

my good friend, my dear friend, Congressman ANDY BARR and his legislation named, of course, in memory of his late wife, Carol.

ANDY knows Monica and I loved being with Carol and ANDY whenever we could. Whenever we could get together it was great, especially when we traveled together.

Let me talk about the bill for a second. The Cardiovascular Advances in Research and Opportunities Legacy Act, or CAROL Act, will help to advance research on valvular heart disease.

Specifically, this bill authorizes grants that allow us to identify and develop a cohort of individuals with valvular disease.

We will then be able to gather data and help doctors determine which individuals are at high risk of sudden cardiac death.

And finally, the bill will convene subject matter experts to strategize on what research is needed to develop guidelines for treatment of patients with mitral valve prolapse.

As a doctor, I know this legislation will undoubtedly help to save many lives.

The bill's 180 cosponsors, who span the political spectrum, are a testament to how important this body believes this bill to be.

Today, we take another step towards getting this bill across the finish line. It will be a fitting tribute to a beautiful life when we see it signed into law.

Madam Speaker, I know Carol is beaming with pride as she looks down on ANDY today. And ANDY and Carol's girls, Eleanor and Mary Clay, are even more proud of both their mom and their dad than they already are on this particular day.

So may God bless ANDY and Carol Barr. Carol reached out and touched the face of God, but the positive effects of her life and ANDY's work will never perish. Their legacies are that they bring good things to life. So I am glad to see all of my colleagues here to support this bill, and I urge its passage.

Mr. PALLONE. Madam Speaker, I yield such time as she may consume to the gentlewoman from Washington (Mrs. RODGERS).

Mrs. RODGERS of Washington. Madam Speaker, first, to my colleague and friend, ANDY BARR, what a beautiful tribute to Carol. And I join my colleagues, everyone here today, in strong support of the CAROL Act. We love you. We love Carol. Our hearts go out to you.

I am sitting here, and I am thinking what a beautiful tribute. And to Eleanor and Mary Clay, I just saw their Christmas card, and I was thinking they are beautiful, and they are loved, and they shine brightly just like their mom did. I know that this has been such a difficult time, and to see ANDY step forward, bring this legislation—the CAROL Act that is going to help thousands of others across the coun-

try—to highlight important research that needs to be done so that others will not have to go through something similar because ANDY has led in such a strong way. We are grateful to know ANDY, and we want him to know that he is not alone.

I will always remember the times that I was with Carol. She was one of those people who seemed to do it all and do it all so well. And my memory of her is one of just lighting up the room. She shined so brightly. And ANDY continues to shine. And their girls are shining today.

We join today in strong support of this legislation. It is going to help us get answers so that others will not be impacted the same way. And let's get this done, as Carol said.

□ 1630

Mr. GUTHRIE. Madam Speaker, again, this is a great legacy for a great woman and her children. Every time I see them, we all tear up but we know that they are carrying on her legacy. I know that her husband is here today moving forward with her legacy.

Madam Speaker, I urge my colleagues to support the passage of the bill, and I thank the gentleman for yielding to the gentlewoman from Washington.

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

Mr. PALLONE. Madam Speaker, let me just say again what a tribute that ANDY BARR has made to his wife.

Madam Speaker, this is such an important bill in terms of trying to deal with this disease. Again, I urge bipartisan support, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1193, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to amend title IV of the Public Health Service Act to direct the Director of the National Institutes of Health, in consultation with the Director of the National Heart, Lung, and Blood Institute, to establish a program under which the Director of the National Institutes of Health shall support or conduct research on valvular heart disease, and for other purposes."

A motion to reconsider was laid on the table.

DR. LORNA BREEN HEALTH CARE PROVIDER PROTECTION ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1667) to address behavioral health and well-being among health care professionals, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1667

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 "Dr. Lorna Breen Health Care Provider Protection Act".

SEC. 2. DISSEMINATION OF BEST PRACTICES.

Not later than 2 years after the date of the enactment of this Act, the Secretary of Health and Human Services (referred to in this Act as the "Secretary") shall identify and disseminate evidence-based or evidence-informed best practices for preventing suicide and improving mental health and resiliency among health care professionals, and for training health care professionals in appropriate strategies to promote their mental health. Such best practices shall include recommendations related to preventing suicide and improving mental health and resiliency among health care professionals.

