

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,

which provides support to States and schools of medicine to expand and improve emergency care for children.

This bill will continue support for this critical program and help prevent avoidable pediatric deaths. 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, I rise in support of H.R. 6960, the Emergency Medical Services for Children Reauthorization Act sponsored by Representatives Castor and Carter.

The Emergency Medical Services for Children program works in communities across the country to improve the quality of pediatric medical care. We know that children have unique needs in emergency situations and that treating children requires specialized skills, training, and equipment.

The Emergency Medical Services for Children Reauthorization Act will reauthorize this important program. This bill will allow the program to continue supporting improvements such as adding child-appropriate equipment in ambulances and emergency departments, providing training to paramedics and first responders, and improving the systems that allow for efficient and effective pediatric emergency medical care. The program also funds research to set the standards for pediatric emergency care and to assess the current capabilities of healthcare systems.

Now, this program has been a success. It has helped to reduce pediatric injury-related death rates by more than 40 percent since it began four decades ago.

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This bill will ensure that the program can continue building on this work for another 5 years, so I hope my colleagues will join me in this effort to strengthen and expand emergency medical services for children in each State.

Mr. Speaker, I encourage all my colleagues to vote “yes” on H.R. 6960, and I reserve the balance of my time.

Mr. BUCSHON. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I rise today in strong support of my bill, H.R. 6960, the Emergency Medical Services for Children Reauthorization Act of 2024.

As a healthcare professional serving in Congress, my goal is to increase the accessibility, affordability, and quality of healthcare for all patients, including children. That is why I am proud to sponsor the bipartisan Emergency Medical Services for Children Reauthorization Act, which will improve emergency care for children.

This bill reauthorizes the Emergency Medical Services for Children program, which focuses on addressing the unique needs of children in emergency medical systems with the ultimate goal of reducing the prevalence of morbidity and mortality in children. For nearly four

decades, the Emergency Medical Services for Children program has been the only Federal grant program specifically focused on addressing the needs of children in emergency medical systems.

As we know today, children have special healthcare needs. Whether children require emergency care following a car crash or when falling ill in the middle of the night with nowhere else to turn, our emergency medical system needs to have staff trained to treat children. A major part of that is providing the resources to equip healthcare professionals with the right size medical tools.

As a pharmacist, I understand how critical it is that children receive care that is specialized to their unique needs. That is why I am proud to be leading the reauthorization of the Emergency Medical Services for Children program, which has proven to be an effective approach for saving America's children.

The authorization of the Emergency Medical Services for Children program is set to lapse on September 30 if Congress does not reauthorize it. That is why we are strongly urging Congress to reauthorize this program through 2029 without any disruption to it.

I thank Representatives CASTOR, JOYCE, and SCHRIER for working with me on this important issue, and I urge my colleagues to support this legislation.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Florida (Ms. CASTOR), the Democratic sponsor of the bill and ranking member of our O&I Subcommittee.

Ms. CASTOR of Florida. Mr. Speaker, I thank Mr. PALLONE for yielding the time.

Mr. Speaker, I rise in support of H.R. 6960, the Emergency Medical Services for Children Reauthorization Act. I am proud to lead the effort with the gentleman from Georgia (Mr. CARTER), my good friend.

Mr. Speaker, children and adolescents require unique emergency care, and Congress can ensure the best medical outcomes when we pass this reauthorization.

In Congress, I serve as the co-chair of the Children's Health Care Caucus, where we focus on the unique healthcare needs of our kids, and that includes care in times of emergency. That is why this bill is so important.

It is a bipartisan, bicameral bill that would reauthorize EMSC for another 5 years at increased funding levels. It passed the House Energy and Commerce Committee unanimously earlier in the year.

It has worked for 40 years to improve care for young patients, saving lives and improving health outcomes. It really is one of the cornerstones of pediatric care across America because it gives all providers a playbook for the best ways to treat children in an emergency every day and in every State and territory.

