

of Dental and Craniofacial Research (referred to in this preamble as “NIDCR”) to accurately reflect the support of NIDCR for both dental and craniofacial research;

Whereas NIDCR is the primary dental, oral, and craniofacial biomedical and behavioral research and research training organization in the United States, advancing fundamental knowledge about dental, oral, and craniofacial health and disease, disease prevention, early detection, and treatment strategies to improve overall health for all individuals and communities across the lifespan;

Whereas NIDCR is recognized by Congress, the NIH, oral health stakeholders, and the biomedical research community as a leader of the oral health research enterprise of the United States that supports research funding, management, and scientific training across the United States;

Whereas NIDCR performs interdisciplinary research and translates results from the laboratory to the clinic, by means of scientific excellence in laboratory, clinical, behavioral, translational, and population-based programs in support of the mission of the NIH, which is the premier biomedical research agency in the world;

Whereas NIDCR responds urgently to critical public health needs such as the COVID-19 pandemic, providing over \$4,000,000 in fiscal year 2020 in grant supplements to study SARS-CoV-2, develop novel viral detection systems, and address critical needs of patients and oral health practitioners;

Whereas NIDCR collaborates with academic institutions, industry partners, and government agencies to disseminate information about discoveries to the public;

Whereas the researchers at NIDCR pioneered the use of epidemiology and preventive approaches to demonstrate that dental caries is an epidemic disease and community water fluoridation is a safe, effective, and economical way to prevent and reduce tooth decay;

Whereas NIDCR established—

(1) the Laboratory of Oral Medicine and the Laboratory of Microbiology and Immunology to conduct research on the causes, prevention, and treatment of periodontitis and other diseases of the soft tissues of the oral cavity;

(2) the Laboratory of Oral Biology and Physiology to conduct research on the cell biology of secretory tissues and proteins;

(3) the Mineralized Tissue Research Branch to investigate skeletal development and disorders;

(4) the Center for Integrative Biology and Infectious Diseases to investigate pain, tissue regeneration, oral cancers, autoimmune illnesses, salivary gland biology, and oral microbiota;

(5) the Center for Clinical Research to conduct clinical trials and practice-based research and to investigate clinical technologies, oral health disparities, and oral health for those with HIV/AIDS; and

(6) the National Oral Health Information Clearinghouse as a centralized public resource on oral health topics;

Whereas, in 2000, NIDCR established the NIDCR Patient Advocates Forum to enhance communication among patient groups and incorporate patient perspectives in research planning, and continues to maintain active engagement with the group;

Whereas NIDCR—

(1) launched the National Caries Program to prevent and reduce dental caries;

(2) created the Epidemiology and Oral Disease Prevention Program to investigate the national distribution of dental caries, periodontal diseases, and other oral diseases and disorders;

(3) launched the Research and Action Program to Improve the Oral Health of Older Americans and Other Adults at High Risk;

(4) established the first regional Dental Practice-Based Research Network, to investigate pressing clinical issues, including the association between bisphosphonates and osteonecrosis of the jaw, and methods for treating cracked teeth and tooth hypersensitivity; and

(5) launched the FaceBase Consortium to compile the biological instructions to build the human face and define the genetics underlying developmental disorders such as cleft lip and palate;

Whereas NIDCR—

(1) opened the first multidisciplinary pain clinic devoted exclusively to research;

(2) established major initiatives to support cutting-edge research on temporomandibular disorders (referred to in this preamble as “TMDs”);

(3) sponsored a technology assessment conference on the management of TMDs;

(4) launched the Orofacial Pain: Prospective Evaluation and Risk Assessment clinical study to examine risk factors that contribute to the development of TMDs;

(5) cosponsored the consensus study entitled “Temporomandibular Disorders: Priorities for Research and Care” to help inform approaches to advancing TMDs research and guide the development of evidence-based treatment and clinical management of patients with TMDs;

(6) established a TMD Multi-Council Working Group to develop a roadmap to strengthen the understanding of TMDs; and

(7) launched the national TMD Collaborative for Improving Patient-Centered Translational Research to advance research, training, and improved clinical care;

Whereas NIDCR sponsored a variety of scientific conferences, including Face of a Child, the first national, multidisciplinary meeting on children and oral health, and a consensus development conference, Dental Implants—Benefit and Risk, to examine available data, suggest future research, and draft guidelines for implant therapy;

Whereas NIDCR has made strategic investments in all areas of dental, oral, and craniofacial research, which has led to many scientific advances, including development of novel nanocomposites and self-healing dental restorative materials, the Dental, Oral, and Craniofacial Tissue Regenerative Consortium, which was launched to develop methods for regenerating functional tissues of the human dental, oral, and craniofacial complex, and a NIDCR-sponsored symposium focusing on the Science and Development of Autotherapies;

