

on this legislation, and I encourage all of my colleagues to vote “yes” to make a significant impact in the fight against pediatric cancer.

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

□ 1545

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS), the chairman of the Consumer Protection and Commerce Subcommittee and a leader on consumer protection in this Congress.

Mr. BILIRAKIS. Mr. Speaker, I thank the gentleman for yielding. It has been great working with him all these years, and I appreciate him very much.

I rise in strong support of H.R. 3391, the Gabriella Miller Kids First Research Act 2.0. I am proud to be a co-lead on this bipartisan piece of legislation with my friend and colleague, Representative JENNIFER WEXTON, who does an outstanding job on these issues.

Again, she is retiring at the end of this Congress, and we are going to miss her. She did such wonderful work, particularly on the Parkinson’s bill, and we are going to get it across the finish line.

I am grateful for her leadership on this particular bill, as well, to reauthorize the Kids First Pediatric Research Initiative at the National Institutes of Health. Our bill will continue the critical work being done to conduct biomedical research and discover new insights into pediatric conditions such as childhood cancers.

The Kids First program has helped facilitate a better understanding of shared genetic pathways between childhood cancers, birth defects, and other pediatric conditions, and H.R. 3391 ensures that this research will continue for another 5 years.

Further, the Gabriella Miller Kids First Research Act requires coordination of all Federal efforts related to pediatric cancer research, as well as a report detailing current federally funded programs and initiatives and all advancements made thus far, and there have been several advancements.

We all agree that these scientific discoveries could help unlock the key to developing future treatments and cures for our most vulnerable patients—our kids who suffer from pediatric cancers and rare diseases.

We must continue to fight the battle against kids’ cancers, both inside and outside the Federal Government. I urge my colleagues to support our bill, the Gabriella Miller Kids First Research Act 2.0.

Ms. SCHRIER. Mr. Speaker, I yield myself the balance of my time for the purpose of closing.

Mr. Speaker, I simply would encourage all my colleagues to vote for this important bill to help cancer research, and I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I urge my colleagues to support the under-

lying bill, and I yield back the balance of my time.

Ms. WEXTON. Mr. Speaker, I rise today in support of the Gabriella Miller Kids First Research Act 2.0, which will enable the continuation of critical research of treatments and cures for childhood cancer and rare diseases.

I’m proud to carry this legislation in honor of Gabriella, who was from Virginia’s 10th Congressional District. Gabriella was diagnosed with an inoperable brain tumor and passed away in 2013 at age 10.

Gabriella was a fierce fighter not just in her own battle with cancer, but as an advocate on behalf of the millions of other children who have suffered from this terrible disease. In the months following her terminal diagnosis, Gabriella became a national force for change, urging Congress to “stop talking—start doing,” and increase funding to discover better treatments and cures.

Her heroic efforts delivered a successful push to pass the Gabriella Miller Kids First Research Act in 2014, bipartisan legislation named in her honor. The Kids First program has made remarkable progress since then—sequencing more than 55,000 genomes from over 21,000 patients in childhood cancer and structural birth defect cohorts and starting the Gabriella Miller Kids First Data Resource Center, a comprehensive data resource for research and patient communities meant to advance discoveries.

But there is still a long fight ahead to better understand, treat, and ultimately cure childhood cancer. Without action by Congress, funding for this critical program is set to expire this year. We must do better for our kids, and this bipartisan legislation would enable the critical work of the Kids First program to continue. For the Millers, and for the millions of American families who have had to go through the horror of receiving a cancer diagnosis for their child, I ask my colleagues to vote “yes” on this important legislation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 3391, 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. GUTHRIE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

#### PREVENTING MATERNAL DEATHS REAUTHORIZATION ACT OF 2023

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3838) to amend title III of the Public Health Service Act to reauthorize Federal support of States in their work to save and sustain the health of mothers during pregnancy, childbirth, and the postpartum period, to eliminate disparities in maternal health outcomes for pregnancy-related and pregnancy-associated deaths, to identify solutions to improve healthcare

quality and health outcomes for mothers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3838

*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 “Preventing Maternal Deaths Reauthorization Act of 2023”.*

