Subcommittee Chairman, Dr. Burgess, addresses our trauma and emergency medical systems. The Military Injury Surgical Systems Integrated Operationally Nationwide to Achieve Zero Preventable Deaths Act -- wow, that

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is a mouthful -- MISSION ZERO Act, better integrates military and civilian trauma care by establishing a grant program for hospitals to hire active duty military personnel. It is a good bill.

Lessons learned from combat in Iraq and Afghanistan have the potential to drive innovative new models in emergency medicine by bringing military and civilian expertise for a seamless exchange of best practices. We can work toward more optimal delivery of trauma care, improving outcomes both on and off the battlefield.

We will also mark up legislation authored by subcommittee member Representative Chris Collins, H.R. 931, the Firefighter Cancer Registry Act of 2017. This is really important legislation. Firefighters tend to face an increased risk for cancer due to exposures on the job that can impact their health well beyond their years of service.

This is a significant concern in my own State of Oregon where each year hundreds of firefighters tackle wildfires that have the potential to devastate our forest communities. The extent to which our firefighters are at risk and how those risks can be reduced in the future is not fully understood. Correlating certain cancers with specific exposures in firefighters requires better data.

By requiring the Centers for Disease Control and Prevention

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to create a registry to collect information on the incidence of cancer in firefighters, H.R. 931 will allow us to better understand the epidemiology of this disease in first responders, which will ultimately lead to better prevention efforts and treatments.

Finally, the subcommittee will vote on Representative Robin Kelly's bill that will help improve oral health education and dental disease prevention. Good oral health is an important component of good overall health. According to the CDC, on average the Nation spends \$113 billion a year on costs related to dental care. More than \$6 billion a year in productivity is lost because people miss work to get dental care.

By fostering local preventative collaborative agreements and enhancing current federal grants to states that support innovative oral health workforce activities, H.R. 2422 will help reduce disparities in dental health for many Americans.

And so I commend the committee for its work on these important healthcare bills and look forward to marking them up. And I yield back.

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman. The chair recognizes the gentlelady from Illinois, Ms. Schakowsky, 1 minute for an opening statement, please.

Ms Schakowsky. Thank you, Mr. Chairman. I support the

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bills we are here to advance, but, once again, Republicans are being incredibly hypocritical. You know, the majority can claim that they want to advance public health, but yet voted to pass a bill that would rip healthcare away from 22 million people.

TrumpCare would undermine protections for people with preexisting conditions by allowing insurance companies to sell junk plans without essential health benefits. It would rip away healthcare from millions of children, pregnant women, the elderly, and the disabled, by ending Medicaid as we know it. There is a reason why every single patient group, hospital association, provider organization, opposes this bill -- because they all know the damage it will do to our country.

If Republicans actually want to improve public health, they will drop this horrific repeal bill and stop trying to rip healthcare away from millions of Americans, and I yield back.

Mr. Burgess. The gentlelady yields back. The chair thanks the gentlelady. The chair reminds members that, pursuant to committee rules, all members' opening statements will be made part of the record. Further opening statements? Does the gentleman from New York seek time? Recognized for 1 minute for an opening statement, please.

Mr. Collins. Thank you, Mr. Chairman, for holding this markup on my bill, H.R. 931, the Firefighter Cancer Registry Act.

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This bill has broad bipartisan support, and I am proud that nearly 200 of my colleagues have agreed to co-sponsor it. This legislation is a critical step that will allow health experts to learn more about the detrimental health impacts of a career in firefighting.

Firefighters are consistently diagnosed with cancer at a higher rate than the general population, and this bill will help improve research into this correlation. The Firefighter Cancer Registry Act will require the Centers for Disease Control and Prevention to establish a voluntary registry that tracks incidences of cancer in the firefighting community.

Through this important research, we will hopefully be able to develop new protocols and safeguards for those brave men and women.

Thank you, again, Mr. Chairman, for holding this markup, and I yield back.

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman. The chair recognizes the gentlelady from Florida, 1 minute for the purpose of an opening statement.

Ms. Castor. Well, thank you, Chairman Burgess, and Ranking Member Green, for organizing this hearing. There are a number of very important public health bills that have been worked on on a bipartisan basis.

