

Hemp is specifically bred to produce plants because of its strong durable fibers, whereas marijuana is bred specifically for its resin properties, which is used for recreational purposes.

Hemp is bred to have less than .03 percent THC. THC is the mood-altering compound in marijuana. Regular marijuana has 1 percent to 30 percent of THC.

The hemp plant produces a high level of CBD oil and low levels of THC resin. Marijuana has a low level of CBD oil, and high levels of THC resin.

In humans, the CBD oil produced by the hemp plant works on the inflammatory systems of the brain which is why some patients say they get relief after using it. Marijuana works on the part of the brain that regulates mood and hunger.

The cannabis that government-authorized institutions typically access is more like hemp than marijuana, and marijuana is what consumers use in the real world.

These researchers need to have access to marijuana and not facility-grown hemp to further our education around the drug.

With this bill, the U.S. Department of Health and Human Services (HHS) and the U.S. attorney general would be required to create a process for marijuana manufacturers and distributors to supply researchers with cannabis from dispensaries.

This will allow researchers to be able to study the recreational marijuana that is being used and sold from state-legal businesses, instead of having to use only government grown cannabis.

Ninety-nine percent of Americans live in a state that has legalized some form of cannabis, yet the federal law is still hindering researchers' ability to study all the full range of health benefits.

Providing researchers with the actual marijuana that consumers are purchasing is the only way to provide the most efficient and relevant results.

We need to stop making researchers jump through regulatory hoops in their efforts to study the medical potential of the plant.

Expanding the marijuana studies will help ensure that Americans have adequate access to these potentially life changing medicines and treatments.

There are about 4 million registered cannabis patients in the United States, and likely millions more are self-medicating.

The United States leads the world in biomedical research yet research on cannabis, a drug that many of our citizens benefit from and are already using, lags far behind.

Limiting the resources for this research will leave patients, health care professionals, and policy makers without the evidence needed to make sound decisions about the use of marijuana.

I ask my colleagues to join me in voting for H.R. 5657 because providing the resources for this research could make the difference in millions of lives.

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. 5657, 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. GOOD of Virginia. 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.

CONSENSUS CALENDAR

The Speaker pro tempore. The Chair announces the Speaker's designation, pursuant to clause 7(a)(1) of rule XV, of H.R. 1916 as the measure on the Consensus Calendar to be considered this week.

ENSURING LASTING SMILES ACT

Ms. ESHOO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1916) to provide health insurance benefits for outpatient and inpatient items and services related to the diagnosis and treatment of a congenital anomaly or birth defect, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1916

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 "Ensuring Lasting Smiles Act".

SEC. 2. COVERAGE OF CONGENITAL ANOMALY OR BIRTH DEFECT.

(a) PUBLIC HEALTH SERVICE ACT AMENDMENTS.—Part D of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–111 et seq.) is amended by adding at the end the following new section:

"SEC. 2799A–11. STANDARDS RELATING TO BENEFITS FOR CONGENITAL ANOMALY OR BIRTH DEFECT.

"(a) REQUIREMENTS FOR CARE AND RECONSTRUCTIVE TREATMENT.—

"(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group or individual health insurance coverage, shall provide coverage for outpatient and inpatient items and services related to the diagnosis and treatment of a congenital anomaly or birth defect.

"(2) REQUIREMENTS.—

"(A) IN GENERAL.—Coverage provided under paragraph (1) shall include any medically necessary item or service to functionally improve, repair, or restore any body part to achieve normal body functioning or appearance, as determined by the treating physician (as defined in section 1861(r) of the Social Security Act), due to congenital anomaly or birth defect.

"(B) FINANCIAL REQUIREMENTS AND TREATMENT REQUIREMENTS.—Any coverage provided under paragraph (1) under a group health plan or individual or group health insurance coverage offered by a health insurance issuer may be subject to coverage limits (such as medical necessity, pre-authorization, or pre-certification) and cost-sharing requirements (such as coinsurance, copayments, and deductibles), as required by the plan or issuer, that are no more restrictive than the predominant coverage limits and cost-sharing requirements, respectively, applied to substantially all medical and surgical benefits covered by the plan (or coverage).

"(3) TREATMENT DEFINED.—In this section:

"(A) IN GENERAL.—Except as provided in subparagraph (B), the term 'treatment' in-

cludes, with respect to a group health plan or group or individual health insurance coverage offered by a health insurance issuer, inpatient and outpatient items and services performed to improve, repair, or restore bodily function (or performed to approximate a normal appearance), due to a congenital anomaly or birth defect, and includes treatment to any and all missing or abnormal body parts (including teeth, the oral cavity, and their associated structures) that would otherwise be provided under the plan or coverage for any other injury or sickness, including—

"(i) any items or services, including inpatient and outpatient care, reconstructive services and procedures, and complications thereof;

"(ii) adjunctive dental, orthodontic, or prosthodontic support from birth until the medical or surgical treatment of the defect or anomaly has been completed, including ongoing or subsequent treatment required to maintain function or approximate a normal appearance;

"(iii) procedures that materially improve, repair, or restore bodily function; and

"(iv) procedures for secondary conditions and follow-up treatment associated with the underlying congenital anomaly or birth defect.

