

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 gentlewoman 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).

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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.

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

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

Mr. Speaker, I thank my friend from New Jersey for bringing this forward and working hard for this. He has seen what happens to firefighters in his community from 9/11 and on, and it is really important work that our firefighters do.

As he said, there is a group from Kentucky in town today with whom we had a chance to talk. They are the heroes who go into burning buildings to save our families and all the other things they do for us.

Mr. Speaker, I strongly urge my colleagues to support H.R. 3821, and I yield back the balance of my time.

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. 3821.

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.

9-8-8 LIFELINE CYBERSECURITY RESPONSIBILITY ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 498) to amend title V of the Public Health Service Act to secure the suicide prevention lifeline from cybersecurity incidents, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 498

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 “9-8-8 Lifeline Cybersecurity Responsibility Act”.

SEC. 2. PROTECTING SUICIDE PREVENTION LIFELINE FROM CYBERSECURITY INCIDENTS.

(a) NATIONAL SUICIDE PREVENTION LIFELINE PROGRAM.—Section 520E-3(b) of the Public Health Service Act (42 U.S.C. 290bb-36c(b)) is amended—

(1) in paragraph (4), by striking “and” at the end;

(2) in paragraph (5), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(6) taking such steps as may be necessary to ensure the suicide prevention hotline is protected from cybersecurity incidents and to eliminate known cybersecurity vulnerabilities of such hotline.”.

(b) REPORTING.—Section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c) is amended—

(1) by redesignating subsection (f) as subsection (g); and

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

“(f) CYBERSECURITY REPORTING.—

“(1) NOTIFICATION.—

“(A) IN GENERAL.—The program’s network administrator receiving Federal funding pursuant to subsection (a) shall report to the Assistant Secretary, in a manner that protects personal privacy, consistent with applicable Federal and State privacy laws—

“(i) any identified cybersecurity vulnerability to the program within a reasonable amount of time after identification of such a vulnerability; and

“(ii) any identified cybersecurity incident to the program within a reasonable amount of time after identification of such an incident.

“(B) LOCAL AND REGIONAL CRISIS CENTERS.—Local and regional crisis centers participating in the program shall report to the program’s network administrator receiving Federal funding pursuant to subsection (a), in a manner that protects personal privacy, consistent with applicable Federal and State privacy laws—

“(i) any identified cybersecurity vulnerability to the program within a reasonable amount of time after identification of such a vulnerability; and

“(ii) any identified cybersecurity incident to the program within a reasonable amount of time after identification of such an incident.

“(2) NOTIFICATION.—If the program’s network administrator receiving funding pursuant to subsection (a) discovers, or is informed by a local or regional crisis center pursuant to paragraph (1)(B) of, a cybersecurity vulnerability or incident, within a reasonable amount of time after such discovery or receipt of information, such entity shall report the vulnerability or incident to the Assistant Secretary.

“(3) CLARIFICATION.—

“(A) OVERSIGHT.—

“(i) LOCAL AND REGIONAL CRISIS CENTER.—Except as provided in clause (ii), local and regional crisis centers participating in the program shall oversee all technology each center employs in the provision of services as a participant in the program.

“(ii) NETWORK ADMINISTRATOR.—The program’s network administrator receiving Federal funding pursuant to subsection (a) shall oversee the technology each crisis center employs in the provision of services as a participant in the program if such oversight responsibilities are established in the applicable network participation agreement.

“(B) SUPPLEMENT, NOT SUPPLANT.—The cybersecurity incident reporting requirements under this subsection shall supplement, and not supplant, cybersecurity incident reporting requirements under other provisions of applicable Federal law that are in effect on the date of the enactment of the 9-8-8 Lifeline Cybersecurity Responsibility Act.”.

(c) STUDY.—Not later than 180 days after the date of the enactment of this Act, the Comptroller General of the United States shall—

(1) conduct and complete a study that evaluates cybersecurity risks and vulnerabilities associated with the 9-8-8 National Suicide Prevention Lifeline; and

(2) submit a report of the findings of such study to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentlewoman 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 include 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 in support of H.R. 498, the 9-8-8 Lifeline Cybersecurity Responsibility Act, led by Mr. OBERNOLTE.

In 2021, more than 48,000 people died by suicide in the United States. That equates to 132 people every day. These are our family members, our neighbors, and our friends. This number is staggering, and unfortunately, suicide deaths are continuing to rise. People need hope and healing.

The 988 Suicide & Crisis Lifeline is a national network of local crisis centers used to support people in suicidal crisis or emotional distress. This has proven to be a vital resource, especially during the COVID-19 pandemic when government-imposed lockdowns led to increased social isolation and loneliness.

The lifeline suffered a cybersecurity attack in December 2022 and was proactively taken offline for several hours. It is unknown how many individuals were hurt by the outage, but we do know that individuals in emotional distress or suicide crisis were unable to utilize the lifeline for hours.

H.R. 498 would improve the lifeline’s cybersecurity protections by requiring coordination between SAMHSA and the chief information security officer within HHS.

Additionally, this bill would require the lifeline administrator and local call centers to report any cybersecurity incidents and vulnerabilities to SAMHSA as soon as they are identified. My hope is that this bill would help prevent future cyberattacks and disruption of services so individuals in crisis can access this resource and get the help they need.

Mr. Speaker, I urge my colleagues to support the 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 today in support of H.R. 498, the 9-8-8 Lifeline Cybersecurity Responsibility Act, sponsored by my colleagues, Representatives Cárdenas and OBERNOLTE.

On July 16, 2022, the 988 lifeline became available to all landline and cell phone users to access a network of over 200 local- and State-funded crisis centers. The suicide and crisis lifeline is there for anyone who is struggling with anxiety, depression, or suicidal ideation.

Since its launch, according to data from the Kaiser Family Foundation,