119TH CONGRESS
1st Session
HOUSE OF REPRESENTATIVES
REPORT
119–242

MENTAL HEALTH IN AVIATION ACT OF 2025

SEPTEMBER 8, 2025.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. GRAVES, from the Committee on Transportation and Infrastructure, submitted the following

R E P O R T

[To accompany H.R. 2591]

[Including cost estimate of the Congressional Budget Office]

The Committee on Transportation and Infrastructure, to whom was referred the bill (H.R. 2591) to require the Administrator of the Federal Aviation Administration to revise regulations for certain individuals carrying out aviation activities who disclose a mental health diagnosis or condition, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

CONTENTS

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Mental Health in Aviation Act of 2025".

SEC. 2. REGULATIONS FOR INDIVIDUALS CARRYING OUT AVIATION ACTIVITIES.

(a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall update regulations, including in part 67 of title 14 of Code of Federal Regulations, as appropriate, to encourage individuals to—

(1) seek help for mental health conditions or symptoms of mental health conditions; and

(2) disclose conditions or symptoms described in paragraph (1).

(b) CONSULTATION; REPORT REQUIREMENTS.—Section 411(d) of the FAA Reauthorization Act of 2024 (49 U.S.C. 44703 note(d)) is amended—

(1) in paragraph (4)—

(A) in subparagraph (A) by striking "and" at the end;

(B) in subparagraph (B) by striking "and" at the end;

(C) in subparagraph (C) by striking the period at the end and inserting a semicolon; and

(D) by adding at the end the following:

"(D) a review and evaluation of any recommendations reached by the National Transportation Safety Board related to aviation workforce mental health; and

"(E) a description of relevant clinical studies, research, diagnostic manuals, and protocols used by the licensed professionals as of the date of enactment of this Act."; and

(2) by adding at the end the following:

"(5) CONSULTATION.—In carrying out this subsection, the task group shall consult with relevant stakeholders from the aviation and medical communities, as necessary, including—

"(A) the certified exclusive bargaining representatives of air traffic controllers of the Administration certified under section 7111 of title 5, United States Code;

"(B) organizations representing certified collective bargaining representatives of airline pilots;

"(C) aviation medical examiners, as described in section 183.21 of title 14, Code of Federal Regulations; and

"(D) any other stakeholder determined relevant by the task group, including any stakeholders described in paragraph (3)(B).".

(c) IMPLEMENTATION.—

(1) IN GENERAL.—Not later than 180 days after the submission of the report required under section 411(f) of the FAA Reauthorization Act of 2024 (49 U.S.C. 44703 note), the Administrator shall take such actions as are necessary to implement the mental health-related recommendations of such report.

(2) JUSTIFICATION.—If the Administrator decides not to implement any of the recommendations described in paragraph (1), the Administrator shall submit to the appropriate committees of Congress the justification for such decision.

SEC. 3. ANNUAL REVIEW OF MENTAL HEALTH SPECIAL ISSUANCE PROCESS.

The Administrator shall conduct an annual review, and update, as appropriate, the applicable regulations, policies, orders, and guidance on mental health-related special issuance for pilots and air traffic controllers to—

(1) reclassify and approve additional medications that may be safely prescribed to airmen to treat mental health conditions;

(2) improve mental health knowledge and training for aviation medical examiners;

(3) if the Administrator determines appropriate, delegate additional authority to aviation medical examiners consistent with the recommendation of the Mental Health Aviation Rulemaking Committee described in section 5; and

(4) improve the special issuance process for pilots and air traffic controllers.

SEC. 4. AUTHORIZATION OF APPROPRIATION FOR ADDITIONAL AVIATION MEDICAL EXAMINERS.