And I would like to thank the committee and all of the

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colleagues who are moving these important bills forward, particularly H.R. 800, the MISSION ZERO Act, by Representatives Burgess, Green, Hudson, and myself. I have seen MISSION ZERO, this concept that worked back home in Tampa in a partnership between the Tampa General Hospital, which is our Level 1 trauma center, and the medical group out of MacDill Air Force Base. They really do -- they have already explored how you set up these trauma training platforms to maintain currency in deployment.

I would also like to thank Congresswoman Robin Kelly and Rex Simpson for H.R. 2422, Action for Dental Health Care Act.

This very modest investment through grants to nonprofits in our local communities to help provide dental healthcare to our neighbors is vitally important. I have seen something like this in action through the Florida Dental Association, Mission of Mercy, and More Health, and I think we -- this will be an important step to keep that going.

Thank you, and I yield back.

Mr. Burgess. The chair thanks the gentlelady. The gentlelady yields back. The chair recognizes the gentleman from Georgia, Mr. Carter, 1 minute for an opening statement, please.

Mr. Carter. Thank you, Mr. Chairman, and thank you for this opportunity. Mr. Chairman, these pieces of legislation are tackling a number of tough issues that are relevant in many of

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our communities. Human trafficking, a terrible crime that often goes sight unseen, will be addressed with H.R. 767 through new training programs to identify victims.

In my time served in the Georgia State legislature, it was a significant area of focus for us with Hartsfield-Jackson Airport in Atlanta, and one in which we tried to aggressively fix programs that taught people how to determine and respond to possible situations.

The MISSION ZERO Act is an opportunity for us to utilize trauma care experts from the military and incorporate best practices from the civilian sector and military care. As a representative from multiple military bases and units, including 3rd Infantry Division, I want to ensure that our men and women who are being put in harm's way have the best possible care available to them.

The Firefighter Cancer Registry Act is a chance for us to more closely monitor and react to cancer cases in our firefighter populations. By collecting and consolidating data, we can develop new ways to treat, and hopefully prevent, cases of cancer in our first responders.

Finally, the Action for Dental Health will provide much-needed care to underserved populations.

Mr. Chairman, I thank the committee and my colleagues for their work on this, and I yield back.

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Mr. Burgess. The chair thanks the gentleman. The gentleman yields back. Are there other members seeking time for an opening statement?

Ms. Eshoo. Mr. Chairman?

Mr. Burgess. For what purpose does the gentlelady from California seek recognition?

Ms. Eshoo. For an opening statement.

Mr. Burgess. Recognized for 1 minute for an opening statement, please.

Ms. Eshoo. Thank you, Mr. Chairman, for holding this markup today. Each of these four bills are -- they are all good bills.

They address changes that need to be made in the public health space that are really currently unmet, and I am proud to be a co-sponsor of two of them -- the SOAR to Health and Wellness Act and the Firefighter Cancer Registry Act.

As I said, they are good bills, and I salute the sponsors and the work that they have done on them. I would just like to add that -- and to broaden out the context, as we are doing this, and we will pass these out of this subcommittee, that there is much larger legislation that was passed by the House and now being considered by the Senate.

And I would just -- I can't help but think that a cancer registry for firefighters is critical, but what good will the registry be if those that are diagnosed with cancer can't afford

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the treatment or are dropped from their insurance plan because of preexisting condition practices being eliminated?

So, likewise, if rural hospitals are to close, the whole issue of the victims of human trafficking will have no entry point into the healthcare system. So while we are doing good work here, in the broader context, I don't know how these bills, if they become law, are going to -- let's just put it this way. They are in jeopardy because of what is being considered in the larger context of -- broader context of health care.

So thank you, Mr. Chairman, and thank you to the sponsors of the legislation. I look forward to voting for them, passing them out of committee.

Thank you.

Mr. Burgess. The gentlelady's time has expired. Other members seeking recognition for an opening statement? Seeing none, the chair calls up H.R. 767 and asks the clerk to report, please.

[The Bill H.R. 767 follows:]

*****INSERT 1*****

The Clerk. H.R. 767, to establish the Stop, Observe, Ask, and Respond to Health and Wellness Training Pilot Program, to address human trafficking in the healthcare system.

