Saudi Arabia of certain defense articles and services.

S. CON. RES. 16

At the request of Mr. MERKLEY, the name of the Senator from New Jersey (Mr. BOOKER) was added as a cosponsor of S. Con. Res. 16, a concurrent resolution urging all countries to outlaw the dog and cat meat trade and to enforce existing laws against such trade.

S. CON. RES. 23

At the request of Mr. CASSIDY, the name of the Senator from Alaska (Mr. SULLIVAN) was added as a cosponsor of S. Con. Res. 23, a concurrent resolution expressing the sense of Congress that a carbon tax would be detrimental to the economy of the United States.

S. RES. 333

At the request of Mr. DURBIN, the name of the Senator from New Mexico (Mr. LUJÁN) was added as a cosponsor of S. Res. 333, a resolution designating 2024 as the Year of Democracy as a time to reflect on the contributions of the system of Government of the United States to a more free and stable world.

S. RES. 494

At the request of Mr. MERKLEY, the name of the Senator from New Mexico (Mr. HEINRICH) was added as a cosponsor of S. Res. 494, a resolution expressing the need for the Federal Government to establish a national biodiversity strategy for protecting biodiversity for current and future generations.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN (for himself and Mr. MARSHALL):

S. 3597. A bill to reauthorize programs relating to oral health promotion and disease prevention; to the Committee on Health, Education, Labor, and Pensions.

Mr. DURBIN. Madam President, last week, we received remarkable news about a milestone in America's healthcare: A record 20 million Americans are now covered by health insurance under the Affordable Care Act.

This is a sign of progress as we improve the quality of life and healthcare protections under President Biden.

Having quality, affordable healthcare coverage means having peace of mind if you get a diagnosis, an accident, or if you need access to care and are facing medical debt.

I know this story. I have been there. I was a law student at Georgetown when my wife and I were blessed with the birth of our first child, a baby girl born with a serious medical condition. As a young father without insurance, I can tell you, there is no greater feeling of helplessness.

That is why Democrats have been committed to expanding health insurance to millions more Americans and ensuring it contains protections for patients with preexisting conditions.

But even with these successes, there are serious gaps in America's healthcare system, gaps which are unimaginable until you learn specifically what I mean.

I want to focus on one of them: access to dental care.

I spent the August recess last year visiting small towns in Southern Illinois. I met with the new mayor of Carbondale, IL, Carolin Harvey.

I asked her: OK. You have a U.S. Senator in your office, Mayor. What is your ask? What do you want?

Her answer: pediatric dentistry, of all things. I couldn't imagine that. I thought it would be a sewer line or a street or something for law enforcement—pediatric dentistry. She said: Senator, we just don't have enough dentists for kids in Southern Illinois. In fact, there are 10 rural counties in the State that have only 1 dentist to serve their community. In Lawrence County, there is 1 dentist for 15,000 people. That ratio—a local ratio—is 11 times worse than the national average.

What is the result of a shortage of dentists, particularly for kids? Patients' conditions worsen as they face delays to getting an examination.

My office was recently contacted about a child in Southern Illinois who was found to have tooth decay in her 18-month checkup. The patient is covered by Medicaid, and her parents had a hard time finding a dentist who would even see her.

Imagine this for a minute as I tell you this story, that you are a father or mother of a child who is 18 months old and has tooth decay and pain. After nearly a year, the patient was finally treated for severe tooth decay, erosion of the upper incisor teeth, and a large tooth abscess, but her condition did not improve after multiple rounds of antibiotics so her dentist called around to find a specialist to see her.

They were told by the specialist that ''unfortunately, we have over 200 patients on our [waiting] list, so we really cannot help [her].'' This child is going to have to develop a much worse condition known as facial cellulitis, then she can be sent to an emergency room and then ''we can see her.''

Listen to what I just said. You have a child who is a year and a half old, who has already been treated by a dentist, who has complications, who is trying to find her way back to the dentist and is being told: Sorry. There is a waiting list here of 200 people. Get to the end of the line, and wait.

Perhaps, though, there is a way out. If this child's condition worsens or is complicated, then maybe we can qualify under a new code under Medicaid to finally see her and treat her. In other words, this toddler had to develop deep-tissue infection—putting her at risk of sepsis, jaw damage, and other life-threatening illnesses—to get her decayed teeth pulled.

Imagine that as a parent, would you. Think about that for a minute.