Of the amounts made available pursuant to section 106(k)(1) of title 49, United States Code, the Administrator shall set aside $13,740,000 for each of fiscal years 2026 through 2028 to—

(1) recruit, select, train, and delegate the necessary authorities to additional aviation medical examiners and human intervention motivation study aviation medical examiners, including those who are psychiatrists;

(2) expand capacity to provide oversight of aviation medical examiners and clear the backlog of special issuance requests and cases awaiting review at the Office of Aerospace Medicine; and

(3) support any other related activities, as the Administrator determines appropriate.

SEC. 5. IMPLEMENTATION OF AVIATION RULEMAKING COMMITTEE RECOMMENDATIONS.

(a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Administrator shall implement, to the greatest extent practicable, the recommendations of the Mental Health and Aviation Medical Clearances Aviation Rulemaking Committee which were submitted to the Administrator on April 1, 2024.

(b) CONSULTATION.—In carrying out subsection (a), the Administrator shall consult with the parties described in section 411(d)(5) of the FAA Reauthorization Act of 2024 (as added by this Act).

(c) JUSTIFICATION.—If the Administrator decides not to implement any of the recommendations described in subsection (a), the Administrator shall submit to the appropriate committees of Congress the justification for such decision.

SEC. 6. PUBLIC INFORMATION CAMPAIGN.

(a) IN GENERAL.—Of the amounts made available under section 106(k)(1) of title 49, United States Code, the Administrator shall set aside $1,500,000 for each of fiscal years 2026 through 2028 for a public information campaign or similar public education efforts to destigmatize individuals in (or interested in joining) the aviation industry who seek mental health care, to broaden awareness of available supportive services, and establish trust with pilots and air traffic controllers.

(b) REPORT.—Not later than 1 year after the Administrator creates the public information campaign described in subsection (a), the Administrator shall submit to appropriate committees of Congress a report describing the actions taken to develop such campaign and the plans for implementation.

SEC. 7. DEFINITIONS.

In this Act:

(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term "appropriate committees of Congress" means—

(A) the Committee on Transportation and Infrastructure of the House of Representatives; and

(B) the Committee on Commerce, Science, and Transportation of the Senate.

(2) SPECIAL ISSUANCE.—The term "special issuance" has the meaning given the term in section 67.401 of title 14, Code of Federal Regulations.

PURPOSE OF LEGISLATION

The purpose of H.R. 2591, as amended, is to require the Administrator of the Federal Aviation Administration to revise regulations for certain individuals carrying out aviation activities who disclose a mental health diagnosis or condition, and for other purposes.

BACKGROUND AND NEED FOR LEGISLATION

Nearly one in four Americans are faced with mental health challenges each year.[1] This impacts every segment of the aviation industry. Aviation professionals are required by the Federal Aviation Administration (FAA) to report if they seek mental health care in order to receive and maintain their medical certification. Challenges posed by the current system mean that mental health issues are underreported and access to essential care is difficult for aviation professionals, who are often subject to burdensome regulations and lengthy wait times before returning to work. As a result, health concerns can go untreated or careers of safe and well-

[1] U.S. SUBSTANCE ABUSE AND MENTAL HEALTH SERV. ADMIN., PEP24–07–021, KEY SUBSTANCE USE AND MENTAL HEALTH INDICATORS IN THE UNITED STATES: RESULTS FROM THE 2023 NATIONAL SURVEY ON DRUG USE AND HEALTH (2024), *available at* https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/National%20Report/National%20Report/2023-nsduh-annual-national.pdf.

trained pilots and air traffic controllers are derailed. This legislation builds on the *FAA Reauthorization Act of 2024* by requiring the FAA to implement recommendations to eliminate barriers to mental health care, as identified at the direction of Congress by the Aeromedical Innovation and Modernization Working Group and the FAA's Mental Health and Aviation Medical Clearances Aviation Rulemaking Committee. The legislation will also require the FAA to annually review the process on mental health related special issuances, invest in the hiring of aviation medical examiners (AMEs), and create a public education campaign to help destigmatize mental health in the United States aviation industry.