Mr. Burgess. Without objection, the first reading of the bill is dispensed with, and the bill will be open for amendment at any point. So ordered.

Are there bipartisan amendments to the bill? For what purpose does the gentleman from New Jersey seek recognition?

Mr. Pallone. To offer an amendment, which is by Mr. Cardenas. I don't know what the number is.

Mr. Burgess. Does the gentleman have an amendment at the desk?

Mr. Pallone. Yes.

Mr. Burgess. The clerk will report the amendment.

[The Amendment offered by Mr. Cardenas follows:]

*****INSERT 2*****

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The Clerk. Amendment in the nature of a substitute to H.R. 767 offered by Mr. Cardenas of California.

Mr. Burgess. Without objection, the reading of the amendment is dispensed with, and the gentleman is recognized for 5 minutes in support of the amendment.

Mr. Pallone. Thank you, Mr. Chairman. This amendment represents the bipartisan work of committee staff to improve the language of the underlying bill and help to ensure the bill can be implemented in the most effective way possible. This amendment incorporates suggested changes from the administration from children and families within HHS and technical edits from staff.

I support the amendment, and I urge my colleagues to support it as well, and I yield back.

Mr. Burgess. Are there other members seeking to be heard on the amendment? If there is no further discussion, the vote occurs on the amendment.

All those in favor shall signify by saying aye.

Those opposed, nay.

The ayes appear to have it. The ayes have it, and the amendment is agreed to.

The question now occurs on forwarding H.R. 767, as amended, to the full committee.

All those in favor, say aye.

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Those opposed, no.

The ayes have it, and the bill is agreed to.

The chair calls up H.R. 880 and asks the clerk to report.

[The Bill H.R. 880 follows:]

*****INSERT 3*****

The Clerk. H.R. 880, to amend the Public Health Service Act to facilitate assignment of military trauma care providers to civilian trauma centers in order to maintain military trauma readiness and to support such centers, and for other purposes.

Mr. Burgess. Without objection, the first reading of the bill is dispensed with, and the bill is open for amendment at any point. So ordered.

Are there bipartisan amendments to the bill? I will recognize myself for 5 minutes for -- oh, wait, the question -- the clerk will report the amendment.

[The Amendment offered by Mr. Burgess follows:]

*****INSERT 4*****

The Clerk. Amendment in the nature of a substitute to H.R. 880, offered by Mr. Burgess of Texas.

Mr. Burgess. The reading of the amendment is dispensed with, and I will recognize myself for 5 minutes.

Today I am introducing an amendment in the nature of a substitute for the MISSION ZERO Act. This bill will establish a grant program for military-civilian partnerships in trauma care that will allow both sectors to benefit from the other's experience and expertise. The program is intended to address significant variation in trauma care delivery across the nation while also helping our military maintain battlefield readiness between periods of active engagement.

The bill stems from a June 2016 report from the National Academies of Sciences, Engineering, and Medicine, entitled A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury.

Among the report's recommendations, the group proposed that the Secretary of Defense should take steps to develop integrated permanent joint civilian and military trauma system training platforms in order to create and sustain an expert trauma workforce between periods of active combat.

The amendment is being -- the amendment being introduced today includes modifications based on technical assistance provided by the administration. I am encouraged by the

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bipartisan effort to both support our servicemen and our Nation's trauma care systems, and I would like to thank Representatives Green, Hudson, and Castor for their work on this important bill.

I will be happy to yield to any other member seeking recognition. If not, I will then yield back.

Is there further discussion on the amendment?

Mr. Green. Mr. Chairman?

Mr. Burgess. Yes. For what purpose does the gentleman from Texas seek recognition?

Mr. Green. I would like to strike the last word.

Mr. Burgess. The gentleman is recognized for 5 minutes.

Mr. Green. I want to speak on the support for H.R. 880, the MISSION ZERO Act. Representative Burgess and I, as I said earlier, has worked for many years on trauma care issues, and I appreciate his partnership. I also want to thank Representative Kathy Castor and Richard Hudson for championing this bill with us.