My local providers in Florida are leading the way. In Florida, EMSC has served 4.3 million children and their families, providing resources to 320 EMS agencies and 335 emergency departments. When that monster storm, Hurricane Ian, slammed into the State in 2022, it resulted in the evacuation of 81 critically ill neonatal and pediatric patients from local hospitals. We knew then that the transport vehicles were properly equipped for children thanks to Florida EMSC Safe Transport. Using EMSC funding, the Florida EMSC Disaster Response Committee has also developed a pediatric mass-casualty triage tool. They have distributed it across the State.

Florida EMSC was able to develop and distribute more than 2,300 communications cards for children who speak Spanish or Haitian Creole, or who may be nonverbal, to help healthcare professionals communicate with them directly during an emergency.

The results speak for themselves. Nationally, pediatric injury-related death rates have decreased by more than 40 percent because of this initiative. That is why it is important to reauthorize it today.

Mr. Speaker, I encourage a “yes” vote.

Mr. BUCSHON. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. JOYCE).

Mr. JOYCE of Pennsylvania. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, there is a saying in the medical field that children are not just small adults. Children have unique medical needs, and ensuring that they receive the correct care from the moment that an ambulance is called is critical in helping to save individual lives.

For decades, the Emergency Medical Services for Children Reauthorization Act has helped to protect some of the most vulnerable members of society when they are in need. Any parent or grandparent who has a child who is sick will tell you that making sure that they can recover is the most important thing in their world.

Reauthorizing the EMSC program will help provide tailored medical equipment, increase training materials for paramedics and EMTs, and develop educational materials that cover every aspect of pediatric emergency care.

Since this program was first enacted, pediatric injury-related death rates have fallen by more than 40 percent, and we can only hope and pray that this recovery rate continues to fall.

Mr. Speaker, I urge all of my colleagues to support this vital legislation.

Mr. PALLONE. Mr. Speaker, I yield myself the balance of my time to close.

Mr. Speaker, we need to reauthorize this program. It is successful in reducing pediatric injury-related deaths, so it should be reauthorized for another 5 years.

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

Mr. BUCSHON. Mr. Speaker, I encourage a “yes” vote on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Indiana (Mr. BUCSHON) that the House suspend the rules and pass the bill, H.R. 6960.

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.

## SETTING CONSUMER STANDARDS FOR LITHIUM-ION BATTERIES ACT

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1797) to require the Consumer Product Safety Commission to promulgate a consumer product safety standard with respect to rechargeable lithium-ion batteries used in micromobility devices, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1797

*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 “Setting Consumer Standards for Lithium-Ion Batteries Act”.*

### SEC. 2. CONSUMER PRODUCT SAFETY STANDARD FOR CERTAIN BATTERIES.

(a) CONSUMER PRODUCT SAFETY STANDARD REQUIRED.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Consumer Product Safety Commission shall promulgate, under section 553 of title 5, United States Code, a final consumer product safety standard for rechargeable lithium-ion batteries used in micromobility devices, including electric bicycles and electric scooters, to protect against the risk of fires caused by such batteries.

(2) INCLUSION OF RELATED EQUIPMENT.—The standard promulgated under paragraph (1) shall include requirements with respect to equipment related to or used with rechargeable lithium-ion batteries used in micromobility devices, including battery chargers, charging cables, external terminals on battery packs, external terminals on micromobility devices, and free-standing stations used for recharging.

(b) CPSC DETERMINATION OF SCOPE.—In promulgating the standard under subsection (a), the Commission shall determine the types of products subject to the standard and shall ensure that such products are—

(1) within the jurisdiction of the Commission; and

(2) reasonably necessary to include to protect against the risk of fires.

(c) MODIFICATIONS.—At any time after the promulgation of the standard under subsection (a), the Commission may, through a rulemaking under section 553 of title 5, United States Code, modify the requirements of the standard.

(d) TREATMENT OF STANDARD.—A standard promulgated under this section, including a modification of such standard, shall be treated as a consumer product safety rule promulgated

under section 9 of the Consumer Product Safety Act (15 U.S.C. 2058).

