

ONE HUNDRED FIFTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**  
COMMITTEE ON ENERGY AND COMMERCE  
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**MEMORANDUM**

**June 28, 2017**

**To: Subcommittee on Health Democratic Members and Staff**

**Fr: Committee on Energy and Commerce Democratic Staff**

**Re: Subcommittee Markup of H.R. 767, SOAR to Health and Wellness Act of 2017, H.R. 880, MISSION Zero Act, H.R. 931, Firefighter Cancer Registry Act, and H.R. 2422, Action for Dental Health Act of 2017**

On **Thursday, June 29th, at 10:00 a.m., in room 2123 of the Rayburn House Office Building**, the Subcommittee on Health will hold a markup of four bills: H.R. 767, SOAR to Health and Wellness Act of 2017, H.R. 880, MISSION ZERO Act, H.R. 931, Firefighter Cancer Registry Act, and H.R. 2422, Action for Dental Health Act of 2017.

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

Rep. Cohen (D-TN), Rep. Cardenas (D-CA), Rep. Kinzinger (R-IL), and Rep. Wagner (R-MO) introduced H.R. 767, the SOAR to Health and Wellness Act on January 31, 2017. This bill establishes a grant program to train health care providers to identify potential human trafficking victims and provide such victims with coordinated care for their circumstances. This bill would promote the implementation of the “Stop, Observe, Ask, and Respond to Health and Wellness Training” (SOAR) program, enable health care and social service providers to better recognize and respond to victims of human trafficking, develop protocols for referring potential victims to other providers, and support training in diverse health care settings.

**II. H.R. 880, MISSION ZERO ACT**

Rep. Burgess (R-TX), Rep. Green (D-TX), Rep. Castor (D-FL) and Rep. Hudson (R-NC) introduced H.R. 880, the Military Injury Surgical Systems Integrated Operationally Nationwide to Achieve ZERO Preventable Death or MISSION ZERO Act on February 6, 2017. This bill will promote the development of partnerships between civilian trauma centers and our military to increase the number of trauma care providers available in civilian settings, maintain the combat

readiness of military trauma teams and providers, and ensure a learning health system where knowledge is shared between civilian and combat trauma settings. This bill would create a grant program that awards grants to trauma centers that allow military trauma care teams and providers to provide trauma care. The purpose of the grant program is to offset the costs to a trauma center of integrating such teams or personnel.

### **III. H.R. 931, FIREFIGHTER CANCER REGISTRY ACT**

Rep. Collins (R-NY) and Rep. Pascrell (D-NJ) introduced H.R. 931, the Firefighter Cancer Registry Act of 2017 on February 7, 2017. The purpose of this bill is to improve our understanding of the causes of elevated cancer risks associated with the firefighting occupation and inform interventions that help reduce such risks. This bill would require the Centers for Disease Control and Prevention (CDC) to develop and maintain a voluntary cancer registry of firefighters.

### **IV. H.R. 2422, ACTION FOR DENTAL HEALTH ACT OF 2017**

Rep. Kelly (D-IL) and Rep. Simpson (R-ID) introduced H.R. 2422, the Action for Dental Health Act on May 15, 2017. The bill would reauthorize the CDC's oral health promotion and disease prevention grants at \$18 million for each of fiscal years 2018 through 2022. H.R. 2422 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 permit eligible entities, such as nonprofit dental societies, state programs, or dental schools, to apply for grants to develop or implement initiatives to reduce barriers to care, and improve oral health for underserved populations. For example, eligible entities could establish oral health education programs or community dental health coordinator programs to help connect patients to dental care.

The bill would also allow states to apply for grant funding through the Health Resources and Services Administration (HRSA) for initiatives to advance the provision of dental care for underserved populations. For example, states would be able to apply for HRSA funding to establish dental homes for vulnerable groups such as children or the disabled, provide dental care to nursing home residents, or establish emergency room referral programs so that patients can receive dental care in a more appropriate setting.