"(B) EXCEPTION.—The term 'treatment' shall not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.

"(b) NOTICE.—Not later than one year after the date of the enactment of this section and annually thereafter, a group health plan, and a health insurance issuer offering group or individual health insurance coverage, shall, in accordance with regulations or guidance issued by the Secretary, provide to each enrollee under such plan or coverage a written description of the terms of this section. Such description shall be in language which is understandable to the typical enrollee."

(b) ERLISA AMENDMENTS.—

(1) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 is amended by adding at the end the following:

"SEC. 726. STANDARDS RELATING TO BENEFITS FOR CONGENITAL ANOMALY OR BIRTH DEFECT.

"(a) REQUIREMENTS FOR CARE AND RECONSTRUCTIVE TREATMENT.—

"(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, shall provide coverage for outpatient and inpatient items and services related to the diagnosis and treatment of a congenital anomaly or birth defect.

"(2) REQUIREMENTS.—

"(A) IN GENERAL.—Coverage provided under paragraph (1) shall include any medically necessary item or service to functionally improve, repair, or restore any body part to achieve normal body functioning or appearance, as determined by the treating physician (as defined in section 1861(r) of the Social Security Act), due to congenital anomaly or birth defect.

"(B) FINANCIAL REQUIREMENTS AND TREATMENT REQUIREMENTS.—Any coverage provided under paragraph (1) under a group health plan or group health insurance coverage offered by a health insurance issuer may be subject to coverage limits (such as medical necessity, pre-authorization, or pre-certification) and cost-sharing requirements (such as coinsurance, copayments, and deductibles), as required by the plan or issuer, that are no more restrictive than the predominant coverage limits and cost-sharing requirements, respectively, applied to substantially all medical and surgical benefits covered by the plan (or coverage).

“(3) TREATMENT DEFINED.—In this section:

“(A) IN GENERAL.—Except as provided in subparagraph (B), the term ‘treatment’ includes, with respect to a group health plan or group health insurance coverage offered by a health insurance issuer, inpatient and outpatient items and services performed to improve, repair, or restore bodily function (or performed to approximate a normal appearance), due to a congenital anomaly or birth defect, and includes treatment to any and all missing or abnormal body parts (including teeth, the oral cavity, and their associated structures) that would otherwise be provided under the plan or coverage for any other injury or sickness, including—

“(i) any items or services, including inpatient and outpatient care, reconstructive services and procedures, and complications thereof;

“(ii) adjunctive dental, orthodontic, or prosthodontic support from birth until the medical or surgical treatment of the defect or anomaly has been completed, including ongoing or subsequent treatment required to maintain function or approximate a normal appearance;

“(iii) procedures that materially improve, repair, or restore bodily function; and

“(iv) procedures for secondary conditions and follow-up treatment associated with the underlying congenital anomaly or birth defect.

“(B) EXCEPTION.—The term ‘treatment’ shall not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.

“(b) NOTICE.—Not later than one year after the date of the enactment of this section and annually thereafter, a group health plan, and a health insurance issuer offering group health insurance coverage, shall, in accordance with regulations or guidance issued by the Secretary, provide to each participant or beneficiary under such plan or coverage a written description of the terms of this section. Such description shall be in language which is understandable to the typical participant or beneficiary.”

(2) TECHNICAL AMENDMENT.—The table of contents in section 1 of such Act is amended by inserting after the item relating to section 725 the following new item:

“Sec. 726. Standards relating to benefits for congenital anomaly or birth defect.”

(c) INTERNAL REVENUE CODE AMENDMENTS.—

(1) IN GENERAL.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end the following:

“SEC. 9826. STANDARDS RELATING TO BENEFITS FOR CONGENITAL ANOMALY OR BIRTH DEFECT.

“(a) REQUIREMENTS FOR CARE AND RECONSTRUCTIVE TREATMENT.—

“(1) IN GENERAL.—A group health plan shall provide coverage for outpatient and inpatient items and services related to the diagnosis and treatment of a congenital anomaly or birth defect.

“(2) REQUIREMENTS.—

“(A) IN GENERAL.—Coverage provided under paragraph (1) shall include any medically necessary item or service to functionally improve, repair, or restore any body part to achieve normal body functioning or appearance, as determined by the treating physician (as defined in section 1861(r) of the Social Security Act), due to congenital anomaly or birth defect.

