

method, many websites that sold the product, including Amazon, eventually took down their listings or limited sales to businesses with a proven use for it.

There are bad actors out there looking to capitalize on people experiencing suicidal ideation by creating websites for the sole purpose of selling the chemical as suicide kits. Right now there is no law on the books to stop them from doing so.

Mr. Speaker, the Youth Poisoning Protection Act changes that by prohibiting the consumer sale of sodium nitrite products with a concentration higher than 10 percent—the usefulness threshold agreed upon by independent experts.

I will note for my colleagues that this bill solely limits the sale of this product to consumers. There are some businesses that cure meat and fish in bulk and need to purchase sodium nitrite in high concentrations as part of that process. This bill will not affect them.

It solely seeks to end the straight-to-consumer sale of highly concentrated sodium nitrite that is helping fuel the efforts of anonymous suicide forum users pushing vulnerable people to end their lives.

This bill is simple, it is straightforward, and it has the potential to save lives.

That is why I am so grateful to my colleagues on both sides of the aisle and in both Chambers who were instrumental in the drafting and advancement of this legislation, including Representative MIKE CAREY who has been a tireless advocate for his constituents who have fallen victim to this poison, as well as Representatives KATIE PORTER and CELESTE MALOY and Senators TAMMY DUCKWORTH and J.D. VANCE.

I urge Members on both sides of the aisle to join us in supporting this strong bipartisan legislation.

Mr. PALLONE. Mr. Speaker, I urge everyone to support this bill. I think it is pretty obvious why this bill is so important.

I want to thank the sponsor again, Mrs. TRAHAN, for bringing this up because it will save lives.

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

Mr. BILIRAKIS. Mr. Speaker, this is a bipartisan bill. As far as I am concerned, it is a no-brainer. We need to get it over to the Senate as soon as possible to save lives.

Mr. Speaker, in closing, again, I encourage a “yes” vote on this particular 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 Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 4310.

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. BILIRAKIS. 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.

□ 1430

# MATERNAL AND CHILD HEALTH STILLBIRTH PREVENTION ACT OF 2024

Mr. BUCSHON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4581) to amend title V of the Social Security Act to support stillbirth prevention and research, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4581

*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 “Maternal and Child Health Stillbirth Prevention Act of 2024”.*

## SEC. 2. CLARIFICATION SUPPORTING PERMISSIBLE USE OF FUNDS FOR STILLBIRTH PREVENTION ACTIVITIES.

*Section 501(a) of the Social Security Act (42 U.S.C. 701(a)) is amended—*

*(1) in paragraph (1)(B), by inserting “to reduce the incidence of stillbirth,” after “among children,”; and*

*(2) in paragraph (2), by inserting after “follow-up services” the following: “, and for evidence-based programs and activities and outcome research to reduce the incidence of stillbirth (including tracking and awareness of fetal movements, improvement of birth timing for pregnancies with risk factors, initiatives that encourage safe sleeping positions during pregnancy, screening and surveillance for fetal growth restriction, efforts to achieve smoking cessation during pregnancy, community-based programs that provide home visits or other types of support, and any other research or evidence-based programming to prevent stillbirths)”.*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. BUCSHON) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana.

## GENERAL LEAVE

Mr. BUCSHON. Mr. Speaker, I ask unanimous consent that all Members 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 Indiana?

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 4581, the Maternal and Child Health Stillbirth Prevention Act led by Representative HINSON.

The United States sees more than 21,000 stillbirths per year, according to recent data reported by the CDC. This equates to 1 out of 75 births. This is unacceptably high, and a recent study funded by the National Institutes of Health shows that one in four still-

births may be preventable. It is clear that we must do more.

States are authorized to use their Maternal and Child Health Services Block Grant funding for stillbirth education and related activities, but due to a lack of clear Federal guidance, some States have refrained from using this funding for these purposes.

H.R. 4581 clarifies that States can use this funding for evidence-based programs and outcomes research to help prevent and reduce the incidence of stillbirth.

This bill supports the sanctity of human life by helping to prevent future stillbirths and supporting mothers and babies across the country.

Mr. Speaker, I encourage my colleagues to support this bill, and I reserve the balance of my time.

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

Mr. Speaker, the United States continues to face a devastating crisis in maternal health, and this includes an ongoing crisis of stillbirths. According to data from the Centers for Disease Control and Prevention, there are approximately 21,000 stillbirth infants born every year in the United States. That is about 58 stillbirths every day. According to the March of Dimes, the annual number of stillbirths far exceeds the number of deaths among children from preterm birth, SIDS, accidents, drownings, fire, and flu combined.

Women who experience a stillbirth are also more likely to experience complications or even death after the delivery. According to the March of Dimes, severe morbidity is nearly five times more common than in women who experience a healthy pregnancy and delivery. These women are also justifiably more likely to suffer from depression.

H.R. 4581, the Maternal and Child Health Stillbirth Prevention Act, is bipartisan legislation which clarifies that States can use title V funding for evidence-based programs, activities, and outcome research to reduce the incidence of stillbirth. These activities could include community-based programs that provide home visits or other types of support and research or evidence-based programming to prevent stillbirths. This bill is supported by more than 30 women's health and research organizations across our healthcare spectrum.

This bill will provide better certainty for States to enhance the safety of women throughout their pregnancy, delivery, and postpartum experiences. The hope is that States would focus their efforts on communities with large health disparities in birth outcomes.

I thank Representative ADAMS for her leadership on this legislation. I encourage all my colleagues to vote “yes” on this important bill, and I reserve the balance of my time.

Mr. BUCSHON. Mr. Speaker, I yield 3 minutes to the gentlewoman from Iowa (Mrs. HINSON.)