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

The Chair recognizes the gentleman from Florida.

#### GENERAL LEAVE

Mr. BILIRAKIS. 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 on the bill.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 1797, the Setting Consumer Standards for Lithium-Ion Batteries Act.

It is important that the House pass this legislation because when lithium-ion batteries are poorly made—usually ones that come from China, I might add—lack adequate safety standards, are charged improperly, or are damaged, they are prone to ignite a fire.

The associated fires may be accompanied by explosions and the release of toxic gas, causing significant injuries to consumers. We cannot let that happen.

As these micromobility devices have risen in popularity, the use of lithium-ion batteries has increased, as has the use of counterfeit or unsafe batteries coming from China, creating the need for a Federal safety standard.

H.R. 1797 would require the Consumer Product Safety Commission to issue a consumer product safety standard for rechargeable lithium-ion batteries used in micromobility devices to protect against the risk of fires.

Mr. Speaker, I thank Representatives Garbarino and Torres, and others from New York such as Representative CLARKE, and all other Members, for leading this important bipartisan effort to protect citizens and first responders.

Mr. Speaker, I urge my colleagues to support this necessary piece of legislation, and I reserve the balance of my time.

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

Mr. Speaker, I rise to speak in support of H.R. 1797, the Setting Consumer Standards for Lithium-Ion Batteries Act.

This bill will protect Americans from fires from lithium-ion batteries. It requires the Consumer Product Safety Commission to create a safety standard for rechargeable lithium-ion batteries in micromobility devices, like electric bicycles and scooters.

Fires caused by faulty or misused batteries are increasing throughout our Nation. As just one example, between 2019 and 2023, the Fire Department of the City of New York reported more than 400 fires, 300 injuries, and 12

deaths from fires caused by lithium-ion batteries in New York City alone.

Just a few weeks ago, two people and a cat had to be rescued from a Bridgewater, New Jersey, apartment, not far from my district, because of a fire caused by an electric bicycle battery. After all of these accidents, right now, there is no Federal standard to ensure the products on the market are safe.

As electric bikes and scooters grow in popularity, we must act to guarantee a strong Federal safety standard for lithium-ion batteries. Consumers deserve to feel confident that the products that they see for sale are thoroughly tested and safe, and this legislation would do just that.

Mr. Speaker, I commend the gentleman from New York (Mr. TORRES), the main sponsor of this bill, for his leadership on this issue. I also thank the gentlewoman from New York (Ms. CLARKE) for championing this bill in our committee.

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

Mr. BILIRAKIS. Mr. Speaker, I have no further speakers, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. TORRES), the sponsor of this bill.

Mr. TORRES of New York. Mr. Speaker, I rise in strong support of my bipartisan legislation titled Setting Consumer Standards for Lithium-Ion Batteries Act.

I am grateful for the support of Chair RODGERS, Ranking Member PALLONE, and all the members of the Energy and Commerce Committee. I am also grateful for the partnership of Congress Members YVETTE CLARKE and ANDREW GARBARINO.

At the core of our legislative progress has been the indefatigable advocacy of the FDNY, the Nation’s premier fire department.

The sheer speed and scale of the destruction that a lithium-ion battery fire can bring to communities like mine is nothing short of staggering. In the Bronx, we saw one of our few neighborhood supermarkets, 2096 Grand Concourse, reduced to complete rubble at the hands of a five-alarm fire caused by a malfunctioning lithium-ion battery.

Lithium-ion battery fires are happening with greater frequency and ferocity in America. Indeed, New York City, in particular, has emerged as the epicenter of lithium-ion battery fires, which have grown exponentially, from more than 30 in 2019 to more than 40 in 2020, to more than 100 in 2021, to more than 200 in 2022. In the span of just 4 years, America’s largest city has seen a 900 percent surge in lithium-ion batteries, creating an unprecedented crisis in fire safety.

Poorly manufactured lithium-ion batteries, largely imported from China, are hidden ticking time bombs waiting to detonate in American homes and communities. The fire hazard here has become too glaring to ignore.