HEARINGS

For the purposes of rule XIII, clause 3(c)(6)(A) of the 119th Congress—

The following hearing was used to develop or consider H.R. 2951: On Wednesday, June 4, 2025, the Subcommittee on Aviation held a hearing entitled, "*FAA Reauthorization Act of 2024: Stakeholder Perspectives on Implementation One Year Later*." At the hearing, Members received testimony from Mr. Darren Pleasance, President and Chief Executive Officer, Aircraft Owners and Pilots Association (AOPA); Mr. Edward M. Bolen, President and Chief Executive Officer, National Business Aviation Association (NBAA); Mr. Michael Robbins, President and Chief Executive Officer, Association for Uncrewed Vehicle Systems International (AUVSI); Captain Jody Reven, President, Southwest Airlines Pilots Association (SWAPA); and, Ms. Sara Nelson, International President, Association of Flight Attendants-CWA (AFA). The hearing focused on the aerospace industry's perspectives on the progress made by the FAA and the Department of Transportation (DOT) in implementing the *FAA Reauthorization Act of 2024*, which included the creation of the Aviation Workforce Mental Health Task Force. SWAPA and NBAA shared their perspectives on the work of the Task Force and ensuring aviation professionals seek treatment.

LEGISLATIVE HISTORY AND CONSIDERATION

H.R. 2591, the "*Mental Health in Aviation Act of 2025*", was introduced in the United States House of Representatives on April 2, 2025, by Rep. Sean Casten (D–IL), Rep. Pete Stauber (R–MN), Rep. Rick Larsen (D–WA), and Rep. Tracey Mann (R–KS) and referred to the Committee on Transportation and Infrastructure. Within the Committee on Transportation and Infrastructure, H.R. 2591 was referred to the Subcommittee on Aviation. The Subcommittee on Aviation was discharged from further consideration of H.R. 2591 on June 11, 2025.

The Committee considered H.R. 2591 on June 11, 2025, and ordered the measure to be reported to the House with a favorable recommendation, with amendment, by voice vote.

An Amendment in the Nature of a Substitute to H.R. 2591, offered by Ranking Member Larsen was AGREED TO by voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires each committee report to include the total number of

votes cast for and against on each record vote on a motion to report and on any amendment offered to the measure or matter, and the names of those members voting for and against.

No recorded votes were requested.

COMMITTEE OVERSIGHT FINDINGS AND RECOMMENDATIONS

With respect to the requirements of clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in this report.

NEW BUDGET AUTHORITY AND TAX EXPENDITURES

Clause 3(c)(2) of rule XIII of the Rules of the House of Representatives does not apply where a cost estimate and comparison prepared by the Director of the Congressional Budget Office under section 402 of the *Congressional Budget Act of 1974* has been timely submitted prior to the filing of the report and is included in the report. Such a cost estimate is included in this report.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

With respect to the requirement of clause 3(c)(3) of rule XIII of the Rules of the House of Representatives and section 402 of the *Congressional Budget Act of 1974*, the Committee has received the enclosed cost estimate for H.R. 2591, as amended, from the Director of the Congressional Budget Office:

H.R. 2591, Mental Health in Aviation Act of 2025

As ordered reported by the House Committee on Transportation and Infrastructure on June 11, 2025

By Fiscal Year, Millions of Dollars	2025	2025-2030	2025-2035
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	*	1	not estimated

Increases *net direct spending* in any of the four consecutive 10-year periods beginning in 2036?	No	Statutory pay-as-you-go procedures apply?	No
		Mandate Effects	
Increases *on-budget deficits* in any of the four consecutive 10-year periods beginning in 2036?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	Yes, Cannot Determine Costs

* = between zero and $500,000.

H.R. 2591 would require the Federal Aviation Administration (FAA) to annually review its policies related to mental health care for pilots and aviation workers and to implement recommendations from the April 2024 report published by the Mental Health and Aviation Medical Clearances Rulemaking Committee. The bill also would set aside $15 million each year from 2026 through 2028 from amounts already authorized to be appropriated for those years for the FAA for the purpose of hiring additional medical examiners

and conducting public awareness campaigns on mental health treatment.