Mrs. HINSON. Mr. Speaker, I rise today to urge my colleagues to support my bill, the Maternal and Child Health Stillbirth Prevention Act.

The United States continues to lead the world in medical innovation, development of new cures, and cutting-edge medical technology. However, the high maternal mortality and stillbirth rate in the United States is inexcusable. Over 21,000 babies are stillborn every year, and nearly one in four of these deaths are preventable.

In the last two decades, the stillbirth rate in the United States declined by a negligible 0.4 percent. In a report published by the World Health Organization comparing progress in improving stillbirth rates, the United States ranked 183 out of 195 countries.

Our moms and our babies deserve better.

The tragedy of a stillbirth, the unexpected death of a baby after 20 weeks of pregnancy, is devastating to mothers and fathers. Many women who endure a stillbirth have already picked out their baby's name or started decorating a nursery. The heartbreak of stillbirth leaves an unfillable void for the families that it impacts.

Stillbirth disproportionately impacts minority, rural, and underserved communities, including many communities in my home State of Iowa that are designated as maternal healthcare deserts.

I have heard from women in rural Iowa who drive over an hour to see their OB/GYN or visit the nearest maternal ward or hospital and struggle to receive the quality care they need throughout their pregnancy. Ensuring expecting women have access to high-quality maternal care, regardless of their ZIP Code or their income level, is critical to preventing stillbirths and improving outcomes for both moms and babies.

Congress must use every tool at our disposal to end stillbirth and support stillbirth prevention, awareness, and research. That is why we are here today.

My bipartisan Maternal and Child Health Stillbirth Prevention Act would finally dedicate funds toward stillbirth prevention and research, saving the lives of mothers and babies.

Throughout my work on this legislation, I have had the opportunity to sit down with stillbirth prevention advocates who have turned their pain into passion. These brave women are on a mission to ensure that no mother, father, or family ever endures the tragedy of stillbirth again. They are truly some of the strongest women I have ever met.

I have been honored to fight alongside them to bring this vital legislation across the finish line, as well as with my co-lead on the bill, Congresswoman ALMA ADAMS. She has long fought to improve stillbirth prevention, and I am proud of the work that we have done together in a bipartisan manner to support expecting moms from Iowa to North Carolina and across the country.

Additionally, this bipartisan legislation has been endorsed by dozens of women's health, public health, and medical provider associations, and it has been passed by the Senate already in a similar form by unanimous consent.

I was blessed to be able to spend Mother's Day with my two sons over the weekend, but my heart continues to ache for the women who were mourning the loss of a child they never got to meet. I hope my colleagues join me in bringing more wonderful babies and healthy pregnancies into this world by supporting this bill.

Mr. PALLONE. Mr. Speaker, I have no additional speakers, I am prepared to close, and I reserve the balance of my time.

Mr. BUCSHON. Mr. Speaker, I have one additional speaker.

Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. CARTER).

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

Mr. Speaker, I rise today in strong support of the bipartisan Maternal and Child Health Stillbirth Prevention Act.

As a father to three sons and a grandfather to seven beautiful grandbabies, there is nothing more important to me than improving health outcomes for mothers and children.

Tragically, more than 21,000 babies are stillborn every year, upending the lives of mothers and families across the United States.

No family should have to experience the heartbreak of a stillbirth. That is why I am proud to support the Maternal and Child Health Stillbirth Prevention Act so that women and children have the best health outcomes our Nation can provide.

Increasing access to maternal care, especially for rural and underserved communities, is critical toward preventing stillbirths so more babies experience a healthy birth and make it home with their families. This critical legislation would strengthen and enhance the Maternal and Child Health Services Block Grant, which will help ensure expecting moms can receive quality prenatal care.

We value women, we value life, and this bipartisan bill prioritizes both.

Mr. Speaker, I thank Representative HINSON for working on this important issue, and I urge my colleague to support this legislation.

Mr. PALLONE. Mr. Speaker, this is a very important bill for mothers' safety to prevent stillborn infants. I urge all my colleagues to support this on a bipartisan basis, and I yield back the balance of my time.

Mr. BUCSHON. Mr. Speaker, in closing, I encourage a "yes" vote on the bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. JOYCE of Pennsylvania). The question is on the motion offered by the gentleman from Indiana (Mr. BUCSHON) that the House suspend the rules and pass the bill, H.R. 4581, 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. BUCSHON. 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.

#### EMERGENCY MEDICAL SERVICES FOR CHILDREN REAUTHORIZATION ACT OF 2024

Mr. BUCSHON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6960) to amend the Public Health Service Act to reauthorize the Emergency Medical Services for Children program.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6960

*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 "Emergency Medical Services for Children Reauthorization Act of 2024".

#### SEC. 2. REAUTHORIZATION OF GRANTS FOR EMERGENCY MEDICAL SERVICES FOR CHILDREN.

Section 1910(d) of the Public Health Service Act (42 U.S.C. 300w-9(d)) is amended by striking "and \$22,334,000 for each of fiscal years 2020 through 2024" and inserting "\$22,334,000 for each of fiscal years 2020 through 2024, and \$24,334,000 for each of fiscal years 2025 through 2029".

The SPEAKER pro tempore (Mr. EDWARDS). Pursuant to the rule, the gentleman from Indiana (Mr. BUCSHON) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana.

#### GENERAL LEAVE

Mr. BUCSHON. 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 Indiana?

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 6960, the Emergency Medical Services for Children Reauthorization Act led by Representative CARTER.

Recent data from the Health Resources and Services Administration suggests that emergency departments with high pediatric readiness have lower mortality rates among children with critical illness. This data also found that more than 1,400 pediatric deaths may have been avoided had all the surveyed emergency departments been well prepared.

H.R. 6960 reauthorizes the Emergency Medical Services for Children program,