SEC. 3. EDUCATION AND AWARENESS INITIATIVE ENCOURAGING USE OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES BY HEALTH CARE PROFESSIONALS.

(a) *IN GENERAL.*—The Secretary, in consultation with relevant stakeholders, including medical professional associations, shall establish a national evidence-based or evidence-informed education and awareness initiative—

(1) to encourage health care professionals to seek support and care for their mental health or substance use concerns, to help such professionals identify risk factors associated with suicide and mental health conditions, and to help such professionals learn how best to respond to such risks, with the goal of preventing suicide, mental health conditions, and substance use disorders; and

(2) to address stigma associated with seeking mental health and substance use disorder services.

(b) *REPORTING.*—Not later than 2 years after the date of enactment of this Act, the Secretary shall provide to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives an update on the activities and outcomes of the initiative under subsection (a), including a description of quantitative and qualitative metrics used to evaluate such activities and outcomes.

(c) *AUTHORIZATION OF APPROPRIATIONS.*—To carry out this section, there are authorized to be appropriated \$10,000,000 for each of fiscal years 2022 through 2024.

SEC. 4. PROGRAMS TO PROMOTE MENTAL HEALTH AMONG THE HEALTH PROFESSIONAL WORKFORCE.

Subpart 1 of part E of title VII of the Public Health Service Act (42 U.S.C. 294n et seq.) is amended by adding at the end the following:

"SEC. 764. PROGRAMS TO PROMOTE MENTAL HEALTH AMONG THE HEALTH PROFESSIONAL WORKFORCE.

"(a) *PROGRAMS TO PROMOTE MENTAL HEALTH AMONG HEALTH CARE PROFESSIONALS.*—

"(1) *IN GENERAL.*—The Secretary shall award grants or contracts to health care entities, including entities that provide health care services, such as hospitals, community health centers, and rural health clinics, or to medical professional associations, to establish or enhance evidence-based or evidence-informed programs dedicated to improving mental health and resiliency for health care professionals.

"(2) *USE OF FUNDS.*—An eligible entity receiving a grant or contract under this subsection shall use funds received through the grant or contract to implement a new program or enhance an existing program to promote mental health among health care professionals, which may include—

"(A) improving awareness among health care professionals about risk factors for, and signs of, suicide and mental health or substance use

disorders, in accordance with evidence-based or evidence-informed practices;

“(B) establishing new, or enhancing existing, evidence-based or evidence-informed programs for preventing suicide and improving mental health and resiliency among health care professionals;

“(C) establishing new, or enhancing existing, peer-support programs among health care professionals; or

“(D) providing mental health care, follow-up services and care, or referral for such services and care, as appropriate.

“(3) PRIORITY.—In awarding grants and contracts under this subsection, the Secretary shall give priority to eligible entities in health professional shortage areas or rural areas.

“(b) TRAINING GRANTS.—The Secretary may establish a program to award grants to health professions schools, academic health centers, State or local governments, Indian Tribes or Tribal organizations, or other appropriate public or private nonprofit entities (or consortia of entities, including entities promoting multidisciplinary approaches) to support the training of health care students, residents, or health care professionals in evidence-based or evidence-informed strategies to address mental and substance use disorders and improve mental health and resiliency among health care professionals.

“(c) GRANT TERMS.—A grant or contract awarded under subsection (a) or (b) shall be for a period of 3 years.

“(d) APPLICATION SUBMISSION.—An entity seeking a grant or contract under subsection (a) or (b) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require.

“(e) REPORTING.—An entity awarded a grant or contract under subsection (a) or (b) shall periodically submit to the Secretary a report evaluating the activities supported by the grant or contract.

“(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section and section 5 of the Dr. Lorna Breen Health Care Provider Protection Act, there are authorized to be appropriated \$35,000,000 for each of fiscal years 2022 through 2024.”

SEC. 5. REVIEW WITH RESPECT TO HEALTH CARE PROFESSIONAL MENTAL HEALTH AND RESILIENCY.

(a) IN GENERAL.—Not later than 3 years after the date of enactment of this Act, the Secretary, in consultation with relevant stakeholders, shall—

(1) conduct a review on improving health care professional mental health and the outcomes of programs authorized under this Act; and

(2) submit a report to the Congress on the results of such review.