“(B) FINANCIAL REQUIREMENTS AND TREATMENT REQUIREMENTS.—Any coverage provided under paragraph (1) under a group health plan may be subject to coverage limits (such as medical necessity, pre-authorization, or pre-certification) and cost-sharing require-

ments (such as coinsurance, copayments, and deductibles), as required by the plan, that are no more restrictive than the predominant coverage limits and cost-sharing requirements, respectively, applied to substantially all medical and surgical benefits covered by the plan.

“(3) TREATMENT DEFINED.—In this section:

“(A) IN GENERAL.—Except as provided in subparagraph (B), the term ‘treatment’ includes, with respect to a group health plan, inpatient and outpatient items and services performed to improve, repair, or restore bodily function (or performed to approximate a normal appearance), due to a congenital anomaly or birth defect, and includes treatment to any and all missing or abnormal body parts (including teeth, the oral cavity, and their associated structures) that would otherwise be provided under the plan for any other injury or sickness, including—

“(i) any items or services, including inpatient and outpatient care, reconstructive services and procedures, and complications thereof;

“(ii) adjunctive dental, orthodontic, or prosthodontic support from birth until the medical or surgical treatment of the defect or anomaly has been completed, including ongoing or subsequent treatment required to maintain function or approximate a normal appearance;

“(iii) procedures that materially improve, repair, or restore bodily function; and

“(iv) procedures for secondary conditions and follow-up treatment associated with the underlying congenital anomaly or birth defect.

“(B) EXCEPTION.—The term ‘treatment’ shall not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.

“(b) NOTICE.—Not later than one year after the date of the enactment of this section and annually thereafter, a group health plan shall, in accordance with regulations or guidance issued by the Secretary, provide to each enrollee under such plan a written description of the terms of this section. Such description shall be in language which is understandable to the typical enrollee.”

(2) CLERICAL AMENDMENT.—The table of sections for such subchapter is amended by adding at the end the following new item:

“Sec. 9826. Standards relating to benefits for congenital anomaly or birth defect.”

(d) RULE OF CONSTRUCTION.—A group health plan or health insurance issuer shall provide the benefits described in section 2799A-11 of the Public Health Service Act (as added by subsection (a)), section 726 of the Employee Retirement Income Security Act of 1974 (as added by subsection (b)), and section 9826 of the Internal Revenue Code of 1986 (as added by subsection (c)) under the terms of such plan or health insurance coverage offered by such issuer.

(e) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2024.

SEC. 3. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. ESHOO) and the gen-

tleman from Virginia (Mr. GRIFFITH) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. ESHOO. 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. 1916.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. ESHOO. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in full support of H.R. 1916, the Ensuring Lasting Smiles Act. On behalf of the 4 percent of American children born annually with congenital anomalies or birth defects, I am very proud to sponsor this much-needed legislation.

This bill will ensure that health plans do not deny or delay medically necessary treatment of congenital anomalies. In many cases, coverage for well-known anomalies, like heart defects or spina bifida, is already the standard. But for babies who have oral defects such as cleft palates, skeletal defects, congenital cataracts, or hearing defects, insurance companies have systematically denied or delayed medically necessary treatments.

I became a sponsor of this legislation after Kevin Koser testified at our Health Subcommittee, which you are a member of, Madam Speaker, about his beautiful son, Kannon. He shared with the subcommittee how Kannon asked Santa Claus for teeth so he could “chomp big bites” of food.

I was really shaken by that and by the fact that in our country, such a rich and great country as America, we would put treatment that allows a child to eat out of reach because of insurance red tape.

A baby named Rosie in my congressional district is one of the 1,300 babies born in the United States each year with congenital cataracts. In just a few months, her family spent over \$4,000 out of pocket on contact lenses for her. Without these lenses, babies like Rosie are blind, and they have no chance of ever developing normal vision.

These stories are repeated across our country every single day, but today is the day that we can begin to change that. This legislation is one of the most popular bills in the House, with 316 bipartisan cosponsors, including more than half of the Republican Conference.

The time has come for this important, popular, and much-needed bill to finally pass the House of Representatives.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I am disappointed that all Members could not reach an agreement on this bill. I have an

amendment that would specify the types of conditions required to be addressed by this bill, which would help clarify its intent for the implementing agencies.

Madam Speaker, I include in the RECORD the text of my proposed amendment.

In the heading of section 2, strike “**CONGENITAL ANOMALY OR BIRTH DEFECT**” and insert “**CRANIOFACIAL, ORAL, OR MAXILLOFACIAL CONGENITAL ANOMALY OR BIRTH DEFECT**”.

