Mr. Speaker, these simple acts underscore how important of a role private-sector companies play in both the domestic and international communities.

I thank Eli Lilly and the many other companies across the country that are stepping up to the plate and making a difference. Your efforts have not gone unnoticed.

LEAKED DRAFT OPINION OVERTURNING ROE

(Ms. UNDERWOOD asked and was given permission to address the House for 1 minute.)

Ms. UNDERWOOD. Mr. Speaker, last week's draft opinion overturning Roe v. Wade laid bare what is at stake this year for American families. First, most importantly, Roe is still law. This was a draft. Don't cancel your appointment.

Proud science States like Illinois are going to fight this every step of the way. But, ultimately, horrifyingly, that may not matter because American women are facing a retrogression of fundamental legal rights that is unprecedented in modern history because this is not the end. This is just the beginning.

The State-level assault on reproductive freedom has already begun. Next, Republicans plan to ban abortions federally. Then they say they want to go further: our right to contraception; to marry who you love despite their gender or the color of their skin.

Only two things can stop this: the Women's Health Protection Act and a Senate that defends reproductive freedom. We won't stop fighting until we have both.

ELECTING MEMBERS TO CERTAIN STANDING COMMITTEES OF THE HOUSE OF REPRESENTATIVES

Mr. RUIZ. Mr. Speaker, by direction of the Democratic Caucus, I offer a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1103

Resolved, That the following named Members be, and are hereby, elected to the following standing committees of the House of Representatives:

COMMITTEE ON AGRICULTURE: Ms. Kaptur.

COMMITTEE ON ARMED SERVICES: Ms. Garcia of Texas.

Mr. RUIZ (during the reading). Mr. Speaker, I ask unanimous consent that the resolution be considered as read and printed in the RECORD.

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

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

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 the yeas and nays are ordered.

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

RECA EXTENSION ACT OF 2022

Mr. COHEN. Mr. Speaker, I move to suspend the rules and pass the bill (S. 4119) to reauthorize the Radiation Exposure Compensation Act.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 4119

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 ''RECA Extension Act of 2022''.

SEC. 2. REAUTHORIZATION OF THE RADIATION EXPOSURE COMPENSATION ACT.

(a) IN GENERAL.—Section 3(d) of the Radiation Exposure Compensation Act (Public Law 101–426; 42 U.S.C. 2210 note) is amended—

(1) by striking the first sentence and inserting ''The Fund shall terminate on the date that is 2 years after the date of enactment of the RECA Extension Act of 2022.''; and

(2) by striking ''22-year period'' and inserting ''2-year period''.

(b) LIMITATION ON CLAIMS.—Section 8(a) of the Radiation Exposure Compensation Act (Public Law 101–426; 42 U.S.C. 2210 note) is amended by striking ''within 22 years after the date of the enactment of the Radiation Exposure Compensation Act Amendments of 2000'' and inserting ''not later than 2 years after the date of enactment of the RECA Extension Act of 2022''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. COHEN) and the gentleman from Ohio (Mr. JORDAN) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. COHEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on this bill.

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

There was no objection.

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

Mr. Speaker, S. 4119, the RECA Extension Act of 2022, would extend the life of the Radiation Exposure Compensation Act, which is also known as RECA, a trust fund that needs to be extended by this bill for 2 years after the date of the bill's enactment. Action is urgently needed because the RECA trust fund is currently set to expire on July 10 of this year.

The bill would also extend the time to file a RECA claim to within 2 years after the date of enactment.

Originally passed by Congress in 1990, RECA established a program administered by the Department of Justice to pay one-time compensation to individuals harmed by atmospheric testing of U.S. atomic weapons and to certain uranium mine workers who were harmed as they labored to produce the necessary raw materials for U.S. atomic weapon developments. During its over 30-year history, the RECA program has been improved and supported on a bipartisan basis.

It is my hope that Congress will eventually adopt bipartisan legislation that will further extend the life of the program and expand eligibility to those who have been left out. For now, however, it is important that we extend the RECA trust fund for another 2 years while discussions on these measures continue.