#### SEC. 2. SAFE MOTHERHOOD.

(a) MATERNAL MORTALITY REVIEW COMMITTEES.—Section 317K(d) of the Public Health Service Act (42 U.S.C. 247b-12(d)) is amended—

(1) in paragraph (1)(A), by inserting “(including obstetricians and gynecologists)” after “clinical specialties”; and

(2) in paragraph (3)(A)(i)—

(A) in subclause (I), by striking “as applicable” and inserting “if available”; and

(B) in subclause (III), by striking “, as appropriate” and inserting “and coordinating with death certifiers to improve the collection of death record reports and the quality of death records, including by amending cause-of-death information on a death certificate, as appropriate”.

(b) BEST PRACTICES RELATING TO THE PREVENTION OF MATERNAL MORTALITY.—Section 317K of the Public Health Service Act (42 U.S.C. 247b-12) is amended—

(1) by redesignating subsections (e) and (f) as subsections (f) and (g), respectively; and

(2) by inserting after subsection (d) the following:

“(e) BEST PRACTICES RELATING TO THE PREVENTION OF MATERNAL MORTALITY.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, in consultation with the Administrator of the Health Resources and Services Administration, disseminate to hospitals, State professional society groups, and perinatal quality collaboratives, best practices on how to prevent maternal mortality and morbidity that consider and reflect best practices identified through other relevant Federal maternal health programs.

“(2) FREQUENCY.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall disseminate the best practices referred to in paragraph (1) not less than once per fiscal year.”.

(c) EXTENSION.—Subsection (g) of section 317K of the Public Health Service Act (42 U.S.C. 247b-12), as redesignated by subsection (b), is amended by striking “\$58,000,000 for each of fiscal years 2019 through 2023” and inserting “\$108,000,000 for each of fiscal years 2024 through 2028”.

The SPEAKER pro tempore (Mr. LUTTRELL). Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentlewoman from Washington (Ms. SCHRIER) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

#### GENERAL LEAVE

Mr. BURGESS. Mr. 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 in the RECORD on the bill.

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

There was no objection.

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

I rise today in support of my legislation, H.R. 3838, the Preventing Maternal Deaths Reauthorization Act of 2023.

During March, we celebrate National Women's History Month and honor the strong women in our lives, especially our mothers who make great sacrifices to bring life into this world.

According to the latest United States data, the maternal mortality rate rose yet again in 2021 to almost 33 deaths per 100,000 live births compared to a rate of 23 per 100,000 in 2020. While we know that over 80 percent of pregnancy-related deaths are preventable, we also understand that even one is too many.

The Preventing Maternal Deaths Reauthorization Act works to understand and reduce maternal mortalities by reauthorizing Federal support for Stateled Maternal Mortality Review Committees.

Maternal Mortality Review Committees are multidisciplinary committees that review the causes of maternal deaths in their State and make recommendations based on their findings to prevent future deaths and improve maternal health outcomes during pregnancy, childbirth, and the first year afterward.

H.R. 3838 also requires the Centers for Disease Control and Prevention to work in consultation with the Health Resources and Services Administration to disseminate best practices for the prevention of maternal mortality and morbidity to hospitals and other healthcare providers.

Maternal Mortality Review Committees are vital to understanding the drivers of maternal deaths and informing effective interventions. This way we will help to ensure that resources are directed where they will have the most positive impact.

Since its initial authorization in 2018, we have already seen the work of the Maternal Mortality Review Committees make a significant difference and increasing the number of Maternal Mortality Review Committees from 32 States to 49 States, the District of Columbia, New York City, Philadelphia, and Puerto Rico.

Through their work, this body was able to discover that over 50 percent of pregnancy-related deaths happen between 1 week and 1 year after delivery, leading to the critical extension of the State plan amendment for Medicaid and Children's Health Insurance Program to 12 months for postpartum coverage.

The critical importance of this bill is furthered by the news from my home State of Texas just last week. Effective March 1 of 2024, Texas extended postpartum coverage for the full 12 months for eligible Medicaid and Children's Health Insurance Program recipients through the Texas Health and Human Services Commission. I thank Governor Greg Abbott and the Texas legislature for their continued efforts to protect and defend life, especially the lives of new mothers and newborn babies.