In section 2799A-11 of the Public Health Service Act, section 726 of the Employee Retirement Income Security Act of 1974, and section 9826 of the Internal Revenue Code of 1986, as proposed to be added by section 2—

(1) in the heading, strike “**CONGENITAL ANOMALY OR BIRTH DEFECT**” and insert “**CRANIOFACIAL, ORAL, OR MAXILLOFACIAL CONGENITAL ANOMALY OR BIRTH DEFECT**”; and

(2) in subsection (a), strike the term “congenital anomaly or birth defect” and insert “craniofacial, oral, or maxillofacial congenital anomaly or birth defect” each place such term appears.

Mr. GRIFFITH. Madam Speaker, the stated goal of the bill is a good one, making sure those who, through no fault of their own, are born with a condition requiring extensive medical care can eat, drink, and thrive.

I would love to be able to tell families like the one in my district with two children experiencing ectodermal dysplasia that insurance would pay for the hundreds of thousands of dollars of surgery necessary to allow their teeth and mouths to function properly. But this bill needs more work, and my amendment could have addressed its most significant flaw.

Had the bill gone through regular order, I would have offered this corrective amendment.

The biggest problem here is that not one person can articulate which medical procedures or treatments would be required to be covered by insurance.

The bill is titled healthy smiles, referencing cleft palate, ectodermal dysplasia, et cetera, but not one person can articulate which medical procedures or treatments would be required to be covered by insurance. This is, in part, because the FDA has no statutory or regulatory definition of what a congenital anomaly or birth defect is.

Further, one part of the bill requires insurers to “include any medically necessary item or service to . . . restore any body part to achieve normal body functioning or appearance,” while another part provides that “‘treatment’ shall not include cosmetic surgery.”

Technical comments from the Department of Labor support my belief that these two provisions “seem to be in tension.” There is a tension between the two sections.

Because the language is so vague, CBO found it difficult to estimate the cost. They expressed uncertainty around identifying the procedures and services that would be considered medically necessary. Nonetheless, they took a stab at it and guessed it would cost around \$1.8 billion.

My amendment would resolve these concerns by replacing the phrase “con-

genital anomaly or birth defect” with “craniofacial, oral, or maxillofacial congenital anomaly or birth defect” to specify the types of conditions advocates of this bill have been discussing for months. Most of the people who signed on as cosponsors thought that was just what they were doing. They didn’t know they were going to cover, as the gentlewoman has said, the 4 percent of children born with any kind of a birth defect.

Given that my amendment cannot be considered today, I will be voting “no.”

Now, you may wonder, how did I come to this conclusion? When my oldest son was born 16 years ago, when I called my wife’s father, his first question was, “Does he have all his fingernails?” because my wife was born with a congenital birth defect. She doesn’t have fingernails on her index fingers. This has caused them to be injured numerous times over the years.

There is no question it qualifies under this bill for some kind of treatment, whether it be an implant to replace those nails—if this bill passes, we will be doing everything from the healthy smiles that the bill purports to do all the way down to fingernails.

Now, she is fine. She has grown up. She has adjusted. Everything is good. But the first question my father-in-law asked was, “Does he have all his fingernails?” because, for years, it was a concern to him as a father, as a parent.

This bill would deal with that, and that is why it is hard to say what it is going to cost because a lot of smaller defects like my wife’s fingernails would be covered under this.

□ 1745

And if it is covered, by golly, you know they are going to fix it. The worst thing she has to do now is wear gloves when we take out the Christmas tree and try to be careful. But as a child, it was a bigger issue, and like I said, the tips of her index fingers are a little bulbous. She might be offended by this, but if you look closely, it looks a little bit like E.T.’s finger, though it is not quite as long and it doesn’t light up. But it is a birth defect that this bill would cover at huge cost to the American public and to the American taxpayers.

This bill goes too far. I wish we had the opportunity to accept my amendment, which we can’t do on a bill that is on suspension, because then we could make sure it dealt with the big items that only affect a much smaller part of the population and that truly do need to be dealt with.

Madam Speaker, I reserve the balance of my time.

Ms. ESHOO. Madam Speaker, the bill that we are taking up today was passed by the Energy and Commerce Committee. It hasn’t changed. The gentleman, Mr. GRIFFITH, had an amendment. He withdrew it. He had the opportunity, but he withdrew it.

Madam Speaker, I yield such time as he may consume to the gentleman

from New Jersey (Mr. PALLONE), the chairman of the Energy and Commerce Committee.

Mr. PALLONE. Madam Speaker, I thank Chairwoman ESHOO for yielding.