This legislation was introduced by Senator MIKE LEE, and it passed the Senate by unanimous consent. Hopefully, we can send it on to the President's desk here in the House.

I thank Representative GREG STANTON, a longtime champion of the RECA program, for his leadership. Through his efforts, the Judiciary Committee—my Subcommittee on The Constitution, Civil Rights, and Civil Liberties—held a hearing and marked up legislation strengthening the RECA program, which helped pave the way for this bill.

I also thank Representative TERESA LEGER FERNANDEZ who has been an active champion on this issue for her efforts to preserve and expand the RECA program. I also thank our former Member, now a Senator, Senator LUJÁN, who brought this to my attention originally. He has been a champion on this issue, too, for the people of New Mexico and the people affected all throughout the Western United States.

Mr. Speaker, I urge my colleagues to vote ''yes'' on S. 4119, and I reserve the balance of my time.

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

Mr. Speaker, in 1990, Congress passed the Radiation Exposure Compensation Act, or RECA, to provide restitution to individuals who got sick from exposure to radiation as a result of the atomic bomb testing between 1945 and 1963. The goal of Congress in 1990 was to provide compensation to people whose health ailments were caused by the U.S. Government's activities.

This intention can be seen in the one-time nature of the payments and in the specific geographic, time, and disease requirements for compensation. Congress last extended and expanded RECA in 2000 and directed that the fund sunset in July of 2022. As that date has drawn closer, there have been bipartisan and bicameral conversations about potentially extending and expanding RECA.

This bill is a clean, 2-year extension of that statute. It does not change the terms; it simply maintains the status quo to provide more time for these conversations to take place. As Congress continues to consider RECA, we must keep in mind the evidence before us.

In 2005, the National Academies of Sciences, Engineering, and Medicine completed a congressionally mandated

study and concluded that Congress should not simply expand eligibility in RECA based on geography alone. As this study explained:

> In most cases it is unlikely that exposure to radiation fallout was a substantial or contributing cause to any developing cancer.

No one here disputes that if the Federal Government recklessly took actions that led to our citizens getting cancer, we should provide compensation for that harm. That is why Congress passed RECA in 1990 and why it was extended in 2000. However, this program should not become an endless program in the name of unclear evidence and political expediency.

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

Mr. COHEN. Mr. Speaker, I yield 2 minutes to the gentleman from Arizona (Mr. STANTON).

Mr. STANTON. Mr. Speaker, I thank Chairman COHEN for his leadership on this issue. Arizona and New Mexico get along very, very well, particularly on this important issue.

Mr. Speaker, I rise today in support of S. 4119, the RECA Extension Act of 2022.

Since 1990, RECA has provided payments to more than 37,000 individuals who have suffered health consequences due to the Federal Government's atomic weapons development and testing programs. We know an extension of RECA is necessary. There are still families filing claims for their fair share of restitution, and according to a recent publication of the CDC, many more individuals will develop cancers and illnesses linked to the radiation exposure in the years to come.

But we also know that since its inception RECA has inexplicably excluded far too many downwinders from the program. Some Americans—like uranium millers, miners, ore transporters, and those present at weapons testing sites—were exposed to radiation directly through their work, while others were exposed downwind just going about their daily routines as fallout from atmospheric testing blanketed their homes and communities.

When the lines of eligibility were drawn for downwinders to access RECA funds, there existed a major flaw. Two counties—Clark County, Nevada; and Mohave County, Arizona—were only partially included. Although Mohave County has the highest age-adjusted rates of invasive cancer and the highest mortality rates from cancer of any county of Arizona, only the northern portion of the county is downwinder-eligible. And in Nevada only the northeastern-most townships of Clark County are included, despite it practically sharing a border with the Nevada Testing Site where most of the atmospheric weapons testing occurred.

Tragically, families in the lower portions of Mohave and Clark Counties have lost spouses, parents, siblings, and loved ones to radiation illnesses, and it is an absolute shame that they have been left behind by their Federal Government.

