

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.

□ 1420

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 preventative 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

Health Service Act (42 U.S.C. 254c(f)) 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 increase access to quality health care services through integrated health care networks for the 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 benefit from and be involved in the planning, development, and ongoing implementation of the network.”.

(c) REAUTHORIZATION.—Section 330A(j) of the Public Health Service Act (42 U.S.C. 254c(j)) is amended by striking “2021 through 2025” and inserting “2026 through 2030”.

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 insert extraneous material into the RECORD on the 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.

Madam Speaker, I rise today in strong support of H.R. 2493, the Improving Care in Rural America Reauthorization Act of 2025, led by my friend from Georgia, Congressman CARTER.

Too often where a patient lives determines whether they are able to access adequate healthcare services, and patients who live in rural areas, in particular, often face barriers like a shortage of local providers and transportation challenges of traveling longer distances to reach points of care.

To overcome these challenges and build toward a healthier future, we must continue leveraging tools like telehealth to ensure that rural and underserved communities have access to quality healthcare.

H.R. 2493 reauthorizes grant programs that utilize integrated healthcare networks to help connect patients to high quality care. More specifically, the programs we are reauthorizing will help address critical healthcare gaps in rural communities such as access to preventive screenings and chronic disease management while improving services in primary care settings.

We must continue to invest in these community-driven policies to promote better health outcomes for rural and underserved populations.

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

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

Madam Speaker, I rise in support of H.R. 2493, the Improving Care in Rural America Reauthorization Act.

H.R. 2493 reauthorizes programs at the Health Resources & Services Administration that increase access to healthcare services in rural communities.

Rural communities often face significant challenges to accessing quality healthcare, including provider shortages, hospital closures, and long travel times to medical facilities. Rural communities also often face higher rates of poverty and unemployment which can contribute to poor health outcomes.

□ 1430

The community-based programs extended by this bill address the unique needs of the rural communities they serve by collaborating with local networks and partnering organizations. This includes implementing disease prevention and health promotion activities and enhancing healthcare delivery.

The programs also include the Healthy Rural Hometown Initiative, a targeted program that works to address the underlying factors contributing to the five leading causes of death in the United States. That would be heart disease, cancer, unintentional injury, stroke, and chronic lower respiratory disease.

This is an important bill, and I am hopeful that it will gain strong bipartisan support. This legislation comes at the same time rural communities are being devastated by the \$1 trillion in healthcare cuts Republicans passed in their big, ugly bill. These cuts are going to have a disproportionate impact on rural Americans. Rural clinics and maternity care centers are already being forced to close their doors, and another 300 rural hospitals are likely to shutter, closing down altogether or reducing services.

Madam Speaker, I am pleased that we are considering this legislation to extend these programs. I encourage all of my colleagues to vote “yes” on H.R. 2493, and I reserve the balance of my time.

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

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

Madam Speaker, I rise today in strong support of my bill, H.R. 2493, the Improving Care in Rural America Reauthorization Act of 2025, a bipartisan bill that ensures Americans, no matter where they live, have access to quality healthcare.

Let me be clear, healthcare outcomes should not depend on your ZIP Code. Today, for millions of Americans living in rural communities, that is exactly the reality.

Rural residents face serious barriers to care: provider shortages, long travel

distances, hospital closures, and limited access to specialists. The consequences are real.

Rural Americans experience a 43-percent higher mortality rate compared to those in urban and suburban areas. That is simply unacceptable.

This legislation is about addressing those disparities head-on. The Improving Care in Rural America Reauthorization Act builds on improving programs that are already making a difference in communities across the country.

Specifically, this bill reauthorizes critical rural health grant programs through 2030, programs that expand access to care, improve care coordination, strengthen rural health networks, and support quality improvement for providers.

These are not just theoretical ideas. They are programs with a track record of success. In fact, more than 85 percent of grant recipients have demonstrated measurable improvements in clinical outcomes, including better control of chronic conditions like diabetes and hypertension. That means healthier patients, stronger communities, and lower costs.

One of the most important aspects of this bill is that it provides community-driven solutions. We are not imposing a one-size-fits-all approach from Washington. Instead, we are empowering local providers, local leaders, and local communities to identify their own needs and build solutions that work for them.

The bill ensures that rural communities are directly involved in planning and implementing these programs so that care is tailored, targeted, and effective. That is how you get results.

As a pharmacist, I have seen firsthand how critical access to care is, especially in rural areas where providers are already stretched thin.

This legislation also helps to expand telehealth services so patients can access care without traveling hours, improve coordination between providers to reduce gaps in care, and strengthen small clinics and hospitals that are often the backbone of rural communities.

When a rural hospital closes, it is not just the loss of healthcare. It is a loss of jobs, a loss of economic stability, and a loss of security for the entire community.

At the end of the day, this bill is about fairness. It is about making sure that whether you live in a big city or a small town, you have access to the care you need. It is about strengthening our rural communities, improving health outcomes, and ensuring that no American is left behind.