(b) CONSIDERATIONS.—The review under subsection (a) shall take into account—

(1) the prevalence and severity of mental health conditions among health professionals, and factors that contribute to those mental health conditions;

(2) barriers to seeking and accessing mental health care for health care professionals, which may include consideration of stigma and licensing concerns, and actions taken by State licensing boards, schools for health professionals, health care professional training associations, hospital associations, or other organizations, as appropriate, to address such barriers;

(3) the impact of the COVID-19 public health emergency on the mental health of health care professionals and lessons learned for future public health emergencies;

(4) factors that promote mental health and resiliency among health care professionals, including programs or strategies to strengthen mental health and resiliency among health care professionals; and

(5) the efficacy of health professional training programs that promote resiliency and improve mental health.

(c) RECOMMENDATIONS.—The review under subsection (a), as appropriate, shall identify best practices related to, and make recommendations to address—

(1) improving mental health and resiliency among health care professionals;

(2) removing barriers to mental health care for health care professionals; and

(3) strategies to promote resiliency among health care professionals in health care settings.

SEC. 6. GAO REPORT.

Not later than 4 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Congress a report on the extent to which Federal substance use disorder and mental health grant programs address the prevalence and severity of mental health conditions and substance use disorders among health professionals. Such report shall—

(1) include an analysis of available evidence and data related to such conditions and programs; and

(2) assess whether there are duplicative goals and objectives among such grant programs.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam 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 on H.R. 1667.

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

There was no objection.

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

Madam Speaker, the COVID-19 pandemic has placed an extraordinary amount of stress on physicians and other health professionals. According to a recent survey by the Physician Foundation, nationwide, half of physicians report feeling anxious due to COVID-19-related concerns, and nearly 60 percent report experiencing burnout. That is a significant increase from just two years ago.

Yet, many are not getting the help they need. Only 13 percent of providers have sought treatment to address pandemic-related mental health concerns. Nearly half of emergency physicians report not feeling comfortable seeking mental health treatment for fear of professional or personal repercussions, even though 87 percent say they have been experiencing increased stress.

Now, earlier this year, Congress took action in the American Rescue Plan to address these concerns. We invested in training for healthcare professionals on strategies to reduce burnout and stigma associated with seeking mental healthcare; and we provided support to the employers of frontline providers so they can better care for the mental health needs of their workforce.

These were important investments for a workforce stretched to the limit, but there is still more to be done. And that is why Congress must pass H.R.

1667, the Dr. Lorna Breen Healthcare Provider Protection Act.

This legislation is named in honor of Dr. Lorna Breen, a sister, friend, daughter, and emergency department physician, who tragically died by suicide after the physical and mental toll of the pandemic became too unbearable. Dr. Breen was fearful of seeking assistance for her debilitating mental burden, which left her despondent and physically unable to move from her office chair.

Earlier this year, her family testified before the Committee on Energy and Commerce about how the workload and stress of her position during the beginning of the pandemic broke an otherwise indomitable spirit of a compassionate woman with a strong love of her job and her coworkers and her patients.

The Dr. Lorna Breen Healthcare Provider Protection Act will make significant strides in improving access to mental and behavioral health services. First, the bill authorizes grants for training health profession students, residents, or healthcare professionals in evidence-informed strategies to reduce and prevent suicide, burnout, mental health conditions, and substance use disorders.

It will also identify and disseminate evidence-informed best practices for reducing and preventing suicide and burnout among healthcare professionals. The legislation also establishes a national evidence-based education and awareness campaign targeting healthcare professionals to encourage them to seek support and treatment for mental and behavioral health concerns. And finally, it calls for a comprehensive study to be conducted on healthcare professional mental and behavioral health and burnout.

This bill received unanimous support in the Committee on Energy and Commerce and is part of a series of bipartisan bills the committee has worked on to bolster and support our healthcare workforce.

I thank the sponsors of this bill, most importantly, Representative WILD, who was the lead sponsor, and my colleagues on the committee for their steadfast work in honoring Dr. Breen, her family, and the countless healthcare providers who will now have additional support and resources available to them. It is my hope that this bill will lead to more healthcare providers seeking help when they need it without fear of repercussions or stigma.