Her dentist called a specialist in a neighboring State. Thankfully, they were able to perform emergency surgery to remove the decayed teeth but not before risking life-threatening illnesses.

That is the reality for people in the United States of America and in the State of Illinois today. That is unacceptable. In fact, it is embarrassing. So what are we going to do about it in Washington, with all our money and all our power?

Thankfully, there is a Federal program that can help. It is called the National Health Service Corps. It provides a scholarship and loan repayment to dental, medical, and mental health providers who work in rural and urban areas in need. It is the primary Federal program intended to build a pipeline of healthcare providers and address shortages such as the one I just described to you. Nationwide, there are 20,000 professionals serving in the National Health Service Corps, treating 21 million patients.

But $310 million in mandatory funding for this program will expire at the end of this month. We cannot allow this to happen. Senator MARCO RUBIO—a Republican from Florida—and I have a bipartisan measure to extend this program and nearly triple its funding. It is supported by more than 65 leading medical organizations. They know the reality on the ground for poor people in America, particularly in rural areas and urban areas in need.

The Senate HELP Committee passed a major bipartisan package last fall that included significant new funding for this program. I urge my Republican colleagues to join and support it.

But there is a lot more we need to do. For example, in Illinois, only one-quarter of practicing dentists accepts Medicaid. Think about that. Only one-quarter of practicing dentists accepts Medicaid. Since so few dentists take Medicaid patients, it means that kids in Illinois, with private insurance, are six times more likely to get a dental appointment than those who have Medicaid. In other words, if you are poor, that child complaining of a toothache is just going to have to take it. That, unfortunately, in my State and in many States, is reality.

Low reimbursement rates and arbitrary practices by companies that administer dental benefits under Medicaid contribute to this. So I recently sent a letter to the three major insurance providers—DentaQuest, Avesis, and Envolve—to understand their tactics and their corporate strategies and ensure they are not putting unnecessary barriers up for basic dental treatment.

I am also working with stakeholders to bring in Federal dollars to expand dental residency training programs, fund mobile clinics that drive into rural areas, and expand surgical capacity.

I might just say this as an aside. I am often asked the question: Why in the world do we treat dentistry as anything other than a medical specialty? It certainly is. If you have got a sore

tooth or a decayed tooth or a problem in your mouth, you want help, and you want it now; and you want a professional to provide it. They go through years and years of training. Yet, instead of being treated like a medical specialty like orthopedics or cardio, they are in a different category altogether. It makes no sense.

Today, I am announcing a new bill that I am introducing with Senator ROGER MARSHALL of Kansas. Our bipartisan legislation will authorize funding for the Centers for Disease Control and Prevention to enhance public health activities to improve dental care across America. It will support education, data collection, sealant treatments in schools, water fluoridation efforts, the development of the dental workforce, and community outreach efforts, such as the distribution of toothbrushes—the basics—to new parents and children.

Illinois has not received funding for this important work in nearly 20 years due to a lack of funding. I want to change that. If we improve the health of Americans, especially kids, then we must invest in preventing cavities, tooth decay, and infections. We must also ensure that patients have access to treatment, regardless of their ZIP Codes.

I appreciate the partnership of my colleague Senator MARSHALL, and I will be working to pass this bipartisan legislation quickly.

I want to say, just in closing, to the mayor, Carolin Harvey of Carbondale, IL, that you shocked me when you suggested pediatric dentistry was your ask. It told me a lot about you, your heart, and your caring for kids. Now that we know the reality of kids waiting for months and months and even years for basic dental treatment, let's do something about it, not just in Illinois but across this country. This is fundamental and basic, good health, and we need to make sure it is included in all healthcare coverage.

Madam President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordere to be printed in the RECORD, as follows:

S. 3597

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 ''Promoting Dental Health Act''.

SEC. 2. REAUTHORIZATION OF PROGRAMS.

Section 317M of the Public Health Service Act (42 U.S.C. 247b–14) is amended—

(1) in subsection (d)(2), by striking ''2010 through 2014'' and inserting ''2024 through 2028''; and

(2) in subsection (f), by striking ''2001 through 2005'' and inserting ''2024 through 2028''.

By Mr. PADILLA (for himself, Mr. CASSIDY, Mr. SCHATZ, and Ms. HIRONO):

S. 3605. A bill to require the Secretary of Transportation to develop guidelines and best practices for local evacuation route planning, and for other purposes; to the Committee on Environment and Public Works.