Today, I am joined by 740 of my fellow OB/GYNs who are on the Hill with the American College of Obstetricians and Gynecologists urging a "yes" vote on this critically important bill.

I thank my fellow Representatives, DIANA DEGETTE, BUDDY CARTER, ROBIN KELLY, KAT CAMMACK, and KATHY CASTOR for working with me on this important legislation.

Mr. Speaker, I stand in strong support of H.R. 3838. I urge my fellow Members to vote for its passage today, and I reserve the balance of my time.

Ms. SCHRIER. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, I thank the gentlewoman for yielding. As Dr. BURGESS said, we are facing a maternal health crisis in this country.

From 2018 to 2021, the overall maternal mortality rate in the United States nearly doubled. We are simply failing American women as they become mothers, and we are particularly failing Black Americans, who in 2021 were nearly three times as likely than White Americans to die becoming mothers, irrespective of education or socioeconomic status.

This is exactly the trend that the former gentlewoman from Washington (Ms. HERRERA BEUTLER) and I sought to address when we passed the original Preventing Maternal Deaths Act in 2018.

Through the programs developed by that legislation we now have a much greater knowledge of what is causing this crisis and the infrastructure we need to build further understanding and drive solutions.

Data generated by the Maternal Mortality Review Committees have provided us with the insight that 80 percent of maternal deaths are preventable. This understanding is the first step toward solutions, and we have to ensure that we not only don't lose but that we strengthen the process we have made in building, understanding, and standardizing data so that we have a clear picture across the country of why this is happening.

The Preventing Maternal Deaths Reauthorization Act will continue and bolster our support for the Maternal Mortality Review Committees. It will also ensure the timely and frequent dissemination of best practices to prevent maternal mortality.

Make no mistake, further action is needed, and this reauthorization in itself will not solve the crisis, but that further action depends on the critical insights that we can get from this legislation. It is the foundation on which the solution stands.

I am very grateful that my friend, Dr. BURGESS, has taken up the mantle on this legislation. I also thank my dear friend, KATHY CASTOR, and our ranking member here, Ms. SCHRIER, for their work on this legislation, and I urge a "yes" vote on this legislation.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Before I begin, Mr. Speaker, I want to thank my colleague, the sponsor of this bill, Dr. BURGESS, for his outstanding work in healthcare, especially as a Member of this august body. For many years he has served here, and I know he is going to be retiring at the end of this year, and we are certainly going to miss his leadership, particularly in the healthcare space, and we appreciate him very much.

Mr. Speaker, I rise today in strong support of H.R. 3838, the Preventing Maternal Deaths Reauthorization Act, which I am co-leading with Dr. BURGESS.

Maternal mortality is something that I have worked on for many, many years as a member of the Georgia State legislature and now as a Member of Congress. It baffles me as to why Georgia, my home State, would be one of the leading States in the Nation in maternal mortality. I have not been able to get my arms around that and understand why that is, but it is.

Our Nation's maternal mortality crisis, which, as I say, severely impacts Georgians, is alarming and trending in the wrong direction. In fact, in Georgia, the maternal mortality rate has increased to over 30 deaths per 100,000 live births. For women of color and people living in rural communities, those numbers are much higher.

The United States is trending in the wrong direction, as well, and we need to understand why moms are dying, despite us spending \$4.4 trillion on healthcare in 2022.

As a father, as a grandfather, and a healthcare professional, I believe that we can and we must do much better. It is time for this to become a national priority, which is why I am proud to be co-leading the Preventing Maternal Deaths Act with Dr. BURGESS.

This legislation would ensure continued support for the critically important work that the State Maternal Mortality Review Committees have done in addressing the maternal mortality crisis.

State Maternal Mortality Review Committees are crucial to collecting data so that each State can form a plan to address maternal health issues impacting their community.

This bipartisan bill is an important step toward ending the maternal mortality crisis in the U.S.

We value women, we value life, and this bipartisan bill prioritizes both.