Madam Speaker, I urge my colleagues to support the bill, and I reserve the balance of my time.

The SPEAKER pro tempore. Without objection, the gentleman from Michigan (Mr. UPTON) will control the time for the minority.

There was no objection.

Mr. UPTON. Mr. Speaker, I yield 3 minutes to the gentlewoman from Puerto Rico (Miss GONZÁLEZ-COLÓN).

Miss GONZÁLEZ-COLÓN. Madam Speaker, I thank Mr. UPTON for yielding.

Madam Speaker, I rise today in support of H.R. 1667, the Dr. Lorna Breen Healthcare Provider Act. This bill strikes close to home for me. I know a gentleman who served in our Armed Forces as an enlisted hospital corpsman and advocated for this bill.

He responded after the 2011 earthquake in Haiti, working in an intensive care unit and caring for local residents, even as an estimated 200,000 lives were lost. He and many of his fellow corpsmen were teenagers at the time.

Upon returning home, he thought, as this bill calls it, that he was simply burned out. Many of those he served with would abruptly leave the service or transition to administrative duties.

After suffering from flashbacks during emergency and medical situations, though, this gentleman would quietly leave the service as well, recognizing that he could no longer render the care that he had been trained to give. It would take nearly a decade for him to begin accessing mental health resources that he needed.

Madam Speaker, I tell this story, with his permission, of course, to make two points.

First, that widespread provider burnout can lead to staffing shortages.

Second, that many times we use the phrase “burnout” to hide deeper wounds. Burnout implies a short-term change, one that seemingly heals with a break or a vacation. But as our hospitals have overflowed in places with COVID patients, burnout can be something more serious.

That is why this bill is important. It establishes a communication campaign to educate and encourage providers to seek care. It will decrease costs by establishing grant programs for providers who use that care, and it will produce cutting-edge science on the problem of burnout among physicians.

Madam Speaker, let me close by saying that all healthcare providers should know that accessing the resources this act will provide is a good thing. It means they are still human enough to appreciate the tragedies they experience.

Mr. PALLONE. Madam Speaker, I yield 3 minutes to the gentlewoman from Pennsylvania (Ms. WILD), the lead sponsor of the bill.

Ms. WILD. Madam Speaker, I rise today in support of my bill, the Dr. Lorna Breen Healthcare Provider Protection Act, which will finally provide resources and support to our healthcare heroes who face burnout and mental health crisis as a result of their experiences with COVID-19.

America owes an incredible debt of gratitude to these professionals who work to keep us safe and healthy. Doctors die by suicide at twice the rate of the general population. The trauma of their experience during COVID—and before—while treating patients is something we must address head on.

Dr. Lorna Breen was the emergency room director at New York Presbyterian Hospital and was a hero who

embodied the spirit of service in our time of national crisis. She died by suicide in April 2020 at the peak of the COVID crisis in New York after contracting COVID herself, quarantining, and then returning to work.

Her father said, “She was truly in the trenches of the frontline. She tried to do her job and it killed her. Make sure she is praised as a hero. She was a casualty of this pandemic as much as anyone else who died.”

I am honored in her memory to lead this bill to prevent burnout among the health professionals answering the call of duty. I thank my seven co-leads, RAJA KRISHNAMOORTHY, DAVID MCKINLEY, JUDY CHU, FRED UPTON, HALEY STEVENS, MORGAN GRIFFITH, and JOHN KATKO, and to note that the strong bipartisan support that this bill enjoys is confirmation that Congress can still come together to tackle big problems.

I thank Jennifer and Corey Feist, Dr. Breen’s sister and brother-in-law, who have championed this bill from the beginning to ensure that Lorna’s legacy is codified here in the halls of Congress. But most of all, I thank every last doctor, nurse, EMT, custodial staffer, food service worker, and especially our emergency room doctors who put themselves into harm’s way to keep the rest of us safe. Our work to secure for you the support you need is far from over.

Mr. UPTON. Madam Speaker, I yield myself such time as I might consume.

Madam Speaker, first of all, I thank the leadership on our committee. I thank Mr. PALLONE, Ms. MCMORRIS RODGERS, Mr. GUTHRIE, and obviously, Chair ANNA ESHOO, and our staffs for moving this legislation forward.