Whereas, in 1999, NIDCR introduced its Strategic Plan to Reduce Racial and Ethnic Health Disparities, supporting research to end oral health disparities and increase research and clinical workforce diversity, then funded 5 Centers for Research to Reduce Oral Health Disparities, which were among the first NIH centers focused on reducing health disparities;

Whereas, in collaboration with the Office of the Surgeon General, NIDCR supported the 2000 Oral Health In America: A Report of the Surgeon General, the first Surgeon General report dedicated solely to oral health, and, in 2021, released the Oral Health in America: Advances and Challenges report, examining progress on the oral health of the United States and serving as a national call to action;

Whereas NIDCR released the NIDCR Strategic Plan: 2021–2026, which—

(1) articulates the vision of the NIH and identifies investments designed to diminish disparities and yield the greatest impact for those with dental and oral diseases;

(2) expanded collaborations and partnerships to accelerate new discoveries, including examining the nerves in the jaw and temporomandibular joint as part of the Restoring Joint Health and Function to Reduce Pain Consortium;

(3) launched the Practice-based Research Integrating Multidisciplinary Experiences in Dental Schools, to expand research training into dental school clinics equipping future oral health practitioners with the knowledge to carry out research; and

(4) released the Advancement of Head and Neck Cancer Early Detection Research initiative to develop biomarkers and novel technologies for early detection of malignant cells in order to halt oral cancer progression; and

Whereas NIDCR looks to the future of biomedical science by continuing to support, discover, and develop cutting-edge approaches to improve the dental, oral, craniofacial, and overall health of all people of the United States: Now, therefore, be it

Resolved, That the Senate—

(1) celebrates the 75th anniversary of the founding of the National Institute of Dental and Craniofacial Research (referred to in this resolution as “NIDCR”) and the critical role of NIDCR in advancing biomedical and behavioral research and the mission of the National Institutes of Health, the premier biomedical research agency in the world;

(2) commends NIDCR for its work to address the COVID-19 pandemic by investigating the transmissibility of SARS-CoV-2 in dental settings, studying oral viral entry and infection, methods to prevent transmission, replication, and shedding, and supporting the development of the most promising treatments and vaccines; and

(3) declares that NIDCR is a vital, venerable, and essential component of the National Institutes of Health and the overall public health and science strategy of the United States.

AUTHORITY FOR COMMITTEES TO MEET

Mr. VAN HOLLEN. Madam President, I have 13 requests for committees to meet during today's session of the Senate. They have the approval of the Majority and Minority Leaders.

Pursuant to rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today's session of the Senate:

COMMITTEE ON ARMED SERVICES

The Committee on Armed Services is authorized to meet during the session of the Senate on Wednesday, March 20, 2024, at 9:30 a.m., to conduct a hearing.

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

The Committee on Commerce, Science, and Transportation is authorized to meet during the session of the Senate on Wednesday, March 20, 2024, at 2:30 p.m., to conduct a subcommittee hearing.

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS

The Committee on Environment and Public Works is authorized to meet during the session of the Senate on Wednesday, March 20, 2024, at 10 a.m., to conduct a hearing.

COMMITTEE ON FINANCE

The Committee on Finance is authorized to meet during the session of the

Senate on Wednesday, March 20, 2024, at 2:30 p.m., to conduct a hearing.

COMMITTEE ON FOREIGN RELATIONS

The Committee on Foreign Relations is authorized to meet during the session of the Senate on Wednesday, March 20, 2024, at 9:30 a.m., to conduct a business meeting.

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

The Committee on Homeland Security and Governmental Affairs is authorized to meet during the session of the Senate on Wednesday, March 20, 2024, at 10 a.m., to conduct a hearing.

COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet during the session of the Senate on Wednesday, March 20, 2024, at 10 a.m., to conduct a hearing on nominations.

COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet during the session of the Senate on Wednesday, March 20, 2024, at 2:30 p.m., to conduct a hearing.

COMMITTEE ON SMALL BUSINESS AND ENTREPRENEURSHIP

The Committee on Small Business and Entrepreneurship is authorized to meet during the session of the Senate on Wednesday, March 20, 2024, at 2:30 p.m., to conduct a hearing.

SPECIAL COMMITTEE ON AGING

The Special Committee on Aging is authorized to meet during the session of the Senate on Wednesday, March 20, 2024, at 10 a.m., to conduct a hearing.

SELECT COMMITTEE ON INTELLIGENCE

The Select Committee on Intelligence is authorized to meet during the session of the Senate on Wednesday, March 20, 2024, at 2:30 p.m., to conduct a closed briefing.

SUBCOMMITTEE ON EMERGING THREATS AND SPENDING OVERSIGHT

The Subcommittee on Emerging Threats and Spending Oversight of the Committee on Homeland Security and Governmental Affairs is authorized to meet during the session of the Senate on Wednesday, March 20, 2024, at 2:30 p.m., to conduct a hearing.