Since I was elected to Congress, I have worked to remedy this decades-old injustice. It has been one of my top priorities, and my bill, the Downwinders Parity Act of 2021, would extend RECA eligibility to the rest of these two counties and deliver justice to many Americans who have been left behind.

I am disappointed that this bill does not include more downwinders, but I am hopeful that with this 2-year extension we will have enough time to find a way forward to expand downwinder eligibility.

Mr. Speaker, I urge my colleagues to vote ''yes'' on S. 4119.

Mr. JORDAN. Mr. Speaker, I yield 3 minutes to the distinguished gentlewoman from the great State of New Mexico (Ms. HERRELL).

Ms. HERRELL. Mr. Speaker, I rise in support of the RECA Extension Act of 2022. This legislation is a critical step in making certain that those men and women who have been harmed by the development and testing that occurred at the dawn of the nuclear age are compensated and assisted by the government that put them in harm's way.

My constituents—the uranium miners, mill workers, uranium ore transporters, and those who lived downwind of atmospheric nuclear tests deserve our thanks, deserve our compassion, and are now in need of our assistance.

The Radiation Exposure Compensation Act was scheduled to expire on July 10 of this year.

The legislation before us extends the program unchanged for 2 years. This extension gives us the opportunity to amend this law to be more in keeping with the latest scientific data that indicates that there are additional classifications of workers and diseases that need to be included, as well as additional geographic areas that need to be added for those exposed to radiation from atmospheric nuclear weapons testing, including a significant population of my constituents in New Mexico.

We should not view this extension as the chance to take a break from working on the shortcomings of the Radiation Exposure Compensation Act, but as a chance for us to work together in a bipartisan way to make things right, to change the damage and suffering of Americans who have been harmed by the radiation exposure due to government negligence.

□ 1230

Mr. Speaker, just last month, I held a meeting in Grants, New Mexico, where nearly 50 community members shared their stories. Many of these men and women were post-1971 uranium workers or downwinders who are not yet eligible for RECA benefits.

Listening to their stories hit home that there is still a lot of work left to be done to make sure these people are made whole.

The time to get around the table to reform RECA is now—not in 2 years, not in a year, but now. I invite all Members of Congress to join me now in this work. Let's work out a legislative compromise to right these wrongs for the people of this great Nation.

Mr. JORDAN. Mr. Speaker, I yield the balance of my time to the gentleman from Utah (Mr. OWENS) to control the remainder of the time.

The SPEAKER pro tempore. The gentleman from Utah will control the time.

Mr. COHEN. Mr. Speaker, I yield 3 minutes to the gentlewoman from New Mexico (Ms. LEGER FERNANDEZ).

Ms. LEGER FERNANDEZ. Mr. Speaker, I thank Chairman COHEN for his and his staff's tireless efforts on behalf of RECA.

Last week, Congressman OWENS and I led a bipartisan group of Members to request a vote on S. 4119. I am grateful to Speaker PELOSI and Leader HOYER for bringing it before us today.

In 1945, the U.S. Government detonated the first atomic bomb at the Trinity test site in New Mexico. The U.S. would go on to conduct more than 200 aboveground nuclear tests throughout the century.

Uranium miners, many of whom are Latino or Native American in my home State, worked without the necessary health and safety protections and are still falling sick from radiation exposure.

Downwinders everywhere who lived in communities around certain test sites continue to suffer from lung cancer, pulmonary fibrosis, and other deadly diseases directly linked to uranium and nuclear radiation.

Too many have fallen sick from lung cancer, pulmonary fibrosis, and other deadly diseases because of the radiation exposure. This is an environmental injustice issue of the most explosive kind.

This injustice necessitated the enactment of the bipartisan RECA in 1990 to provide some compensation for these individuals. As we have all heard today, RECA is set to expire this summer, and we must not let that happen because more than 30 years later, too many downwinders and uranium workers continue to fall ill because of the government's nuclear testing program. They still deserve justice under the law.

In fact, just last week, CDC scientists authored a letter that showed a substantial number of uranium miners could still develop diseases after July that would qualify them for RECA compensation.