Madam Speaker, this is a very important bill. All of our healthcare workers, particularly in this COVID pandemic, are really heroes. They are, without exception. All of us know many of these workers because they are our neighbors and friends. And each of us have heard those cries of woe as they have done their job every day, every day, day after day for 24/7.

I can’t imagine how they do it; watching so many folks suffer as they try to help them from their hospital beds. Passing on the sad words that they passed away to family members, maybe not even in person because of this terrible pandemic. And thinking of the hundreds of thousands of Americans that have died because of this awful disease, let alone so many more across the globe.

Well, one of those healthcare workers who was well-publicized at the time was Lorna Breen, a physician from Charlottesville, working on the front lines of the pandemic in New York, moving up there to try and help the need. And, yes, as it was mentioned, took her own life.

This was a national story. It gripped the Nation. I can remember watching the news show that week as this tragic story was portrayed. It outlined the severe stress that this pandemic has put

on our healthcare workers and the need for the resources that they need to help them cope. The demands that our healthcare heroes are facing, they have not changed. They haven’t changed yet. For months, for a year-and-a-half, they have been asked to care for communities in my district in Southwest Michigan and across the country 24/7 as the pandemic continues. This bill helps us have their backs.

Madam Speaker, I talk to major hospitals in my district every week. And the common refrain that we have been hearing throughout the State of Michigan is that our hospitals are still strained to the breaking point. Staff shortages are severe. I saw a story a few hours ago but I think the State of Maine is now taking up their National Guard. We have asked for national help from President Biden as well in Michigan. There have been too many examples of healthcare workers that are suffering from this enormous pressure as they fight the worst public health crisis in a century.

This legislation is going to help promote mental and behavioral health for those healthcare professionals, improving their overall well-being and maybe even saving their own lives. This bill helps promote mental and behavioral health among those working on the front lines of the pandemic. It supports training for health professionals to prevent suicide and burnout, and it increases awareness about suicide and mental health concerns among their peers.

I am glad that we are considering this important bill and that we will vote on it yet tonight. I look forward to having it being signed into law.

Again, I thank the bipartisan cooperation on both sides of the aisle. Hopefully, we can get our Senate colleagues—and I know that they are with us on this—to work together to get this bill to the President as soon as we can. We can’t wait another day.

Madam Speaker, I reserve the balance of my time.

□ 1645

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentlewoman from California (Ms. CHU).

Ms. CHU. Madam Speaker, I rise today in strong support of the Dr. Lorna Breen Act.

The past 2 years have stretched our Nation to the brink. No one has shouldered this burden more than our healthcare workers. The doctors, nurses, and all healthcare workers who have worked day in and day out through surge after surge have put their lives on hold to care for us and our loved ones as the pandemic spread around the country.

In many instances, they have done this while understaffed, without sufficient PPE, and knowing that they are putting their own lives at risk before a vaccine was available to them. This can have a profound impact on a provider’s mental health. Today, we are

taking an important step to ensure that they get the help they need.

The Dr. Lorna Breen Health Care Provider Protection Act establishes grants for training healthcare workers and strategies to reduce and prevent suicide burnout, mental health conditions, and substance use disorders. It also establishes a national awareness campaign to encourage healthcare professionals to seek support and treatment for mental health issues.

As one of the two psychologists in Congress, I know how much mental healthcare matters and how much stigma can prevent someone from getting the help they need. By passing this bill today, we can say to healthcare workers: You are not alone.

Madam Speaker, I urge my colleagues to support this critical legislation.

Mr. UPTON. Madam Speaker, I have no further speakers, and I am ready to close. I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. KRISHNAMOORTHY).

Mr. KRISHNAMOORTHY. Madam Speaker, I rise today in strong support of the Dr. Lorna Breen Act.

My wife, Priya, is a physician. Like her colleagues, she has worked tirelessly during the pandemic. During the pandemic, people have referred to these healthcare workers as heroes, but as you know, our heroes are human. They struggle with the trauma of losing colleagues and patients, and they expose themselves to the daily risks of COVID. They suffer from burnout, depression, and suicide.

In fact, before the pandemic, one physician every day committed suicide. That rate has gone up significantly during the pandemic.