Traumatic injury is the leading cause of death of those under the age of 46. Survival among severely injured patients requires expert care, delivered promptly and in a coordinated manner. Care begins at the scene of the injury, continues through the emergency department and into the hospital operating room and intensive care units.

This is true in both a civilian and military context. Also

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true is the optimal response depends on advanced planning, preparation, coordination to produce a smooth transition, and the proper sequence of interventions. Unfortunately, despite clear evidence of its value in war zones and here at home, 1 in 7 Americans -- 45 million people -- lack access within 1 hour, known as the golden hour, to a trauma center able to treat their severe injuries.

Mortality and disability in traumatic injury can substantially reduce through integrated joint civilian and military trauma systems, training platforms, in order to create and sustain an expert trauma workforce between periods of active duty.

The MISSION ZERO Act would assist Department of Defense in assigning trauma surgeons to civilian trauma centers, filling a gap in care recently examined by the National Academies of Sciences, Engineering, and Medicine.

It will also establish grant programs for eligible trauma systems and centers and incorporate full military trauma teams or individual military trauma providers into their hospitals.

Again, I want to thank the sponsors of the amendment.

An aside, when I was in Iraq and Afghanistan 10 years ago, I watched trauma care in Balad, Baghdad, and those facilities, and at one time -- in fact, Congressman Burgess, Chairman, when you were training in Houston, typically the military doctors from

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-- our interns from Sam Houston, Fort Sam Houston, would come over on Friday nights and Saturday nights to our trauma centers to see how they were treated, and now this will establish that as a product and it will help both civilians and our military preparations.

And thank you for your leadership, and I yield to my colleague from Florida.

Ms. Castor. Thank you, Mr. Green. I want to thank Chairman Burgess and Ranking Member Green again, and our other co-sponsor, Rep. Hudson.

What I have seen in -- back home in Tampa where we are home to MacDill Air Force Base that hosts United States Special Operations Command and Central Command and an Air Mobility Wing is they started something like this a few years ago, first training nurses in the military on trauma because Tampa General Hospital is a Level 1 trauma center.

That has evolved now to the way they practice in the field through medical teams, and I think what I am hearing from my folks back home is they -- now across DoD where they have closed a lot of military hospitals, and the hospitals that do exist on bases often don't have that type of trauma care, they are very desperate to keep their skills current when they are back home. So this is very important, to do that.

And think about these cases that come into trauma, whether

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it is burn or traumatic brain injury, and that is the kind of training they need because when they are deployed and in the field, there are all sorts of injuries that happen, whether it is on the battlefield or just in training. So I want to thank you all again for understanding the importance of keeping our military responders and medical groups as current as possible.

And I yield back the balance of my time.

Mr. Burgess. Will the gentleman yield to the chairman?

Mr. Green. I will gladly yield to the chair.

Mr. Burgess. For informational purposes only, those trips to Balad in Iraq, Trauma Bay 2, which was part of a tent hospital in the base of Balad, one of the last trips through there is that base -- is that tent hospital was being decommissioned. They built a hardened facility.

It occurred to some of us that there ought to be preservation of Trauma Bay 2 because that was probably some of the most hallowed ground in Iraq, washed the blood of our patriots, that the Air Force cut out the slab from Trauma Bay 2 and it is now on display in the medical museum at Walter Reed Hospital. If anyone gets out there, it is worth the side trip to look at that.

The chair thanks the gentleman. The gentleman yields back. Are there other members seeing to be heard on the amendment? If there is no further discussion, the vote occurs on the amendment.

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All those in favor shall signify by saying aye.

All those opposed, nay.

The ayes have it, and the amendment is agreed to.

The question now occurs on forwarding H.R. 880, as amended,
to the full committee.

All those in favor, say aye.

All those opposed, no.

The ayes have it, and the bill is agreed to.

The chair calls up H.R. 931 and asks the clerk to report.

[The Bill H.R. 931 follows:]

*****INSERT 5*****

The Clerk. H.R. 931, to require the Secretary of Health and Human Services to develop a voluntary registry to collect data on cancer incidence among firefighters.

Mr. Burgess. Without objection, the first reading of the bill is dispensed with, and the bill will be open for amendment at any point. So ordered.