I thank Dr. BURGESS again for working with me on this important issue, and I urge my colleagues to support this legislation.

Ms. SCHRIER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the United States faces a significant crisis with one of the highest maternal mortality and morbidity rates among developed nations.

According to the most recent data, in 2021, more than 1,200 women died as a result of pregnancy or childbirth, continuing an upward trend over nearly 20 years.

Racial disparities in maternal outcomes continue with Black and indigenous women dying at three times the rate of White women.

Additionally, rural areas experience higher rates of maternal mortality compared to urban areas, and yet, experts and research using the Maternal Mortality Review Committee data indicates that at least 80 percent of maternal mortalities are preventable.

□ 1600

H.R. 3838, the Preventing Maternal Deaths Reauthorization Act of 2023, is bipartisan legislation to reauthorize support for State-based Maternal Mortality Review Committees until 2028. These committees play a critical role in reviewing pregnancy-related deaths to identify causes and make recommendations for the prevention of future mortalities in their State. The legislation also requires the Centers for Disease Control and Prevention, the CDC, to work with HRSA, the Health Resources and Services Administration, to share best practices to prevent maternal mortality with hospitals and healthcare providers.

Enacting this legislation will provide the needed ongoing support of Maternal Mortality Review Committees, ultimately enhancing the safety of women throughout their pregnancy, delivery, and postpartum experiences while reducing racial disparities and outcomes.

The legislation is supported by over 85 organizations across the healthcare spectrum. I am pleased that it is before us today, and I encourage all of my colleagues to vote “yes” on this important bill.

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

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

I do want to point out in this bill, probably one of the most important aspects is the collection and dissemination of data by the CDC and HRSA, the best practices that occur across the country. There is no reason why one hospital should have excellent statistics and another hospital have questionable statistics. We should be able to be good enough that every hospital has excellent statistics.

I know this to be true, because where I did my residency at Parkland Hospital in Dallas, they have consistently had some of the best maternal mortality statistics in the country, and they take care of a population that is low income, women of color, underinsured, uninsured, the very populations you think would be at greatest risk.

I know we can do it. I have seen it done, and it is so important to me that we collect and disseminate this data.

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

Ms. SCHRIER. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Florida (Ms. CASTOR).

Ms. CASTOR of Florida. Mr. Speaker, I thank Ms. SCHRIER for yielding me time.

Mr. Speaker, I rise in strong support of the Preventing Maternal Deaths Reauthorization Act. It is critical legislation that I am proud to co-lead to address the maternal mortality crisis in America, unconscionably the worst in the developed world.

Each of us deserves to live a healthy life. For mothers, for women, that includes access to the care they need before, during, and after pregnancy. Pregnancy in America right now is too often traumatic or is life-threatening, and our maternal health crisis in many places is tearing families apart.

This is particularly true for Black women, who often experience worse outcomes due to disparities in access to medical care, the care that they need and that they deserve.

Our bill will help recommit to the health of our neighbors by ensuring that more moms can have safe pregnancies by improving health outcomes for the patients at the highest risk of maternal mortality and morbidity.

In the Tampa Bay area, I am proud to represent outstanding OB/GYNs and providers, clinics like Evara Health or organizations like REACHUP, the Healthy Start Coalitions, and more. They have worked tirelessly to address our maternal mortality rates and improve the quality of care for new and expecting mothers.

This bill will help them and similar organizations across the country, in partnership with the CDC, by building upon the comprehensive framework of the Preventing Maternal Deaths Reauthorization Act, supporting Maternal Mortality Review Committees, and strengthening lifesaving initiatives to improve health outcomes.

For example, Florida’s Maternal Mortality Review Committee has successfully created initiatives to reduce deaths associated with postpartum bleeding and opioid use disorder.

We have to do more. I look forward to working with my colleagues to address America’s maternal mortality crisis through research, prevention, and evidence-based practices.

I thank my partners on the Committee on Energy and Commerce who brought this bill to the floor: Congressman BURGESS, Congresswoman DEGETTE, Congressman CARTER, Congresswoman KELLY for her years of advocacy, Congresswoman SCHRIER, and Congresswoman CAMMACK, as well. I thank them for co-leading this legislation with me. Families are counting on us. Please vote “yes.”