Because the $15 million set aside each year for those purposes would come from an existing authorization of appropriations, CBO does not attribute an increase in spending subject to appropriation to that provision. Lastly, the bill would require the FAA to report to the Congress on the effectiveness of the public awareness campaigns.

Based on the costs of similar requirements, CBO estimates that implementing the regulatory and reporting requirements in H.R. 2591 would cost $1 million over the 2025–2030 period. Any related spending would be subject to the availability of appropriated funds.

If the FAA revises or promulgates new regulations as a result of the bill, H.R. 2591 would impose private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) on certain people licensed by the FAA. Although some regulations could reduce the regulatory burden on aviation medical examiners and pilots, others could increase it. For example, the FAA could require additional training or implement new documentation and oversight practices. Because the scope and cost of the mandates would depend on regulations yet to be announced, CBO cannot determine whether the cost of compliance would exceed the threshold established in UMRA for private-sector mandates ($206 million in 2025, adjusted annually for inflation).

The bill would not impose intergovernmental mandates as defined in UMRA.

The CBO staff contacts for this estimate are Katherine Chou (for federal costs) and Brandon Lever (for mandates). The estimate was reviewed by H. Samuel Papenfuss, Deputy Director of Budget Analysis.

PHILLIP L. SWAGEL,
Director, Congressional Budget Office.

PERFORMANCE GOALS AND OBJECTIVES

With respect to the requirement of clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the performance goal and objective of this legislation is to require the Administrator of the FAA to revise regulations for certain individuals carrying out aviation activities who disclose a mental health diagnosis or condition.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, the Committee finds that no provision of H.R. 2591, as amended, establishes or reauthorizes a program of the Federal government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

In compliance with clause 9 of rule XXI of the Rules of the House of Representatives, this bill, as reported, contains no congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(e), 9(f), or 9(g) of the rule XXI.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the *Unfunded Mandates Reform Act* (Public Law 104–4).

PREEMPTION CLARIFICATION

Section 423 of the *Congressional Budget Act of 1974* requires the report of any Committee on a bill or joint resolution to include a statement on the extent to which the bill or joint resolution is intended to preempt state, local, or tribal law. The Committee finds that H.R. 2591 does not preempt any state, local, or tribal law.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the definition of Section 5(b) of the appendix to Title 5, United States Code, are created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the *Congressional Accountability Act* (Public Law 104–1).

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

This section provides that this bill may be cited as the "Mental Health in Aviation Act of 2025".

Section 2. Regulations for individual carrying out aviation activities

This section requires the Federal Aviation Administration (FAA) to, no later than two years after enactment, update regulations to encourage individuals to disclose and seek help for mental health conditions.

This section also expands the stakeholder participation and reporting requirements of the Aviation Workforce Mental Health Task Group, that was created as a part of the Aeromedical Innovation and Modernization Working Group established by Section 411 of the *Federal Aviation Administration Reauthorization Act of 2024* (P.L. 118–63). The task group is directed to consult with airline pilot unions, air traffic controller unions and aviation medical examiners, and its report must also include (1) a review of mental health related recommendations made by the National Transportation Safety Board (NTSB) and (2) summaries of relevant clinical studies and research.

Additionally, this section requires the FAA to implement the mental health related recommendations of the Aeromedical Innovation and Modernization Working Group or to provide justification to Congress for any recommendations it chooses not to implement.

Section 3. Annual review of mental health special issuance process

This section requires the FAA to annually review and update, as appropriate, regulations, policies, orders, and guidance for special issuance process for medical certification for pilots and air traffic controllers. Specifically, it calls for the FAA to consider reclassifying and approving additional medications that can be safely prescribed to airmen to treat mental health conditions; improve training for and authority of AMEs.