That letter points out that some of the cancers are 4,040 percent higher than the standard population. Imagine that. It can only be attributed to the uranium mines and exposure.

S. 4119 will extend RECA as it currently exists for 2 years.

I must note that, yes, every schoolchild knows where the first atomic bomb was exploded, and it was

in New Mexico. But for some inexplicable reason, New Mexico was left out as those places where downwinders needed and were eligible for compensation.

As noted by almost every speaker this morning, we must use this time to quickly work on making sure that RECA is corrected so that it applies to all those who are harmed by atomic testing, including in those counties in Arizona, those places in Utah, and those places in New Mexico.

Mr. Speaker, I include the letter titled ''Health burdens of uranium miners will extend beyond the Radiation Exposure Compensation Act deadline'' in the RECORD.

[From Occup. Environ. Med., May 2022]

HEALTH BURDENS OF URANIUM MINERS WILL EXTEND BEYOND THE RADIATION EXPOSURE COMPENSATION ACT DEADLINE

The US Radiation Exposure Compensation Act (RECA) is a government compensation programme, which provides partial restitution to individuals whose health was affected by nuclear weapons testing or uranium industry employment. RECA covers US uranium miners employed between 1942 and 1971 who developed or died from lung cancer, pulmonary fibrosis, silicosis, pneumoconiosis or pulmonale related to lung fibrosis. RECA is set to terminate this year. The filing deadline for living claimants or spouses of deceased claimants is 10 July 2022. To access evidence of whether uranium miners will continue to develop compensable diseases after the termination of RECA, was examined mortality rate trends within the US Colorado Plateau uranium miner cohort.

The US Colorado Plateau cohort includes 4137 underground uranium miners employed for at least 1 month and with one or more medical screenings between 1950 and 1960. Underlying cause of death was ascertained through 2016 using the US National Death Index. Person time began in 1960 when reference mortality rates were available. Person time ended at date of death, date lost to follow-up or the end of follow-up (2016). The cohort does not include millers or ore transporters. Details on cohort inclusion criteria, vital status, mortality ascertainment, outcome definition and standard population rates reported in a previous study.

We calculated standardised mortality ratios (SMRs) and corresponding 95% CIs overall and by decade of calendar period (1960–1969, . . ., 2000–2009, 2010–2016) for silicosis, interstitial pulmonary fibrosis (IPF) and pneumoconiosis, which are compensable for uranium miners under RECA. SMRs were adjusted for age and calendar period (5-year groups) and racialisation (white or American Indian). Regional standard mortality rates for all outcomes were based on data from New Mexico and Arizona for American Indian Miners.

From 1960 to 2016, there were 64 IPF deaths, 49 pneumoconiosis deaths and 52 silicosis deaths in the cohort. Overall, the IPF mortality rates were 380% higher than the standard population (SMR 4.8; 95%CI 3.7 to 6.1) pneumoconiosis mortality rates were 3860% higher than the standard population (SMR 39.6; 95%CI 29.3 to 52.3), and silicosis rates were 4040% higher than the standard population (SMR 41.4; 95%CI 30.9 to 54.3).

For all three causes of death, rates were higher in more recent calendar periods. IPF rates were lowest in 1960–1969 (observed=2, SMR=2.0; 95%CI 0.2 to 7.1) and highest in 2010–2016 (observed=12, SMR=68.7; 95%CI 35.4 to 120.0) but remained substantially elevated in the 2010–2016 period (observed=13, SMR=56.4, 95%CI 30.0 to 96.4). Silicosis mortality was also elevated in later calendar periods, with the highest SMR in 1980–1989 (observed=17, SMR=75.7; 95%CI 44. to 121.2). In 2010–2016, silicosis mortality rates remained substantively higher than the standard population (observed=6, SMR=61.5; 95%CI 22.4 to 133.8).

While the majority of US uranium mining activities ceased by the mid-1990's, the health effects of uranium mining persist. An important public health implication of our SMR analysis is that former uranium miners in the US continue to die of IPF, silicosis, and pneumoconiosis at a far higher rate than the comparable general population over our period of study; SMRs are elevated overall, increase with advancing calendar period and persist over time. This analysis suggests that former uranium miners will develop RECA-eligible diseases after RECA ends.