Ms. SCHRIER. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Illinois (Ms. KELLY).

Ms. KELLY of Illinois. Mr. Speaker, I rise today in support of this bipartisan effort to address the maternal health crisis.

One of the most glaring inequities in our country is the disparities in mater-

nal health outcomes. In the richest country in the world, the United States is falling behind and failing our mothers and babies.

Over 1,000 women died in 2021 because of complications from childbirth. This is up from 861 deaths in 2020 and 754 deaths in 2019. What is even worse, as you have heard, is that Black women are nearly three times more likely to die from pregnancy-related causes as non-Hispanic White women, and that depends on where you live. The area I represent is six times as likely. Indigenous women are more than twice as likely to die from pregnancy-related causes as non-Hispanic White women. Again, it depends on where they live. This is just unacceptable.

I am proud to say that this legislation will bring us closer to a future where no mother has to worry that growing her family will cost her life. The Preventing Maternal Deaths Reauthorization Act, that I co-lead with Representatives BURGESS, CAMMACK, CASTOR, CARTER, and DEGETTE, will strengthen and expand Federal support for Maternal Mortality Review Committees, or MMRCs. State-fashioned MMRCs are tasked with identifying maternal deaths, analyzing the factors that contributed to those deaths, and translating those lessons into policy changes.

I am proud to say that a piece of my comprehensive maternal health legislation, the MOMMA’s Act, is included in this legislation.

The Preventing Maternal Deaths Reauthorization Act has received unanimous, bipartisan support from the Energy and Commerce Committee’s Subcommittee on Health and the full committee.

Mr. Speaker, I encourage my colleagues to support this bill and save moms’ lives.

Ms. SCHRIER. Mr. Speaker, I yield myself the balance of my time for closing.

I am so pleased this bill is before us today. I encourage all of my colleagues to vote “yes” on this very important bill that will save lives.

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

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

Mr. Speaker, this bill is personally important to me. My grandfather, who I never knew, my father’s father, was an academic obstetrician at McGill Hospital in Montreal from the end of the World War I until his death in 1939.

During that time, maternal mortality was substantially reduced. The caregivers of that time, prior to the introduction of antibiotics, made great strides in reducing maternal mortality. Some of that was through the imposition of preventive medicine. Some of that was because of improved anesthesia and blood bank techniques. Of course, with the introduction of antibiotics in 1940, the rates came down even substantially more. We know it can be done.

At that time the major drivers of maternal mortality were hypertension, hemorrhage, and infection. Now, the major drivers are well after delivery, and they fall into the realm of cardiovascular disease, suicide, and drug overdose. This expansion of postpartum coverage to the first year after delivery was really work that was established in our committee. We did the research on that, and we provided the guidance that now has been taken up by a great many States.

I look forward to a day when we see these numbers are significantly reduced even over where they are now because of the changes that we have made as a result of this legislation. It is important work.

Mr. Speaker, I encourage all of my colleagues to vote “yes” on the underlying bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 3838, 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. BURGESS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

#### FIREFIGHTER CANCER REGISTRY REAUTHORIZATION ACT OF 2023

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3821) to reauthorize the Firefighter Cancer Registry Act of 2018.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3821

*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 “Firefighter Cancer Registry Reauthorization Act of 2023”.

##### SEC. 2. REAUTHORIZATION OF VOLUNTARY REGISTRY FOR FIREFIGHTER CANCER INCIDENCE.

Section 2(h) of the Firefighter Cancer Registry Act of 2018 (42 U.S.C. 280e–5(h)) is amended by striking “\$2,500,000 for each of the fiscal years 2018 through 2022” and inserting “\$5,500,000 for each of fiscal years 2024 through 2028”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Washington (Ms. SCHRIER) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and in-

clude extraneous material in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 3821, the Firefighter Cancer Registry Reauthorization Act.

Firefighters are among our Nation’s first responder heroes. They are on the front lines of the most dangerous and frightening emergencies, and they bravely answer the call to save our family members and loved ones from harm.