Mr. PADILLA. Madam President, I rise to introduce the Emergency Vehicle and Community, EVAC, Planning Act. This legislation would strengthen communities to incorporate emergency evacuation routes in the transportation planning process.

Specifically, this bill would direct the Department of Transportation, DOT, in consultation with the Federal Emergency Management Agency, FEMA, to develop and publicly disseminate guidance and best practices for States, territories, Indian Tribes, and local governments to utilize to ensure necessary considerations are taken for evacuation routes during local planning.

As we suffer from increasingly catastrophic natural disasters—from fires to hurricanes to flooding—efficient emergency evacuation routes can be the difference between life and death for our most vulnerable communities.

The 2018 Camp Fire tore through the town of Paradise, CA, incinerating roughly 19,000 homes, businesses, and other buildings. Eighty-five people perished. But one of the most horrifying aspects of this tragedy was that some of the victims were killed in their cars when flames overtook the backed-up traffic on the only road out of town.

We saw similar concerns in Louisiana during Hurricane Katrina, which resulted in efforts to improve evacuation route capacity, after nearly 100,000 residents were trapped inside the city of New Orleans.

And most recently in Lahaina, HI, a lack of evacuation routes contributed to making this the deadliest U.S. wildfire in more than a century. Press accounts detail the harrowing experience of people finding themselves caught in their cars, jammed together on narrow roads, surrounded by flames on three sides and the ocean on the fourth.

In the event of a natural disaster, people need to efficiently access evacuation routes that have been strategically designed to save lives and move people out of the area quickly.

Many cities, counties, and Tribal governments—especially those that are rural or low-income—that are the most vulnerable to disaster are also the least likely to have the resources and in-house expertise necessary to develop cornprehensive and efficient emergency evacuation routes.

I thank Senators CASSIDY, SCHATZ, and HIRONO for introducing this important legislation with me. I hope all of our colleagues will join us in supporting this bill to ensure communities are equipped with the guidelines and best practices necessary to bolster disaster preparedness and save lives.

By Mr. PADILLA (for himself and Ms. MURKOWSKI):

S. 3606. A bill to reauthorize the Earthquake Hazards Reduction Act of 1977, and for other purposes; to the Committee on Commerce, Science, and Transportation.

Mr. PADILLA. Madam President, I rise to introduce the NEHRP Reauthorization Act of 2023. This bipartisan legislation would reauthorize the National Earthquake Hazards Reduction Program, NEHRP, and improve the Nation's earthquake preparedness.

This bill would reauthorize the National Earthquake Hazards Reduction Program, NEHRP, and authorize a total of $175.4 million per year from fiscal year 2024 to 2028 across the four Federal Agencies responsible for long-term earthquake risk reduction under NEHRP: the Federal Emergency Management Agency, FEMA, the National Institute of Standards and Technology, NIST, the National Science Foundation, NSF, and the United States Geological Survey, USGS.

Specifically, the NEHRP Reauthorization Act of 2023 would authorize $10.6 million for FEMA, $5.9 million for NIST, $58 million for NSF, and $100.9 million for USGS per year from fiscal year 2024 to 2028. This funding would support research, development, and implementation activities related to earthquake safety and risk reduction.

In California and across the Nation, earthquakes threaten lives, infrastructure, and communities. NEHRP allows vulnerable communities across the State to better prepare and respond to earthquakes through crucial tools like the ShakeAlert Earthquake Early Warning System Program and working to advance the scientific understanding of earthquakes.

I want to thank Senator MURKOWSKI for introducing this important legislation with me in the Senate, and I hope all of our colleagues will join us in supporting this bipartisan bill to improve our nation's earthquake preparedness.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 525—EXPRESSING SUPPORT FOR THE DESIGNATION OF OCTOBER 2023 AS ''NATIONAL CO-OP MONTH'' AND COMMENDING THE COOPERATIVE BUSINESS MODEL AND THE MEMBER-OWNERS, BUSINESSES, EMPLOYEES, FARMERS, RANCHERS, AND PRACTITIONERS WHO USE THE COOPERATIVE BUSINESS MODEL TO POSITIVELY IMPACT THE ECONOMY AND SOCIETY

Ms. SMITH (for herself and Mr. HOEVEN) submitted the following resolution; which was considered and agreed to:

S. RES. 525

Whereas a cooperative—

(1) is a business that is owned and governed by its members, who are the individuals who use the business, create the products of the business, or manage the operation of the business; and

(2) operates under the 7 principles of—