I am reminded of the situation of Dr. Scott Jolley in Utah. He would sometimes work until 3 a.m. as the only physician on duty at his hospital in Utah. By November 2020, he was diagnosed with PTSD, and by February 2021, he had committed suicide.

These tragic losses and stories from medical professionals are unending. Today, in honor of one of these heroes, Dr. Lorna Breen, the Dr. Lorna Breen Health Care Provider Protection Act was created and will expand access to mental and behavioral health resources to help our heroes, to help them cope with the stresses and anxieties that they face every single day.

Unfortunately, some of those stresses and anxieties will continue after this pandemic. That is why this act is so important. I look forward to passing this necessary piece of legislation today.

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

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. Madam Speaker, for too long, healthcare providers struggling with mental illness have suffered in silence, intimidated by stigma and

afraid of being penalized for seeking treatment.

Even before the pandemic, 42 percent of the physicians reported experiencing burnout, and 40 percent reported a reluctance to seek treatment for a medical health condition. This is far too many people suffering in silence.

How can we expect our doctors to take care of us when they feel they can't take care of themselves?

The Dr. Lorna Breen Health Care Provider Protection Act, named for a doctor who lost her life to suicide after fighting on the front lines of the pandemic, will help reduce and prevent suicide, burnout, and mental health conditions of healthcare professionals. It does so by supporting training to prevent suicide and burnout; creating a national awareness campaign encouraging healthcare professionals to seek support for mental health concerns; and establishing a comprehensive study on healthcare professional mental health and burnout, including the impact of the pandemic.

Our healthcare professionals have been serving on the front lines, taking care of us amid an unprecedented global pandemic. It is time we take care of them.

Madam Speaker, I urge my colleagues to support this critical legislation.

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

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentlewoman from Michigan (Ms. STEVENS).

Ms. STEVENS. Madam Speaker, I rise today to voice support for my friend Representative SUSAN WILD's bipartisan Dr. Lorna Breen Health Care Provider Protection Act, a bill that establishes training programs for healthcare workers to prevent suicide and burnout.

As I am here in Congress today, I think of my constituents back home in Michigan who are in the midst of another COVID-19 spike, who are in our hospitals telling us they are full, who cannot provide care in the way they have been trained and taught and in the way they would like to. These spikes leave us exhausted. They leave our healthcare workers all the more stressed.

People are being pushed to the limit. Since the start of this pandemic, Michigan's healthcare workforce has become fragile. We have lost workers due to the stress of this pandemic, yet this bipartisan legislation that brings us together here today will provide support to the workforce.

Michigan healthcare workers deserve this. They are working and are continuing to work on the front lines of this pandemic. It is time to change how our healthcare industry approaches mental health. We must step up to provide a more reliable culture and supportive infrastructure for healthcare professionals to count on for years to come.

It took a pandemic for us to get this Dr. Lorna Breen bill, and we will not

forget our healthcare workers. We will continue to stand up for them.

Mr. UPTON. Madam Speaker, this is a great bill. We need to vote for it without delay, and I thank my chairman. I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge support for this bill, which is bipartisan, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1667, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WEBER of Texas. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

ORAL HEALTH LITERACY AND AWARENESS ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4555) to amend the Public Health Service Act to authorize a public education campaign across all relevant programs of the Health Resources and Services Administration to increase oral health literacy and awareness.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4555

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 "Oral Health Literacy and Awareness Act of 2021".

SEC. 2. ORAL HEALTH LITERACY AND AWARENESS CAMPAIGN.

The Public Health Service Act is amended by inserting after section 340G-1 of such Act (42 U.S.C. 256g-1) the following:

"SEC. 340G-2. ORAL HEALTH LITERACY AND AWARENESS.

"(a) CAMPAIGN.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall establish a public education campaign (referred to in this subsection as the 'campaign') across all relevant programs of the Health Resources and Services Administration (including the health center program, oral health workforce programs, maternal and child health programs, the Ryan White HIV/AIDS Program, and rural health programs) to increase oral health literacy and awareness.

"(b) STRATEGIES.—In carrying out the campaign, the Secretary shall identify oral health literacy and awareness strategies that are evidence-based and focused on oral health care education, including education on prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer.

"(c) FOCUS.—The Secretary shall design the campaign to communicate directly with