Committee on Energy and Commerce

Opening Statement as Prepared for Delivery of Ranking Member Frank Pallone, Jr.

Markup of 7 Bills, Subcommittee on Health

September 10, 2025

Today, we are considering seven health bills.

We will begin by marking up a few bills that reauthorize the Title VII and Title VIII health professions development programs at the Health Resources and Services Administration (HRSA). These programs support the recruitment, training, and retention of health professionals across the country, including physicians, nurses, and dentists. As we continue to face nationwide shortages in health providers, continuing all of the Title VII and Title VIII programs is essential to creating a robust network of providers.

These programs also advance the diversity of the health workforce so that it is actually reflective of the communities they serve. Research has shown that a diverse and representative health care workforce improves not only patients' perceptions of the care they receive, but also their access to care and their actual health outcomes.

It is crucial that Congress continues to authorize and fund these important programs. Eliminating any of them would exacerbate health workforce shortages, and vulnerable communities will be hit the hardest.

We will also consider a few bills that reauthorize important programs that support maternal and infant health. The Healthy Start Program serves populations with the highest rates of infant mortality and women at risk of adverse health outcomes. This program partners with local providers to improve health outcomes before, during, and after pregnancy, with the ultimate goal of reducing infant mortality and lowering rates of preterm birth and maternal illness. I am pleased to see it included in this hearing and want to stress the importance of reauthorizing this program for the future.

We are also considering legislation to reauthorize newborn screening programs across HHS. Every year, four million newborns in the United States are screened for genetic conditions as part of a process called "newborn screening." The newborn screening program is one of the largest and most successful health promotion programs in the country, with more than 14,000 newborn lives saved or improved each year thanks to early diagnosis and treatment of these genetic conditions. Reauthorizing this program is crucial to making sure the program continues, but we should also be looking to restore the Advisory Committee on Heritable Disorders in Newborns and Children, which the Trump Administration has disbanded. This action by the Administration has left states without clear, evidence-based guidance for their newborn screening systems, which is increasing the risk that children with rare but treatable conditions

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will go undiagnosed. This is unacceptable. Congress must show that it stands with families across the country who rely on this essential program.

We will also consider legislation that would grant leave parity to Public Health Service officers. The United States Public Health Service Commissioned Corps (USPHS) is one of the eight uniformed services of the United States. However, the USPHS parental leave policy is not aligned with its counterparts. This disparity affects the recruitment and retention of the highly qualified professionals who protect our nation's public health. The bill before us today would codify parental leave for these public health officers and align with its counterparts in the other uniformed services branch.

I look forward to moving all of these bills through the Subcommittee today, and hope to advance them out of the full Committee as well. It is important that this Committee continue to do its job while also working to hold the Trump Administration accountable to implement the legislation that we pass.

Thank you, and I yield back the balance of my time.