

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

public awareness campaign to better inform the public and providers.

So for all these reasons, I urge my colleagues to once again support this legislation, and I reserve the balance of my time.

Mrs. HARSHBARGER. Madam Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. FITZPATRICK).

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

Lung cancer is the leading cancer death among women, and it disproportionately impacts women who have never even smoked.

This bipartisan bill requires the Secretary of Health and Human Services, in consultation with the Secretaries of Defense and Veterans Affairs, to conduct an interagency review of current research on women and lung cancer.

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Madam Speaker, this bill addresses the disparities women with lung cancer face, and it addresses it head-on, strengthening research, access to preventative services, and raising awareness. This is a significant step in addressing a disease that has left far too many women in my community and across the country vulnerable.

The unique impact of lung cancer on women requires an investment in strengthening research and access to preventative care. I look forward to continuing to work across the aisle to ensure that real progress is delivered, that this bill makes it across the finish line, and that women and families impacted by this devastating disease finally get the help that they need.

I also thank my friend and fellow Pennsylvanian BRENDAN BOYLE for his partnership and leadership on this very, very important policy, and all my colleagues on the Energy and Commerce Committee for working to advance this critical bill to save lives.

Finally, I thank the tireless advocates who have championed this legislation for years and who have been working to address this disparity in cancer research and care.

Madam Speaker, I urge all my colleagues to support H.R. 2319.

Mr. PALLONE. Madam Speaker, I yield 5 minutes to the gentleman from Pennsylvania (Mr. BOYLE) who is the ranking member of the House Budget Committee.

Mr. BOYLE of Pennsylvania. Madam Speaker, I rise today in strong support of my legislation, H.R. 2319, the Women and Lung Cancer Research and Preventive Services Act. This is a bipartisan, commonsense bill that takes on a serious and too often overlooked public health disparity.

The legislation would require the Secretary of HHS, in consultation with the Secretaries of Defense and Veterans Affairs, to conduct an interagency review of research on women and lung cancer, including access to preventive services.

It would also strengthen interagency coordination on public awareness efforts so more women have the information they need to understand their risk, seek early detection, and get care sooner. This matters because while smoking rates, fortunately, have declined in the United States and overall lung cancer rates have fallen, one troubling disparity remains. Women who have never smoked are still more likely to develop lung cancer than men who have never smoked. Research has continued to point to that gap, and it deserves far more attention than it gets today.

According to the American Cancer Society, about 120,000 women in the U.S. are expected to be diagnosed with lung cancer in 2026. That is roughly 170 women every day who will die as a result of this. That is roughly one woman in 8½ minutes. Approximately 62,000 women will die each year from this disease.

As my colleague and good friend and partner in this, Congressman BRIAN FITZPATRICK, mentioned, lung cancer remains the leading cause of cancer death among women in the United States, so these numbers should get our attention.

This bill is about doing something constructive. It is about improving research, strengthening prevention, expanding awareness, and helping ensure women have better access to the services that can support earlier diagnosis and treatment.

Simply put, earlier detection saves lives. Better information saves lives, and more attention to this disparity can save lives.

Despite progress in prevention and treatment, declines in lung cancer incidence have continued to move faster for men than for women. The reality is the scientific community still does not know why, so this tells us, frankly, we have plenty of work to do.

Madam Speaker, I want to tell you something that is personal. I have been working on this issue for 8 years now, ever since our late colleague who passed away 2 years ago, Rick Nolan, asked me to take this up just in the back there in the Members Cloakroom as he was leaving the Congress in December of 2018. He had shared with me the struggles that at the time his daughter was going through. Rick's daughter, Katherine Benson, courageously battled stage IV non-small cell lung cancer until her passing in 2020 at only 46 years old. She courageously fought this awful form of cancer for about 5 years.

Rick's legacy and Katherine's legacy lives on in this fight and in the determination to spare other families the same heartbreak.

In addition to thanking my friend and colleague, BRIAN FITZPATRICK, whom I mentioned previously and who has been a great Republican partner and co-lead with me in this effort, I also thank Chairman GUTHRIE and Ranking Member PALLONE for their

support as well as all of the members of the Energy and Commerce Committee.

At the end of the day, this bill does something very simple and important. It focuses attention on a deadly disparity that has gone overlooked for far too long, and it pushes the Federal Government to respond with the seriousness this issue demands.

Madam Speaker, this is a thoughtful, bipartisan proposal that can save lives, and I urge my colleagues to support H.R. 2319.

Mrs. HARSHBARGER. Madam Speaker, I am prepared to close. I urge a "yes" vote, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, in closing, I just want to say that this is a very important piece of legislation. It is obviously bipartisan.

Madam Speaker, I urge my colleagues to support it, and I yield back the balance of my time.

Mrs. HARSHBARGER. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Tennessee (Mrs. HARSHBARGER) that the House suspend the rules and pass the bill, H.R. 2319.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

IMPROVING CARE IN RURAL AMERICA REAUTHORIZATION ACT OF 2025

Mrs. HARSHBARGER. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2493) to reauthorize certain programs regarding rural health care.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2493

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 "Improving Care in Rural America Reauthorization Act of 2025".

SEC. 2. RURAL HEALTH CARE SERVICES OUTREACH, RURAL HEALTH NETWORK DEVELOPMENT, AND SMALL HEALTH CARE PROVIDER QUALITY IMPROVEMENT GRANT PROGRAMS.

(a) RURAL HEALTH CARE SERVICES OUTREACH GRANTS.—Section 330A(e) of the Public Health Service Act (42 U.S.C. 254c(e)) is amended by adding at the end the following:

"(4) USE OF FUNDS FOR RURAL UNDERSERVED POPULATIONS.—In awarding a grant under this subsection, the Director shall ensure that the funds made available through the grant will be used, as appropriate—

"(A) to meet the health care needs of rural underserved populations in the local community or region to be served; and

"(B) for other activities to ensure the rural underserved populations in the local community or region to be served will be involved in the development and ongoing operations of the project."

(b) RURAL HEALTH NETWORK DEVELOPMENT GRANTS.—Section 330A(f) of the Public