Madam Speaker, I rise in strong support of H.R. 1916, the Ensuring Lasting Smiles Act, a bipartisan bill that will help patients with congenital anomalies and birth defects get the necessary treatment that they deserve.

Three percent of American children are born with congenital anomalies or birth defects that affect the way they look, develop, or function, often for the rest of their lives. These children require serious medical treatment. But for far too long, insurance companies have been unfairly denying treatment, despite an official medical diagnosis, by deeming it cosmetic or because the treatment involves dental services. This is unacceptable. This treatment is critically important and medically necessary, particularly for children with serious dental anomalies.

During our legislative hearing on this bill in committee, we heard from Kevin Koser about his family’s longstanding struggles to get his son Kannon’s medical treatment covered. Kannon was diagnosed with ectodermal dysplasia when he was 1 year old, and this had a drastic impact on his health and quality of life. Ectodermal dysplasia is a congenital anomaly that affects the development of the hair, skin, teeth, and other body parts. Kannon sprouted his first tooth at the age of 4, and this has severely restricted his diet and impacted his ability to speak.

In accordance with the treatment plan established by his doctor, his family began pursuing dentures for Kannon; however, their family health plan denied the medically necessary treatment for Kannon and deemed it as not a covered benefit. The Koser family is not alone.

Madam Speaker, there are countless children across the country whose medically necessary treatments are unfairly denied by insurance companies. These children may have to forego the care they need to live healthy and fulfilling lives because their families simply cannot afford the treatment. Too often, their families are stuck with the financial burden of paying out of pocket for medically necessary treatment despite having health insurance, and children like Kannon are forced to delay necessary care that is meant to restore bodily function.

The National Foundation for Ectodermal Dysplasias estimates that some families will pay upwards of \$150,000 out of pocket in their lifetime for medically necessary treatments. This is for medical care that should be rightfully covered by insurance.

The Ensuring Lasting Smiles Act will require all individual and group market health plans to cover medically necessary treatment resulting from congenital anomalies and ensure that children like Kannon get the treatment they need. This is important, common-sense legislation that has—as Ms.

ESHOO said—310 bipartisan cosponsors. I commend Ms. ESHOO for her leadership on this legislation as the prime sponsor of the bill.

This important bill will improve the health and well-being of countless Americans and ensure that individuals born with congenital anomalies have the opportunity to live a healthy life. Children like Kannon and his family should have the peace of mind to know that medically necessary treatment will be covered.

Madam Speaker, I urge all of my colleagues to support this bill.

Mr. GRIFFITH. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, I will submit that my amendment was not offered at the full committee. Two years ago, when we were taking this bill through regular order, at that time it was discussed that we would try to work on language that would narrow the scope before it came to the floor. I assumed that that would be done before this bill was brought up on a suspension; that has not happened. I would be more than happy, if we have to come to loggerheads over it, that we have that discussion where we can discuss all the potential costs, all the potential birth defects that might be covered, including the minor ones, the ones that don't have an effect on lasting smiles, which is also included in this.

Now, the gentlewoman's heart is in the right place, and I have great respect for her, and understand what she is trying to do. I just think that there is so much unknown cost for so many minor birth defects and small inconveniences that might be cosmetic or might not be, depending on which doctor makes that decision, because we don't have a good definition either in the bill or in the standard lingo of the FDA, et cetera.

I think we are buying a whole lot more expense, both to the American taxpayer, and, I believe, this is going to push up the cost of health insurance on families that are already having difficulties making those health insurance payments. All of that is correct.

And the chairman of the committee—also his heart is in the right place—mentioned ectodermal dysplasia. I have no problem with us treating that. It affects a small number of people. It is a huge cost on a handful of families out there—maybe a few more than a handful—but it does affect people disproportionately who cannot afford to have that fixed, and it does create huge problems on eating, on talking, et cetera. Those are the things we want to go after.

What I want to make sure we are not doing is spending billions of dollars of American taxpayer dollars or raising the cost of health insurance because we are going to take care of everything down to two index finger fingernails missing, et cetera. That is my concern.

Madam Speaker, as you can tell, I feel passionately about this, and I yield back the balance of my time.

Ms. ESHOO. Madam Speaker, I yield myself the balance of my time.

I thank the gentleman for his kind comments about me. I think that there are a couple of important points to be made. And that is that CBO estimates that insurers will respond to this bill by raising premiums by less than 0.1 percent. What CBO does not score are the savings from providing this needed medical care because that medical care goes on and on and on. And the costs to families are exorbitant.

As I said earlier today, I think this is a very good bill. I acknowledge all the advocates from all over the country that worked so hard to bring us to this moment.

Madam Speaker, I look forward to the vote today on this bill that has been with us since 2020, and I yield back the balance of my time.