Tragically, cancer remains one of the leading causes of death for firefighters, and firefighters are more likely to develop certain types of cancer than the general public.

This legislation reauthorizes the voluntary National Firefighter Registry for Cancer, which will help us to monitor, study, and understand the relationship between the toxic exposures firefighters face and cancer risk.

Mr. Speaker, I thank Representatives PASCRELL and FITZPATRICK for their work on this bipartisan legislation, I urge my colleagues to support this bill, and I reserve the balance of my time.

Ms. SCHRIER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 3821, the Firefighter Cancer Registry Reauthorization Act of 2023, sponsored by Representative PASCRELL from New Jersey.

H.R. 3821 reauthorizes funding for the critical research at the Centers for Disease Control and Prevention, the CDC, to monitor and study the relationship between career-long exposure to dangerous fumes and toxins and the incidence of cancer in firefighters from 2024 to 2028.

Created in 2018, the National Firefighter Registry was established to address knowledge gaps and improve nationwide data collection capabilities and monitoring of cancer incidence from a large and diverse population of firefighters.

Studies have shown that firefighters may have a greater risk of some types of cancer due to their exposure to smoke, toxins, and hazardous chemicals. The registry’s work is a collaboration amongst epidemiologists, public health experts, clinicians, and firefighters. Thousands of firefighters have enrolled, making it the most extensive initiative ever undertaken in our country to comprehend and mitigate cancer risks among firefighters.

This bill is supported by the International Association of Fire Chiefs, the National Volunteer Fire Council, and National Fallen Firefighters Foundation, among others.

I encourage all of my colleagues to vote “yes” on this important bill, and I reserve the balance of my time.

Mr. Speaker, I yield such time as he may consume to the gentleman from New Jersey (Mr. PASCRELL).

□ 1615

Mr. PASCRELL. Mr. Speaker, I thank the members of the Energy and Commerce Committee on both sides of the aisle for this reauthorization act. The time flies. When we put this together 5 years ago, it was bipartisan, as well.

Our fire heroes run into burning buildings while we run away, and they make harrowing rescues every single day, saving lives and protecting property. Nonetheless, there are dangerous carcinogens lurking in the air that they breathe and in the equipment that they use. The effects of these toxins are not fully known and may take years to determine.

In 2022, the International Association for Research on Cancer found that the very occupation of firefighting causes cancer. We are talking about thousands of volunteers and thousands of career firefighters.

Cancer is the leading cause, Mr. Speaker, as you just heard, of line-of-duty deaths for firefighters, but behind each statistic is a beloved public servant.

Eduardo Diaz, a firefighter in North Bergen, passed away from pancreatic cancer at the age of 53. Firefighter Diaz was a beloved resident of Hasbrouck Heights and a member of the Professional Firefighters of New Jersey, who are in town and who are supporting Federal aid for firefighters.

In my hometown of Paterson, my close friend, FMBA firefighter Jerry Behnke, tragically died from brain cancer.

These are but two of too many firefighters lost to cancer.

When someone is diagnosed with cancer, it is reported on the cancer registry in their State—Democrats and Republicans saw the significance of this 5 years ago when there was no registry—but specific details about their work are not collected.

To focus attention on this issue that can yield results, in 2018, the Congress rightfully created the National Firefighter Registry for Cancer. It is the largest effort in history to understand and reduce cancer among firefighters.

Because of this, the CDC has made a database of firefighters with cancer to monitor and study the ties between career-long exposure to dangerous fumes and toxins and the incidence of firefighter cancer. Since its opening year, more than 10,000 firefighters have voluntarily enrolled in the registry.

My bill would reauthorize the registry for another 5 years at a very modest funding level for what we hope can be lifesaving work.

Mr. Speaker, I urge my colleagues to support passage of this measure so we can get it onto the President’s desk as soon as possible.

Ms. SCHRIER. Mr. Speaker, I yield myself the balance of my time.

Let me emphasize, Mr. Speaker, how important it is that we look out for our heroes, our firefighters, as well as they look out for us.