

and I urge my colleagues to support the FIRE Act.

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

Madam Speaker, in closing, the FIRE Act is a bad faith attempt by Republicans to let industry pollute without consequence under the guise of expanding the use of prescribed fire.

In reality, it would allow everyday occurrences, like hot days and droughts, to be excluded from air quality determinations. We know that these events are occurring more often and with more intensity. Excluding these now common events all but ensures that communities across the country will continue to breathe unhealthy air and suffer the health consequences.

The Clean Air Act is one of the most successful laws to protect Americans ever enacted by Congress because it prioritizes public health and gives States flexibility to foster economic growth simultaneously.

We have made significant progress, but still too many people live in areas with dangerous air pollution. Every year, over 100,000 Americans die prematurely as a result of air pollution. Doctors and scientists widely consider fine particulate matter to be one of the most toxic air pollutants, as it can cause asthma, COPD, heart disease, and certain types of cancer.

We can't ignore the broader political landscape in which we are considering this bill, either. Earlier this year, EPA announced it will no longer consider the benefits of protection of public health when developing new rules for particulate matter and ozone pollution. Instead, EPA will consider only the compliance costs for industry. That makes it even more important that any Clean Air Act legislation taken up by Congress ensures that public health protections remain at the center of the law.

The American people are asking us to lower healthcare costs. They are asking us to ensure that our families have safe water to drink and healthy air to breathe. Our responsibility is to them, but our Republican colleagues seem to only answer to their corporate polluter buddies who are asking for regulatory rollbacks to save a few dollars. That is just a bad deal for the American people.

Madam Speaker, I urge my colleagues to vote against this dirty air bill, and I yield back the balance of my time.

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

Madam Speaker, once again, I want to point out some of the inconsistencies in the argument.

They have talked about healthcare, and I pointed out three or four times already that Congress put \$50 billion into the Working Families Tax Cuts Act specifically to modernize and improve rural healthcare. They are largely the ones who suffer the most from uncontrolled wildfires. Every Member

of the Democratic side of the aisle voted no.

I pointed out before that they talk about impact on senior citizens. This year, 51.4 million senior citizens paid no income tax on their Social Security. However, every one of my Democratic colleagues voted against that.

They talk about families. In the Working Families Tax Cuts Act, Congress eliminated taxes on tips. These are some of the hardest working people in the country living largely off of tips. I think, on average, they are going to get about \$3,000 back. That could be used to buy needed school supplies for their children, to pay a bill, to maybe even make a repair on an automobile, or to improve their housing, which is one of the leading factors in asthma.

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According to the CDC, there is no single definitive known cause for the development of asthma but indoor air quality is a significant factor that is related to housing. This is what troubles me about the opposition to this bill. The science, the data, shows that controlled burns mitigate the intensity of wildfires. It reduces the amount of emissions into the atmosphere. This is a way to improve air quality, not make it worse.

They cite climate change in the frequency and intensity of wildfires. That is exactly what we are trying to mitigate against by doing these prescribed burns.

I am amazed at how many of the policies that they propose stifle the formation of new businesses, providing more jobs and better opportunities for families when the data, particularly on this issue, is clear. This is good for the local communities. It is good for air quality.

Madam Speaker, I urge my colleagues to vote "yes" on H.R. 6387, and I yield back the balance of my time.

The SPEAKER pro tempore (Ms. MALLIOTAKIS). All time for debate has expired.

Pursuant to House Resolution 1174, the previous question is ordered on the bill.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Ms. DEXTER. Madam Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Ms. Dexter of Oregon moves to recommit the bill H.R. 6387 to the Committee on Energy and Commerce.

The material previously referred to by Ms. DEXTER is as follows:

Ms. Dexter moves to recommit the bill H.R. 6387 to the Committee on Energy and Commerce with instructions to report the

same back to the House forthwith, with the following amendment:

Add at the end the following:

SEC. 3. LIMITATION.

This Act, and the amendments made by this Act, shall not take effect until the date on which the Administrator of the Environmental Protection Agency, in consultation with the Clean Air Scientific Advisory Committee, publishes a certification that implementation of this Act, and the amendments made by this Act, will not increase, including for vulnerable populations such as seniors, children, and minority and low-income communities, any of the following:

- (1) Asthma attacks.
- (2) Hospitalization and emergency room visits for those with respiratory disease or cardiovascular disease.
- (3) The risk of preterm birth, babies born with low birth weight, or impaired fetal growth.
- (4) The risk of heart attacks, stroke, or premature death.
- (5) Reproductive, developmental, or other serious harms to human health.
- (6) The costs of health care treatment for respiratory disease, cardiovascular disease, or any other serious disease or condition.

The SPEAKER pro tempore. Pursuant to clause 2(b) of rule XIX, the previous question is ordered on the motion to recommit.

The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Ms. DEXTER. Madam 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 question are postponed.

RESIGNATION FROM THE HOUSE OF REPRESENTATIVES

The SPEAKER pro tempore laid before the House the following resignation from the House of Representatives:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, April 21, 2026.

Hon. Mike Johnson,
Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: I hereby resign my office from the 119th Congress as Representative for Florida's 20th Congressional District, effective Tuesday April 21, 2026; 1:30pm.

It has been the honor of my lifetime to serve the people of my district. I remain proud of the work we have accomplished on behalf of our communities.

After careful reflection and prayer, I have concluded that it is in the best interest of my constituents and the institution that I step aside at this time.

I remain committed to supporting a smooth transition and ensuring continuity of service for the district.

Sincerely,
SHEILA CHERFILUS-McCORMICK,
Member of Congress.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, April 21, 2026.