The inferences from these SMRs extend beyond the Colorado Plateau cohort. The Colorado Plateau uranium miner cohort represents only a small sample of the total US uranium miner population. The uranium industry employed tens of thousands of workers,[1] perhaps as many as 30,000 workers minded uranium under-ground.[4] So, the Colorado Plateau cohort represents only about 5%–15% of the total uranium miner population. This figure does not include the population of uranium millers, surface miners and ore transporters, who are also eligible for RECA funds. Based on the SMRs by calendar period and estimates of the total uranium miner population, it is expected that we will continue to observe many IPF, silicosis, and pneumoconiosis deaths in this group of workers after the planned termination of RECA. Although only 11% of the cohort was still alive at the end of 2016 and the median age of surviving miners over 80, there are younger RECA-eligible miners not in our Colorado Plateau cohort. The latest year of hire in the cohort was 1960, while RECA-eligible miners could have been hired through 1971. It is difficult to accurately estimate the number of miners that would be affected by the termination of RECA, but the approximations above indicate that a substantial number of miners could still develop compensable diseases.

This analysis was limited by using cause of death data rather than disease incidence data. Although these respiratory diseases are highly fatal, there are likely more miners in the cohort who developed these diseases but did not have deaths attributed to them. And, based on the long latency and induction periods of these respiratory diseases we expect additional incident cases to occur. This analysis is also limited because mortality follow-up only extends through 2016. But even if SMRs started to decrease subsequent to 2016, they would still likely be in excess compared with the standard population after 10 July 2022 when RECa terminates given that these SMRs have been substantially elevated since at least 1970, and for IPF, the number of observed cases appears to have increased since that time.

This analysis is based on uranium miners first employed between 1950 and 1960, but more contemporary miners are also at elevated risk of respiratory disease. Although they may be exposed at a lower intensity, these miners were still exposed to radon, silica dust and other agents that increase the risk of developing RECA-compensable diseases. A recent study from the large international Pooled Uranium Miner Analysis showed that miners first hired 1965 or later experience elevated lung cancer (observed=856, SMR=1.34; 95%CI 1.26 to 1.44).[5] Clinical data also indicated that workers employed after 1971 have a high burden of respiratory disease.[6]

The examination of non-malignant respiratory mortality rates in the Colorado Plateau cohort indicates that uranium mining conditions still cause a considerable health burden to workers that will continue into the foreseeable future. RECA has been amended in the past to be more consistent with scientific results, although these amendments were delayed.[4] This study finds that there will likely be more uranium miners who develop occupational disease after the planned termination of RECA benefits.

Ms. LEGER FERNANDEZ. I urge my colleagues to similarly support the passage of the RECA extension as was done in the Senate.

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

Mr. COHEN. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Nevada (Ms. TITUS).

Ms. TITUS. Mr. Speaker, 77 years ago at White Sands, New Mexico, we tested the first atomic bomb. This was followed by nearly half a century of aboveground tests, mostly at a Nevada test site not far from my district.

During this time, thousands of men and women were exposed to harmful levels of radiation, and they continue to experience health difficulties to this day.

Congress established RECA in 1990 to provide one-time payments to many of these harmed individuals. With RECA set to expire July 1, I support Senator LEE's bipartisan bill to extend the program. But I hope we can also soon bring to the floor H.R. 5338, which passed out of the Judiciary Committee in December.

Led by Congresswoman LEGER FERNANDEZ, this bill would expand the eligibility of RECA to cover additional diseases and additional communities like the uranium miners. It would also increase benefits to account for inflation.

We need to step up to help these warriors just as we leave no other warriors on the battlefield.

Mr. OWENS. Mr. Speaker, I extended some remarks a little earlier that I am going to repeat, but I wanted to just say, first of all, this has been a remarkable experience for me to see the bipartisanship that we have been able to come together with.