We have an opportunity today to build on successful programs, deliver real results, and make a meaningful difference in people's lives.

Madam Speaker, I urge my colleagues to support this legislation.

Mr. PALLONE. Madam Speaker, this is an important piece of legislation,

particularly for rural areas. I urge my colleagues to support this bill, and I yield back the balance of my time.

Mrs. HARSHBARGER. Madam Speaker, I encourage a “yes” vote on this bill, and 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. 2493.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. HARSHBARGER. 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 motion will be postponed.

REAUTHORIZATION OF TELEHEALTH NETWORK AND TELEHEALTH RESOURCE CENTERS GRANT PROGRAMS

Ms. HARSHBARGER. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3419) to amend the Public Health Service Act to reauthorize the telehealth network and telehealth resource centers grant programs.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3419

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. REAUTHORIZATION OF TELEHEALTH NETWORK AND TELEHEALTH RESOURCE CENTERS GRANT PROGRAMS.

Section 3301(g) of the Public Health Service Act (42 U.S.C. 254c-14(g)) is amended—

(1) by striking “section” and inserting the following: “section—

“(1)”;

(2) in paragraph (1), as so inserted, by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(2) \$42,050,000 for each of fiscal years 2026 through 2030.”.

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 Chair, 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 gentlewoman from Tennessee?

There was no objection.

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

Madam Speaker, I rise today in strong support of H.R. 3419, which would reauthorize the telehealth network and telehealth resource grant programs, led by my colleague Congressman VALADAO.

Telehealth has been an extremely useful tool that helps patients overcome various physical barriers to care and expands access to a wide array of services provided by high-quality healthcare professionals. It is both an effective and efficient way to deliver healthcare services to patients living in rural and medically underserved areas across the United States.

As we continue working to build a healthier America, telehealth is an incredible tool to help break down barriers and promote patient access.

H.R. 3419 reauthorizes key grant programs, namely the Telehealth Network Grant Program and telehealth resource centers.

Under the Telehealth Network Grant Program, awardees can receive funding to provide services through a telehealth network for patients in rural and medically underserved areas.

Additionally, the telehealth resource centers provide telehealth technical assistance for regional and national entities that support providers to best utilize this technology to care for their patients.

Ultimately, this bill continues critical support and strengthens the telehealth infrastructure that Americans rely on.

Madam Speaker, I urge my colleagues to support this bill, and I thank the sponsors for their work on this bill.

Madam Speaker, 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. 3419, the Reauthorization of Telehealth Network and Telehealth Resource Centers Grant Programs.

H.R. 3419 reauthorizes programs at the Office for the Advancement of Telehealth within the Health Resources and Services Administration, including the telehealth network and telehealth resource centers grant programs. These programs promote the use of telehealth networks to improve healthcare services for communities across the country.

Currently, the program promotes the use of rural tele-emergency services by delivering 24-hour emergency department consultation services for rural providers without emergency care specialists.

The Telehealth Resource Centers Program provides technical assistance, education, and information to organizations and individuals through 2 national centers and 12 regional centers. These centers help implement and expand telehealth programs so they can expand the reach of healthcare in rural and underserved communities.

I am glad that we are taking steps to reauthorize these programs. I encour-

age all of my colleagues to vote “yes” on H.R. 3419, and I reserve the balance of my time.

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

Mr. VALADAO. Madam Speaker, I rise today to urge support for my bill, the Reauthorization of Telehealth Network and Telehealth Resource Centers Grant Programs.

In the Central Valley and rural communities across the Nation, telehealth is a lifeline.

For many families I represent, getting to a doctor isn’t easy. It can mean hours on the road, time off work, and waiting too long for an appointment.

When healthcare is delayed, small problems can turn into something much more serious. This bipartisan bill helps close that gap.

H.R. 3419 reauthorizes critical telehealth programs through fiscal year 2030 so patients in underserved areas can connect with doctors, specialists, and mental health providers without having to travel long distances or wait weeks for appointments.

□ 1440

We have already seen this work in the Central Valley, with thousands of telehealth visits helping people get care for things like depression, anxiety, and substance abuse.

These resources are incredibly important for rural, underserved communities and help make hospitals stronger, improve access to specialists, and provide more support for recruiting and retaining healthcare professionals in the communities that need them most.

I thank Chairman GUTHRIE and his staff on the Committee on Energy and Commerce for their work on this important bill, as well as my co-lead, Representative ADAM GRAY.

Together, we can ensure no one is left behind, no matter the ZIP Code they live in.

Mr. PALLONE. Madam Speaker, in closing, I just want to urge everyone to support this legislation. Telehealth expansion is obviously something that is particularly important for rural areas and underserved areas, so I think it is really important that we pass this legislation. I yield back the balance of my time.

Mrs. HARSHBARGER. Madam Speaker, in closing, I encourage a “yes” vote on this bill, and 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. 3419.

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.