Section 4. Authorization of appropriation for additional aviation medical examiners

This section authorizes $13,740,000 set aside for each of the fiscal years 2026 through 2028 to hire and train additional aviation medical examiners, expand oversight of AMEs, and to clear the backlog of special issuance requests and related cases at the FAA's Office of Aerospace Medicine.

Section 5. Implementation of Aviation Rulemaking Committee recommendations

This section requires the FAA to, no later than two years after enactment, implement recommendations of the Mental Health and Aviation Medical Clearances Aviation Rulemaking Committee or to provide justification for any recommendations it chooses not to implement.

Section 6. Public information campaign

This section authorizes $1,500,000 set aside for each of the fiscal years 2026 through 2028 to conduct public education efforts to destigmatize and broaden awareness of available mental health care services for aviation professionals. It also requires the FAA to submit a report to Congress on implementation of these efforts no later than one year after enactment.

Section 7. Definitions

This section contains definitions for terms used throughout the bill, specifically "appropriate committees of Congress" and "special issuance".

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omit-

ted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

FAA REAUTHORIZATION ACT OF 2024

* * * * * * *

TITLE IV—AEROSPACE WORKFORCE

* * * * * * *

SEC. 411. AEROMEDICAL INNOVATION AND MODERNIZATION WORKING GROUP.

(a) ESTABLISHMENT.—Not later than 180 days after the date of enactment of this Act, the Administrator shall establish a working group (in this section referred to as the "working group") to review the medical processes, policies, and procedures of the Administration and to make recommendations to the Administrator on modernizing such processes, policies, and procedures to ensure timely and efficient certification of airmen.

(b) MEMBERSHIP.—

(1) IN GENERAL.—The working group shall consist of—

(A) 2 co-chairs described in paragraph (2); and

(B) not less than 15 individuals appointed by the Administrator, each of whom shall have knowledge or a background in aerospace medicine, psychiatry, neurology, cardiology, or internal medicine.

(2) CO-CHAIRS.—The working group shall be co-chaired by—

(A) the Federal Air Surgeon of the FAA; and

(B) a member described under paragraph (1)(A) to be selected by members of the working group.

(3) PREFERENCE.—The Administrator, in appointing members pursuant to paragraph (1)(B), shall give preference to—

(A) Aviation Medical Examiners (as described in section 183.21 of title 14, Code of Federal Regulations);

(B) licensed medical physicians;

(C) practitioners holding a pilot certificate; and

(D) individuals having demonstrated research and expertise in aeromedical research or sciences.

(c) ACTIVITIES.—In reviewing the aeromedical decision-making processes, policies, and procedures of the Administration in accordance with subsection (a), the working group, at a minimum, shall—

(1) assess the medical conditions an Aviation Medical Examiner may issue a medical certificate directly to an individual;

(2) determine the appropriateness of the list of such medical conditions as of the date of enactment of this Act;

(3) assess the special issuance process;

(4) determine the appropriateness of whether a renewal of a special issuance can be based on a medical evaluation and treatment plan by the treating medical specialist of the individual pursuant to approval from an Aviation Medical Examiner;

(5) evaluate advancements in technologies to address forms of red-green color blindness and determine whether such technologies may be approved for use by airmen;

(6) review policies and guidance relating to Attention-Deficit Hyperactivity Disorder and Attention Deficit Disorder;

(7) evaluate whether medications used to treat such disorders may be safely prescribed to airmen;

(8) review protocols pertaining to the Human Intervention Motivation Study of the FAA;

(9) review protocols and policies relating to—

(A) neurological disorders; and

(B) cardiovascular conditions to ensure alignment with medical best practices, latest research;

(10) review mental health protocols and medications approved for treating such mental health conditions, including such actions taken resulting from recommendations by the Mental Health and Aviation Medical Clearances Rulemaking Committee;

(11) assess processes and protocols pertaining to recertification of airmen receiving disability insurance post-recovery from the medical condition, injury, or disability that precludes airmen from exercising the privileges of an airman certificate;

(12) assess processes and protocols pertaining to the certification of veterans reporting a disability rating from the Department of Veterans Affairs; and

(13) assess and evaluate the user interface and information-sharing capabilities of any online medical portal administered by the FAA.