I thank Congresswoman LEGER FERNANDEZ. I really appreciate the support, reaching out, what we have been able to do to get this done.

I think, most importantly, even those who might not agree, we saw in this process who can respectfully agree to disagree. We still moved this forward, so we have something that is not only bipartisan but bicameral. We have had support in the Senate, and I just can't say enough how much I appreciate the opportunity to experience this.

It is going to be good for the citizens throughout the Western part of our country, and I look forward to being able to take this a little bit further as we continue to have this conversation over the next coming months and years.

S. 4119 is a clean and simple extension of the existing Radiation Exposure Compensation Act. It represents an incredible and increasingly rare achievement here in Congress: a bipartisan solution to a nonpartisan problem.

During 1945 and 1962, the United States conducted over 100 aboveground nuclear tests, releasing harmful radiation material into the air and literally blanketing parts of the United States, including Utah, with poisonous dust.

RECA, championed by the late Senator Orrin Hatch, was a lifeline for thousands of downwinders whose lives were lost or forever changed because of this exposure.

Unless Congress acts, the program will expire in 2 months. That will leave downwinders like Sara Penny of Cedar City, Utah, behind. Her story was cataloged in the ''Downwinders of Utah Archive.''

Penny was born in 1953, the same year the ''Dirty Harry'' bomb was tested in Nevada. She said: ''We knew we could die any day from about fifth grade. Our piano teacher's daughter . . . died of leukemia.''

Her grandfather died of leukemia. Her aunt died of breast cancer. Her cousin had a bone marrow transplant from his brother but died anyway. Her high school classmate died earlier from a brain tumor. Her cousin got breast cancer.

Her story is tragic but not unique. Too many downwinders are suffering. Just last week, I heard from constituents who were starting the process of applying for RECA benefits. These are individuals who lived in the shadows of radiation released in our beautiful Western skies.

We have a chance to make right what the Federal Government got wrong when it conducted these nuclear tests in our backyard. We just cannot walk away from RECA.

For Sara and the downwinders, please join me, please join us, in voting ''yes'' on S. 4119, the RECA Extension Act of 2022.

I again thank Congresswoman LEGER FERNANDEZ. It has been an honor to work with her, and we will get this pushed through. I look forward to it.

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

Mr. COHEN. Mr. Speaker, we reiterate that the trust fund expires on July 10 with the need for this vital program to remain present in law. The Representatives from Arizona, New Mexico, and Nevada have all made that clear, as have others.

Madam Speaker, I urge my colleagues to vote ''yes'' on this important legislation. Now that the gentlewoman from Nevada (Ms. TITUS) has taken the chair, I yield back the balance of my time and ask for a positive ''aye'' vote.

The SPEAKER pro tempore (Ms. TITUS). The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and pass the bill, S. 4119.

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.

□ 1245

FEDERAL FIREFIGHTERS FAIRNESS ACT OF 2022

Mr. SCOTT of Virginia. Madam Speaker, pursuant to House Resolution 1097, I call up the bill (H.R. 2499) to amend chapter 81 of title 5, United States Code, to create a presumption that a disability or death of a Federal employee in fire protection activities caused by any of certain diseases is the result of the performance of such employees duty, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1097, in lieu of the amendment in the nature of a substitute recommended by the Committee on Education and Labor printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee print 117–41, modified by the amendment printed in part C of House Report 117–320, is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 2499

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 ''Federal Firefighters Fairness Act of 2022''.

SEC. 2. CERTAIN DISEASES PRESUMED TO BE WORK-RELATED CAUSE OF DISABILITY OR DEATH FOR FEDERAL EMPLOYEES IN FIRE PROTECTION ACTIVITIES.

(a) PRESUMPTION RELATING TO EMPLOYEES IN FIRE PROTECTION ACTIVITIES.—Subchapter I of chapter 81 of title 5, United States Code, is amended by inserting after section 8143a the following:

''§ 8143b. Employees in fire protection activities.