SUBCOMMITTEE ON READINESS AND MANAGEMENT SUPPORT

The Subcommittee on Readiness and Management Support of the Committee on Armed Services is authorized to meet during the session of the Senate on Wednesday, March 20, 2024, at 2 p.m., to conduct a hearing.

MEASURE READ THE FIRST TIME—H.R. 7024

Mr. VAN HOLLEN. Mr. President, I understand that there is a bill at the desk, and I ask for its first reading.

The PRESIDING OFFICER. The clerk will read the bill by title for the first time.

The senior assistant legislative clerk read as follows:

A bill (H.R. 7024) to make improvements to the child tax credit, to provide tax incentives to promote economic growth, to pro-

vide special rules for the taxation of certain residents of Taiwan with income from sources within the United States, to provide tax relief with respect to certain Federal disasters, to make improvements to the low-income housing tax credit, and for other purposes.

Mr. VAN HOLLEN. I now ask for a second reading, and, in order to place the bill on the calendar under the provisions of rule XIV, I object to my own request.

The PRESIDING OFFICER. Objection having been heard, the bill will be read for the second time on the next legislative day.

RECOGNIZING THE ROLE OF DIRECT SUPPORT PROFESSIONALS ACT

Mr. SCHUMER. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 253, S. 1332.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (S. 1332) to require the Office of Management and Budget to revise the Standard Occupational Classification system to establish a separate code for direct support professionals, and for other purposes.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Homeland Security and Governmental Affairs, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Recognizing the Role of Direct Support Professionals Act”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Direct support professionals play a critical role in the care provided to individuals with intellectual and developmental disabilities by providing a wide range of supportive services on a day-to-day basis to promote independence, including—

(A) enhancing independence and community inclusion of these individuals, including through travel and recreation, visiting friends and family, shopping, or socializing;

(B) coaching and supporting individuals in communicating needs, achieving self-expression, pursuing personal goals, living independently, and participating actively in employment or voluntary roles in the community;

(C) providing assistance with activities of independent daily living (such as feeding, bathing, toileting, and ambulation) and with tasks such as meal preparation, shopping, light housekeeping, laundry, and home management; or

(D) supporting individuals at home, work, school, or any other community setting.

(2) Through the support of direct support professionals, individuals are able to lead self-directed lives within their own communities.

(3) Providers of home- and community-based services are experiencing difficulty hiring and retaining direct support professionals, with a national turnover rate of 43 percent, as identified in a 2021 study by the National Core Indicators, and full-time vacancy rates increasing by 94 percent between 2019 and 2021.

(4) High turnover rates can lead to instability for individuals receiving services, and this may result in individuals not receiving enough personalized care to help them reach their goals for independent living.

(5) A discrete occupational category for direct support professionals will help States and the Federal Government—

(A) better interpret the shortage in the labor market of direct support professionals; and

(B) collect data on the high turnover rate of direct support professionals.

(6) The Standard Occupational Classification system is designed and maintained solely for statistical purposes, and is used by Federal statistical agencies to classify workers and jobs into occupational categories for the purpose of collecting, calculating, analyzing, or disseminating data.

(7) Occupations in the Standard Occupational Classification system are classified based on work performed and, in some cases, on the skills, education, or training needed to perform the work.

(8) Establishing a discrete occupational category for direct support professionals will—

(A) correct an inaccurate representation in the Standard Occupational Classification system;

(B) recognize these professionals for the critical and often overlooked work that they perform for the disabled community, which work is different than the work of a home health aide or a personal care aide; and

(C) better align the Standard Occupational Classification system with related classification systems.

SEC. 3. REVISION OF STANDARD OCCUPATIONAL CLASSIFICATION SYSTEM.

The Director of the Office of Management and Budget shall, as part of the first revision of the Standard Occupational Classification system occurring after the date of enactment of this Act, consider revising the Standard Occupational Classification system to establish a separate code for direct support professionals as a healthcare support occupation.

SEC. 4. REPORT TO CONGRESS.

If, after carrying out section 3, the Director of the Office of Management and Budget decides not to establish a separate code for direct support professionals in the Standard Occupational Classification system, the Director shall, by not later than 30 days after the first revision of the Standard Occupational Classification system occurring after the date of enactment of this Act, submit a report to the Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Education and the Workforce of the House of Representatives explaining the Office of Management and Budget's decision.

SEC. 5. NO NEW FUNDS.

No additional funds are authorized to be appropriated to carry out this Act.

Mr. VAN HOLLEN. I further ask that the committee-reported substitute amendment be agreed to; that the bill, as amended, be considered read a third time and passed; that the committee-reported title amendment be agreed to; and that the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee-reported amendment in the nature of a substitute was agreed to.

The bill (S. 1332), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

The committee-reported amendment to the title was agreed to as follows:

Amend the title so as to read: “A bill to require the Office of Management and Budget to consider revising the Standard Occupational Classification system to establish a