Ms. JACKSON LEE. Madam Speaker, I rise in strong support of H.R. 1916, the Ensuring Lasting Smiles Act.

The purpose of this bill is to provide health insurance benefits for outpatient and inpatient items and services related to the diagnosis and treatment of congenital anomalies and birth defects.

This bill requires private health insurance plans to cover the diagnosis and treatment of birth defects, congenital disorders, or congenital malformations, conditions developed prenatally and may be identified before or at birth, or later in life.

The coverage must include services and items that functionally improve, repair, or restore any body part that is medically necessary for normal bodily functions or appearance, as determined by the treating physician.

This bill protects patients against increased insurance premiums by clearly specifying that coverage for these treatments may be subjected only to the same limits that apply to other injuries or sicknesses without imposing any greater financial responsibilities on the patient or family.

This legislation would also close an insurance coverage loophole for people born with congenital anomalies who need complex oral restorative care.

It would ensure that health plans cover medically necessary services related to a patient's anomaly or birth defect, including any serious dental and oral-related procedures that are necessary to maintaining health and overall function.

Insurance companies usually cover the preliminary procedures to treat congenital anomalies, but often deny and delay follow-up reconstructive procedures.

Denial or delay of these reconstructive procedures could lead to long-term physical and psychological injuries.

Insurance companies claim these follow up procedures are only cosmetic in nature, which then places a significant burden on patients and their families.

It is relatively rare for a child with a congenital deformity or developmental anomaly to undergo just one procedure that corrects all the associated health implications the first time.

On average, these children can expect anywhere from three to five surgical procedures and many more treatments before achieving structural normalcy and function in the affected body parts.

These families are then forced to pay huge out-of-pocket costs for treatment coverage or, in worst case scenarios, terminate treatment.

For example, people born with ectodermal dysplasia's are often unable to properly develop teeth.

Their teeth may be missing, completely absent, have defective enamel or be shaped differently.

If the teeth are not repaired or replaced, these individuals could have chewing, swallowing, digestive, speech and self-esteem issues.

Someone born with ectodermal dysplasia spends a significant amount of money on necessary medical and dental care throughout their lifetime.

This amount of money can become so excessive that families may have no option other than selling their cars, remortgaging their homes, and foregoing a college education to afford medically necessary dental care.

Far more families simply go without care because they can't afford it.

Dental care is also subject to a double-standard, while some individuals who lose their teeth due to an accident receive dental benefits under the existing statutes, those who are missing teeth due to ectodermal dysplasias, a medical condition they were born with, do not receive these same dental benefits.

The Ensuring Lasting Smiles Act would fix this.

This bill would help more families than those affected by the ectodermal dysplasias. It would cover a broad range of congenital anomalies.

Many people born with congenital anomalies suffer from severe oral defects such as:

- Cleft lip or palate
- Hypodontia
- Enamel hypoplasia
- Skeletal defects like craniosynostosis
- Vision defects like congenital cataracts or aphakia

- Hearing defects like microtia
- Other loss of bodily functions

According to the Center for Disease Control and Prevention (CDC), one in 33 babies in the United States is born with a congenital anomaly.

Of those 120,000 children born annually with birth defects, approximately 40,000 require reconstructive surgery.

Medical professionals and surgeons are fortunately able to correct many of these problems, however some insurance companies deny access to care by labeling the procedures as "cosmetic" or "non-functional" in nature.

Too many children born with congenital anomalies are denied coverage despite the long-term harm of such conditions.

The Ensuring Lasting Smiles Act would address delays and denials in coverage and guarantee that children suffering from birth defects and anomalies get the treatment they need.

I ask my colleagues to join me in voting for H.R. 1916 because this law guarantees the payment of health insurance benefits for necessary medical care and treatment due to any congenital anomaly.

These families deserve to see the day when they no longer have to fight for coverage of medically necessary treatments and their children and loved ones receive the treatments they desperately need and deserve.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. ESHOO) that the House suspend the rules and pass the bill, H.R. 1916, 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. GRIFFITH. 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.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 5 o'clock and 54 minutes p.m.), the House stood in recess.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. QUIGLEY) at 6 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Proceedings will resume on questions previously postponed. Votes will be taken in the following order:

Motions to suspend the rules, and pass the following bills:

H.R. 5657;

H.R. 1916.

The first electronic vote will be conducted as a 15-minute vote. Pursuant to clause 9 of rule XX, the second electronic vote will be conducted as a 5-minute vote.

MEDICAL MARIJUANA RESEARCH ACT

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 5657) to amend the Controlled Substances Act to make marijuana accessible for use by qualified marijuana researchers for medical purposes, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

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, as amended.

