

ONE HUNDRED FIFTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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WASHINGTON, DC 20515-6115

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MEMORANDUM

May 15, 2017

To: Subcommittee on Health Democratic Members and Staff
Fr: Committee on Energy and Commerce Democratic Staff
Re: Hearing on “Examining Initiatives to Advance Public Health”

On **Wednesday, May 17, 2017 at 10:15 a.m. in Room 2322 of the Rayburn House Office Building**, the Subcommittee will hold a legislative hearing titled “Examining Initiatives to Advance Public Health” to examine four bills: H.R. 767, SOAR to Health and Wellness Act of 2017; H.R. 931, Firefighter Cancer Registry Act of 2017; H.R. 1876, Good Samaritan Health Professionals Act of 2017; and H.R. __, Action for Dental Health Act of 2017.

I. H.R. 767, SOAR TO HEALTH AND WELLNESS ACT OF 2017

H.R. 767, the SOAR to Health and Wellness Act of 2017, introduced by Rep. Cohen (D-TN), Rep. Cardenas (D-CA), Rep. Kinzinger (R-IL), and Rep. Wagner (R-MO), would establish a pilot program to train health care providers to identify potential human trafficking victims and provide such victims with coordinated care for their circumstances.

It is estimated that 1 in 6 runaway youth are likely sex trafficking victims, and that approximately 87.8 percent of sex trafficking victims had contact with a health care professional while they were being trafficked.¹ Since 2014, the Administration for Children and Families (ACF) and Office of Women’s Health (OWH) within the Department of Health and Human Services (HHS) have jointly funded a pilot program known as “Stop, Observe, Ask, and Respond to Health and Wellness Training” (SOAR) in order for health care and social service providers to

¹ National Center for Missing and Exploited Children, *Child Sex Trafficking* (<http://www.missingkids.org/lin6>); Lederer, L. and Wetzel C.A., *The health consequences of sex trafficking and their implications for identifying victims in facilities*, The Annals of Health Law (<https://www.icmec.org/wp-content/uploads/2015/10/Health-Consequences-of-Sex-Trafficking-and-Implications-for-Identifying-Victims-Lederer.pdf>).

better recognize and respond to victims of human trafficking. H.R. 767 would specifically authorize this pilot program through FY2022, and would make grants available to help train health care providers to implement proper protocols for referring potential victims of human trafficking, and while also supporting this training in diverse health care settings.

II. H.R. 931, FIREFIGHTER CANCER REGISTRY ACT OF 2017

H.R. 931, the Firefighter Cancer Registry Act of 2017, introduced by Rep. Collins (R-NY) and Rep. Pascrell (D-NJ), would require the Centers for Disease Control and Prevention (CDC) to develop and maintain a voluntary cancer registry of firefighters (Registry).

Several studies have looked at elevated cancer risks associated with the firefighting occupation. For example, a study published in the *Journal of Occupational and Environmental Medicine* found that firefighters are at elevated risks of certain cancers such as multiple myeloma and testicular cancer.² The purpose of the Registry to collect relevant information to determine the risks of developing various cancers among firefighters and inform efforts to develop interventions to reduce such risks. CDC would be required to collect and monitor information such as the number of years on the jobs, number of fire incidents attended, and cancer incidence from career, volunteer, and paid-on-call firefighters from across the country. The legislation would require CDC to encourage the inclusion of firefighters from underrepresented groups, including minority, female, and volunteer firefighters, in the Registry. Finally, CDC would be required to make de-identified data from the Registry available to researchers at no charge. H.R. 931 would authorize \$2.5 million for each of fiscal years 2018 through 2022.

III. H.R. 1876, GOOD SAMARITAN HEALTH PROFESSIONALS ACT OF 2017

H.R. 1876, introduced by Rep. Marsha Blackburn (R-TN) and Rep. David Scott (D-GA), would limit the civil liability of healthcare professionals who volunteer to provide health care services in response to a disaster. Healthcare professionals cannot be held civilly liable for harm arising out of their acts or omissions, if: 1) the professional is serving as a volunteer for purposes of responding to a disaster; and 2) the act or omission occurs during the period of the disaster, in the healthcare professional's capacity as a volunteer, and in good faith belief that the individual being treated is in need of health care services. Protection from liability does not apply to willful or criminal misconduct, gross negligence, reckless misconduct, a conscious flagrant indifference to the rights or safety of the individual harmed, or if the health care professional rendered the health care services under the influence of drugs or alcohol. The bill would also preempt state laws, except those that provide greater protection from liability.

IV. H.R. __, ACTION FOR DENTAL HEALTH ACT OF 2017

² GK LeMasters, et al., *Cancer risk among firefighters: a review and meta-analysis of 32 studies*, *Journal of Occupational and Environmental Medicine* (2006).

The Action for Dental Health Act, introduced by Rep. Robin Kelly (D-IL) and Rep. Mike Simpson (R-ID) would reauthorize the CDC's oral health promotion and disease prevention grants at \$18 million for each of fiscal years 2018 through 2022. The bill would amend current law to allow volunteer dental programs that provide free care to underserved populations to apply directly for these CDC grants. It would also allow eligible entities, such as nonprofit dental societies, state programs, or dental schools, to apply for grants to develop or implement new initiatives to reduce barriers to care and improve oral health for underserved populations.

It is estimated that more than 181 million Americans will not see a dentist.³ This is despite the fact that about half of individuals over the age of thirty suffer from some form of gum disease and about one in four children under the age of five have cavities.⁴ In 2012, an estimated \$1.6 billion was spent on emergency department (ED) care for dental conditions.⁵ Nearly 80 percent of dental ED visits were non-urgent and could have been treated in a dental office.⁶ Individual dentists and volunteer programs provide about \$2.6 billion annually in free or discounted dental services.⁷

V. WITNESSES

Cheryl D. Watson-Lowry, DDS
American Dental Association

Jordan Greenbaum, MD
Director, Global Child Health and Well Being Initiative, International Centre for Missing and Exploited Children, Clinical Assistant Professor, Department of Pediatrics, Emory School of Medicine, Staff Physician, Stephanie V. Blank Center for Safe and Healthy Children, Children's Healthcare of Atlanta

Kevin B. O'Connor
Assistant to the General President
International Association of Fire Fighters

³ Based on the American Dental Association's Health Policy Resources Center's analysis of 2010 Medical Expenditure Panel Survey (MEPS) and U.S. Census Data.

⁴ P.I. Eke et al, *Prevalence of Periodontitis in Adults in the United States: 2009 and 2010*, Journal of Dental Research (2012).

⁵ Thomas Wall and Marko Vujicic, *Emergency Department Use for Dental Conditions Continues to Increase* (2015) (http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0415_2.aspx).

⁶ *Id.*

⁷ American Dental Association, *Provide Care Now* (<http://www.ada.org/en/public-programs/action-for-dental-health/provide-care-now>).

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