''(a) CERTAIN DISEASES DEEMED TO BE PROXIMATELY CAUSED BY EMPLOYMENT IN FIRE PROTECTION ACTIVITIES.—

''(1) IN GENERAL.—For a claim under this subchapter of disability or death of an employee who has been employed for a minimum of 5 years in aggregate as an employee in fire protection activities, a disease specified on the list established under paragraph (2) shall be deemed to be proximately caused by the employment of such employee.

''(2) ESTABLISHMENT OF INITIAL LIST.—There is established under this section the following list of diseases:

''(A) Bladder cancer.

''(B) Brain cancer.

''(C) Chronic obstructive pulmonary disease.

''(D) Colorectal cancer.

''(E) Esophageal cancer.

''(F) Kidney cancer.

''(G) Leukemias.

''(H) Lung cancer.

''(I) Mesothelioma.

''(J) Multiple myeloma.

''(K) Non-Hodgkin lymphoma.

''(L) Prostate cancer.

''(M) Skin cancer (melanoma).

''(N) A sudden cardiac event or stroke while, or not later than 24 hours after, engaging in the activities described in subsection (b)(1)(C).

''(O) Testicular cancer.

''(P) Thyroid cancer.

''(3) ADDITIONS TO THE LIST.—

''(A) IN GENERAL.—The Secretary shall periodically review the list established under this section in consultation with the Director of the National Institute on Occupational Safety and Health and shall add a disease to the list by rule, upon a showing by a petitioner or on the Secretary's own determination, in accordance with this paragraph.

''(B) BASIS FOR DETERMINATION.—The Secretary shall add a disease to the list upon a showing by a petitioner or the Secretary's own determination, based on the weight of the best available scientific evidence, that there is a significant risk to employees in fire protection activities of developing such disease.

''(C) AVAILABLE EXPERTISE.—In determining significant risk for purposes of subparagraph (B), the Secretary may accept as authoritative and may rely upon recommendations, risk assessments, and scientific studies (including analyses of National Firefighter Registry data pertaining to Federal firefighters) by the National Institute for Occupational Safety and Health, the National Toxicology Program, the National Academies of Sciences, Engineering, and Medicine, and the International Agency for Research on Cancer.

''(4) PETITIONS TO ADD TO THE LIST.—

''(A) IN GENERAL.—Any person may petition the Secretary to add a disease to the list under this section.

''(B) CONTENT OF PETITION.—Such petition shall provide information to show that there is sufficient evidence of a significant risk to employees in fire protection activities of developing such illness or disease from their employment.

''(C) TIMELY AND SUBSTANTIVE DECISIONS.—Not later than 18 months after receipt of a petition, the Secretary shall either grant or deny the petition by publishing in the Federal Register a written explanation of the reasons for the Secretary's decision. The Secretary may not deny a petition solely on the basis of competing priorities, inadequate resources, or insufficient time for review.

''(b) DEFINITIONS.—In this section:

''(1) EMPLOYEE IN FIRE PROTECTION ACTIVITIES.—The term 'employee in fire protection activities' means an employee employed as a firefighter, paramedic, emergency medical technician, rescue worker, ambulance personnel, or hazardous material worker, who—

''(A) is trained in fire suppression;

''(B) has the legal authority and responsibility to engage in fire suppression;

''(C) is engaged in the prevention, control, and extinguishment of fires or response to emergency situations where life, property, or the environment is at risk, including the prevention, control, suppression, or management of wildland fires; and

''(D) performs such activities as a primary responsibility of his or her job.

''(2) SECRETARY.—The term 'Secretary' means Secretary of Labor.''.

(b) RESEARCH COOPERATION.—Not later than 120 days after the date of enactment of this Act, the Secretary of Labor shall establish a process by which a Federal employee in fire protection activities filing a claim related to a disease on the list established by section 8143b of title 5, United States Code, will be informed about and offered the opportunity to contribute to science by voluntarily enrolling in the National Firefighter Registry or a similar research or public health initiative conducted by the Centers for Disease Control and Prevention.

(c) AGENDA FOR FURTHER REVIEW.—Not later than 3 years after the date of enactment of this Act, the Secretary shall—