(d) AVIATION WORKFORCE MENTAL HEALTH TASK GROUP.—

(1) ESTABLISHMENT.—Not later than 120 days after the working group pursuant to subsection (a) is established, the co-chairs of such working group shall establish an aviation workforce mental health task group (referred to in this subsection as the "task group") to oversee, monitor, and evaluate efforts of the Administrator related to supporting the mental health of the aviation workforce.

(2) COMPOSITION.—The co-chairs of such working group shall appoint—

(A) a Chair of the task group; and

(B) members of the task group from among the members of the working group appointed by the Administrator under subsection (b)(1).

(3) DUTIES.—The duties of the task group shall include—

(A) carrying out the activities described in subsection (c)(10);

(B) soliciting feedback from aviation industry professionals or other licensed professionals representing air carrier operations under part 121 and part 135 of title 14, Code of Federal Regulations, and general aviation operations under part 91 of title 14, Code of Federal Regulations;

(C) reviewing and evaluating guidance issued by the International Civil Aviation Organization on aviation workforce mental health;

(D) providing advice, as appropriate, on the implementation of the final recommendations issued by the inspector general of the Department of Transportation in the report titled, "FAA Conduct Comprehensive Evaluations of Pilots

With Mental Health Challenges, but Opportunities Exist to Further Mitigate Safety Risks", published on July 12, 2023 (AV2023038);

(E) monitoring and evaluating the implementation of recommendations by the Mental Health and Aviation Medical Clearances Rulemaking Committee;

(F) expanding and improving mental health outreach, education, and assistance programs for the aviation workforce; and

(G) reducing the stigma associated with mental healthcare in the aviation workforce.

(4) REPORT.—Not later than 2 years after the date of the establishment of the task group, the task group shall submit to the Secretary and the appropriate committees of Congress a report detailing—

(A) the results of the review under paragraph (3)(A); [and]

(B) progress on the implementation of recommendations pursuant to subparagraphs (D) and (E) of paragraph (3); [and]

(C) the activities carried out pursuant to fulfilling the duties described in subparagraphs (F) and (G) of paragraph (3)[.]*;*

(D) a review and evaluation of any recommendations reached by the National Transportation Safety Board related to aviation workforce mental health; and

(E) a description of relevant clinical studies, research, diagnostic manuals, and protocols used by the licensed professionals as of the date of enactment of this Act.

(5) CONSULTATION.—In carrying out this subsection, the task group shall consult with relevant stakeholders from the aviation and medical communities, as necessary, including—

(A) the certified exclusive bargaining representatives of air traffic controllers of the Administration certified under section 7111 of title 5, United States Code;

(B) organizations representing certified collective bargaining representatives of airline pilots;

(C) aviation medical examiners, as described in section 183.21 of title 14, Code of Federal Regulations; and

(D) any other stakeholder determined relevant by the task group, including any stakeholders described in paragraph (3)(B).

(e) SUPPORT.—The Administrator shall seek to enter into 1 or more agreements with the National Academies to support the activities of the working group described in subsection (c).

(f) FINDINGS AND RECOMMENDATIONS.—Not later than 1 year after the date of enactment of this Act, and annually thereafter, the working group shall submit to the Administrator and the appropriate committees of Congress a report on the findings and recommendations resulting from the activities carried out under subsection (c).

(g) IMPLEMENTATION.—Not later than 1 year after receiving recommendations outlined in the report under subsection (f), the Administrator may take such action, as appropriate, to implement such recommendations.

(h) SUNSET.—The working group shall terminate on October 1, 2028.

* * * * * * *

○