Hon. Ron DeSantis,
Governor of Florida,
Tallahassee, FL

DEAR GOVERNOR DESANTIS: I write to inform you of my resignation as United States

Representative for Florida's 20th Congressional District, effective at 1:30 PM ET on April 21, 2026.

Sincerely,

SHEILA CHERFILUS-McCORMICK,
Member of Congress.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Under clause 5(d) of rule XX, the Chair announces to the House that, in light of the resignation of the gentlewoman from Florida (Mrs. CHERFILUS-McCORMICK), the whole number of the House is 431.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or votes objected to under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

WOMEN AND LUNG CANCER RESEARCH AND PREVENTIVE SERVICES ACT OF 2025

Mrs. HARSHBARGER. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2319) to direct the Secretary of Health and Human Services to conduct a review to evaluate the status of research on lung cancer in women and underserved populations, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2319

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 "Women and Lung Cancer Research and Preventive Services Act of 2025".

SEC. 2. INTERAGENCY REVIEW TO EVALUATE AND IDENTIFY OPPORTUNITIES FOR THE ACCELERATION OF RESEARCH ON LUNG CANCER IN WOMEN AND UNDERSERVED POPULATIONS, GREATER ACCESS TO PREVENTIVE SERVICES, AND STRATEGIC PUBLIC AWARENESS AND EDUCATION CAMPAIGNS.

(a) IN GENERAL.—The Secretary of Health and Human Services, in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall conduct an interagency review to evaluate the status of, and identify opportunities for the acceleration of research related to—

- (1) research on lung cancer in women;
- (2) research on lung cancer in underserved populations that meet the eligibility criteria for lung cancer screening as recommended by the United States Preventive Services Task Force;
- (3) access to lung cancer preventive services; and
- (4) strategic public awareness and education campaigns on lung cancer.

(b) CONTENT.—The review and recommendations under subsection (a) shall include—

(1) a review and comprehensive report on the outcomes of previous research, the status of existing research activities, and knowledge gaps related to lung cancer in women and underserved populations in all agencies of the Federal Government;

(2) opportunities for collaborative, interagency, multidisciplinary, and innovative research, that would—

(A) encourage innovative approaches to eliminate knowledge gaps in research on lung cancer in women;

(B) evaluate environmental and genomic factors that may be related to the etiology of lung cancer in women; and

(C) foster advances in imaging technology and techniques to improve risk assessment, diagnosis, treatment, and the simultaneous utilization of other preventive services and activities;

(3) opportunities regarding the development of a national lung cancer screening strategy to expand access to such screenings, particularly among women and underserved populations; and

(4) opportunities regarding the development of a national public education and awareness campaign on—

(A) lung cancer in women and underserved populations; and

(B) the importance of early detection of lung cancer.

(c) REPORT.—Not later than two years after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report on the review conducted under subsection (a).

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

The Chair recognizes the gentlewoman from Tennessee.

GENERAL LEAVE

Mrs. HARSHBARGER. 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 in the RECORD on this bill.

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

There was no objection.

Mrs. HARSHBARGER. Madam Speaker, I yield myself such time as I may consume.

I rise today in strong support of H.R. 2319, the Women and Lung Cancer Research and Preventive Services Act of 2025 led by my colleague Representative BRENDAN F. BOYLE.

Lung cancer is the third most common cancer in the United States, and it claims the lives of more Americans than any other type of cancer.

Globally, over 600,000 women die every year from lung cancer, and we know that nearly 20 percent of lung cancers occur in individuals who have either never smoked or smoked less than 100 cigarettes over their lifetime.

These findings demonstrate that we need to be doing more to understand the risk factors beyond just smoking cigarettes and improve both our strategies and tools for screening, diagnosis, treatment, and prevention, especially among women who face unique risk factors.

H.R. 2319 would allow us to strengthen and advance emerging research op-

portunities that we rely on to reduce the burden of lung cancer mortality.

Further, this bipartisan bill requires an interagency review between the Department of Health and Human Services and the Departments of War and Veterans Affairs to determine the current research landscape in identifying new areas of research to explore.

H.R. 2319 is an opportunity to take another critical step in our fight against cancer in the United States.

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

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

Madam Speaker, I rise in support of H.R. 2319, the Women and Lung Cancer Research and Preventive Services Act of 2025.

I want to begin by commending my colleague, Representative BRENDAN F. BOYLE, for his tireless leadership on this critical issue.

Every 9 minutes, a woman loses her life to lung cancer. In the time it will take the House to consider this bill, more mothers, daughters, sisters, and friends will be lost. This legislation is a meaningful step in addressing the disproportionate impact of lung cancer on women.

Lung cancer is the leading cause of cancer death among men and women in the United States. It kills more people each year than breast cancer, ovarian cancer, and uterine cancer combined.

Despite historically lower smoking rates than men, women are estimated to make up over half of all new lung cancer cases and nearly half of all deaths.

In the United States, we are seeing a concerning trend among young and middle-aged women who are being diagnosed with lung cancer. Even more striking, lung cancer disproportionately strikes women who have never smoked.

Approximately two-thirds of never-smokers who have been diagnosed with lung cancer are women. A clear understanding of the existing research and innovative opportunities to reduce lung cancer mortality, particularly among women in underserved populations, is needed.

This legislation directs the Secretary of Health and Human Services, working in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, to conduct a comprehensive interagency review of lung cancer in women and in underserved populations.

This legislation will help us take steps toward answering key questions our researchers need to answer. We need to know what environmental and genomic factors contribute to lung cancer in women. We need to know where the gaps are in our existing research. We need to know how we expand access to early detection and screening, which we know saves lives. And we need to know how we mount a