The vote was taken by electronic device, and there were—yeas 343, nays 75, not voting 11, as follows:

[Roll No. 108]

YEAS—343

| | | |
|-----------------|-----------------|---------------|
| Adams | Doyle, Michael | Levin (MI) |
| Aguilar | F. | Lieu |
| Allred | Dunn | Lofgren |
| Amodei | Escobar | Long |
| Armstrong | Eshoo | Loudermilk |
| Auchincloss | Espallat | Lowenthal |
| Axne | Evans | Luetkemeyer |
| Bacon | Feenstra | Luria |
| Baird | Ferguson | Lynch |
| Balderson | Fitzpatrick | Mace |
| Barr | Fleischmann | Malinowski |
| Barragán | Fletcher | Malliotakis |
| Bass | Foster | Maloney, |
| Beatty | Frankel, Lois | Carolyn B. |
| Bera | Franklin, C. | Maloney, Sean |
| Bergman | Scott | Manning |
| Beyer | Gaetz | Massie |
| Bice (OK) | Gallego | Mast |
| Bilirakis | Garamendi | Matsui |
| Bishop (GA) | Garbarino | McBath |
| Blumenauer | Garcia (CA) | McCarthy |
| Blunt Rochester | Garcia (IL) | McCaul |
| Boebert | Garcia (TX) | McClintock |
| Bonamici | Gimenez | McColum |
| Bost | Golden | McEachin |
| Bourdeaux | Gomez | McGovern |
| Bowman | Gonzales, Tony | McHenry |
| Boyle, Brendan | Gonzalez, | McNerney |
| F. | Vicente | Meijer |
| Brooks | Gottheimer | Meng |
| Brown (MD) | Granger | Meuser |
| Brown (OH) | Graves (LA) | Mfume |
| Brownley | Graves (MO) | Miller (WV) |
| Buck | Green (TN) | Miller-Meeks |
| Bucshon | Green, Al (TX) | Moolenaar |
| Burchett | Griffith | Moore (AL) |
| Burgess | Grothman | Moore (UT) |
| Bush | Guthrie | Moore (WI) |
| Bustos | Harder (CA) | Morelle |
| Butterfield | Harris | Moulton |
| Calvert | Hartzler | Mrvan |
| Cammack | Hayes | Murphy (FL) |
| Carbajal | Herrera Beutler | Murphy (NC) |
| Cárdenas | Higgins (LA) | Napolitano |
| Carson | Higgins (NY) | Neal |
| Carter (GA) | Hill | Neguse |
| Carter (LA) | Himes | Newhouse |
| Carter (TX) | Hinson | Newman |
| Cartwright | Hollingsworth | Norcross |
| Case | Horsford | O'Halleran |
| Casten | Houlahan | Oberholte |
| Castor (FL) | Hoyer | Ocasio-Cortez |
| Castro (TX) | Huffman | Omar |
| Cawthorn | Huizenga | Owens |
| Cherfilus- | Issa | Pallone |
| McCormick | Jackson Lee | Panetta |
| Chu | Jacobs (CA) | Pappas |
| Cicilline | Jacobs (NY) | Pascarell |
| Clark (MA) | Jayapal | Payne |
| Clarke (NY) | Jeffries | Pence |
| Cleaver | Johnson (GA) | Perlmutter |
| Cline | Johnson (OH) | Peters |
| Clyburn | Johnson (SD) | Pfleger |
| Cohen | Johnson (TX) | Phillips |
| Cole | Jones | Pingree |
| Comer | Joyce (OH) | Pocan |
| Connolly | Kahele | Porter |
| Cooper | Kaptur | Pressley |
| Correa | Keating | Price (NC) |
| Keller | Keller | Quigley |
| Costa | Kelly (LA) | Raskin |
| Courtney | Kelly (PA) | Reed |
| Craig | Khanna | Reschenthaler |
| Crenshaw | Kildee | Rice (NY) |
| Crist | Kilmer | Rice (SC) |
| Crow | Kim (CA) | Rodgers (WA) |
| Cuellar | Kim (NJ) | Rogers (AL) |
| Curtis | Kind | Rogers (KY) |
| Davids (KS) | Kinzinger | Ross |
| Davidson | Kirkpatrick | Roybal-Allard |
| Davis, Danny K. | Krishnamoorthi | Ruiz |
| Davis, Rodney | Kuster | Ruppersberger |
| Dean | LaHood | Rush |
| DeFazio | Lamb | Rutherford |
| DeGette | Lamborn | Ryan |
| DeLauro | Langevin | Salazar |
| DelBene | Larsen (WA) | Sánchez |
| Delgado | Larson (CT) | Sarbanes |
| Demings | LaTurner | Scalise |
| DeSaulnier | Lawrence | Scanlon |
| DesJarlais | Lawson (FL) | Schakowsky |
| Deutch | Lee (CA) | Schiff |
| Diaz-Balart | Lee (NV) | Schneider |
| Dingell | Leger Fernandez | Schrader |
| Doggett | Letlow | Schrier |
| Donalds | Levin (CA) | Schweikert |