Are there bipartisan amendments to the bill? Are there other amendments? For what purpose does the gentleman from New York seek recognition?

Mr. Collins. I have an amendment at the desk.

[The Amendment offered by Mr. Collins follows:]

*****COMMITTEE INSERT 6*****

Mr. Burgess. The gentleman is recognized -- the clerk will report the amendment.

The Clerk. Amendment to H.R. 931, offered by Mr. Collins of New York.

Mr. Burgess. Without objection, the reading will be dispensed with. The gentleman is recognized for 5 minutes in support of his amendment.

Mr. Collins. Thank you, Mr. Chairman. Once again, I am proud that the committee has agreed to consider and support the Firefighter Cancer Registry Act. This amendment only makes technical corrections and in no way alters the substance of the underlying legislation.

Firefighters put their lives on the line for their communities every day. We must support these brave men and women by giving the CDC the tools it needs to fully understand the health impacts of this dangerous job. A greater understanding of the causes of cancer will increase the standards and improve the methods used to prevent, diagnose, and treat these first responders.

The firefighter registry will collect data on not just cancer incidence amongst firefighters, but also historical data, such as the number and types of events responded to, the length of employment, and the status of each firefighter.

This comprehensive registry will offer more accurate data

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to medical experts as they continue to study the correlation between firefighting and its higher rate of cancer. Firefighters put their lives at risk and protect all of us every day. Congress must and should do all it can to reduce and minimize the hazards they face. The Firefighter Cancer Registry Act is a step in that direction, and I urge my colleagues to vote for it.

I yield back, Mr. Chairman.

Mr. Burgess. The chair thanks the gentleman. The gentleman yields back. Are there other members seeking recognition to discuss the gentleman's amendment? If there is no further discussion, the vote occurs on the amendment.

All those in favor shall signify by saying aye.

All those opposed, nay.

The ayes have it, and the amendment is agreed to.

The question now occurs on forwarding H.R. 931, as amended, to the full committee.

All those in favor, say aye.

All those opposed, no.

The ayes have it, and the bill is agreed to.

The chair calls up H.R. 2422 and asks the clerk to report.

[The Bill H.R. 2422 follows:]

*****INSERT 7*****

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The Clerk. 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.

Mr. Burgess. Without objection, the first reading of the bill is dispensed with, and the bill is open for amendment at any point. So ordered.

Are there bipartisan amendments to the bill? Are there other --

Mr. Green. Mr. Chairman, I have an amendment at the desk.

Mr. Burgess. For what purpose does the gentleman seek recognition?

Mr. Green. I have an amendment at the desk.

[The Amendment offered by Mr. Green follows:]

*****INSERT 8*****

Mr. Burgess. The clerk will report the amendment.

The Clerk. Amendment in the nature of a substitute to H.R. 2422, offered by Mr. Green.

Mr. Burgess. Without objection, the reading of the amendment is dispensed with, and the gentleman is recognized for 5 minutes on his amendment.

Mr. Green. Thank you, Mr. Chairman. This amendment represents the bipartisan work of our committee staff. It incorporates feedback we have received from the Centers of Disease Control, Prevention, and Health Resources and Services Administration to strengthen this bill.

These changes ensure that we are building upon existing efforts within both agencies to promote an access to dental health -- dental care and improved dental health.

I urge my colleagues to support the amendment and the underlying bill. And if there are no questions, I will be glad to yield back.

Mr. Burgess. The chair thanks the gentleman. The gentleman yields back. Further discussion of the amendment? If there is no further discussion, the vote occurs on the amendment.

All those in favor shall signify by saying aye.

All those opposed, nay.

The ayes have it, and the amendment is agreed to.

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The question now occurs on forwarding H.R. 2422, as amended, to the full committee.

All those in favor, say aye.

All those opposed, no.

The ayes appear to have it. The ayes have it, and the bill is agreed to.

Without objection, the staff is authorized to make technical and conforming changes to the legislation approved by the Subcommittee today. So ordered.

And, without objection, the Subcommittee stands adjourned.

[Whereupon, at 10:41 a.m., the Subcommittee was adjourned.]

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