| | | |
|---------------|---------------|----------------|
| Scott (VA) | Stevens | Upton |
| Scott, Austin | Stewart | Valadao |
| Scott, David | Strickland | Van Duyne |
| Sewell | Suozi | Vargas |
| Sherman | Swalwell | Veasey |
| Sherrill | Takano | Velázquez |
| Sires | Taylor | Wagner |
| Slotkin | Tenney | Walberg |
| Smith (MO) | Thompson (CA) | Waltz |
| Smith (NJ) | Thompson (MS) | Wasserman |
| Smith (WA) | Thompson (PA) | Schultz |
| Smucker | Tiffany | Waters |
| Soto | Titus | Watson Coleman |
| Spanberger | Tlaib | Welch |
| Spartz | Tonko | Wexton |
| Speier | Torres (CA) | Wild |
| Stansbury | Torres (NY) | Williams (GA) |
| Stanton | Trahan | Wilson (FL) |
| Steel | Trone | Wittman |
| Steil | Turner | Womack |
| Steube | Underwood | Yarmuth |

NAYS—75

| | | |
|-------------|--------------|---------------|
| Aderholt | Gallagher | Mullin |
| Allen | Gibbs | Nehls |
| Arrington | Gohmert | Norman |
| Babin | Good (VA) | Palazzo |
| Banks | Gooden (TX) | Palmer |
| Bentz | Gosar | Perry |
| Biggs | Harshbarger | Posey |
| Bishop (NC) | Hern | Rose |
| Buchanan | Herrell | Rosendale |
| Budd | Hudson | Rouzer |
| Carey | Jackson | Roy |
| Carl | Johnson (LA) | Sessions |
| Chabot | Jordan | Simpson |
| Cheney | Joyce (PA) | Smith (NE) |
| Cloud | Kelly (MS) | Stauber |
| Clyde | Kustoff | Stefanik |
| Crawford | LaMalfa | Timmons |
| Duncan | Latta | Van Drew |
| Ellzey | Lesko | Walorski |
| Estes | Lucas | Weber (TX) |
| Fallon | Mann | Webster (FL) |
| Fischbach | McClain | Wenstrup |
| Fitzgerald | McKinley | Westerman |
| Fox | Miller (IL) | Williams (TX) |
| Fulcher | Mooney | Wilson (SC) |

NOT VOTING—11

| | | |
|---------------|-----------|--------|
| Brady | Grijalva | Meeks |
| Emmer | Guest | Nadler |
| Gonzalez (OH) | Hice (GA) | Zeldin |
| Greene (GA) | Katko | |

□ 1900

Messrs. FITZGERALD, JOYCE of Pennsylvania, and WILSON of South Carolina changed their vote from “yea” to “nay.”

Messrs. DUNN, MEUSER, KELLER, and Mrs. BOEBERT changed their vote from “nay” to “yea.”

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MEMBERS RECORDED PURSUANT TO HOUSE RESOLUTION 8, 117TH CONGRESS

| | | |
|------------------|------------------|------------------|
| Barragán | Frankel, Lois | Joyce (OH) |
| (Correa) | (Wasserman) | (Garbarino) |
| Bowman | Schultz | Kahele (Mrvan) |
| (Jeffries) | Fulcher (Meuser) | Kind (Beyer) |
| Butterfield | Garcia (TX) | Kirkpatrick |
| (Beyer) | (Gomez) | (Pallone) |
| Cárdenas | Gosar (Gaetz) | LaMalfa (Rouzer) |
| (Gomez) | Granger (Van | Lamborn (Wilson |
| Carter (LA) | Duyn) | (SC)) |
| (Blunt | Green (TX) | Lawrence |
| Rochester) | (Escobar) | (Kaptur) |
| Cleaver (Blunt | Harder (CA) | Lawson (FL) |
| Rochester) | (Gomez) | (Wasserman |
| Cooper (Correa) | Hartzler | Schultz) |
| Crawford (Long) | (DesJarlais) | Mace (Timmons) |
| Crist | Hudson | Maloney, |
| (Wasserman | (Cammack) | Carolyn B. |
| Schultz) | Huffman | (Wasserman |
| Cuellar (Correa) | (Stanton) | Schultz) |
| (NY)) | Johnson (TX) | Manning (Beyer) |
| Evans (Mfume) | (Jeffries) | McEachin |
| | | (Wexton) |