2024, led by Representative BRENDAN BOYLE.

Mr. Speaker, lung cancer is the leading cause of cancer death for both men and women in the United States. Just this year, an estimated 230,000 Americans developed new cases of lung cancer, and about 125,000 died from the disease.

Currently, 20 percent of women diagnosed with lung cancer are nonsmokers, and women who have never smoked are more than two times more likely to get lung cancer than men who have never smoked.

□ 1600

To improve our ability to screen, diagnose, and treat lung cancer, we need a better understanding of the related risk factors.

This bill would review current lung cancer research in women and underserved populations, as well as identify current relevant opportunities related to education and access to prevention, detection, and treatment services.

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

Ms. CASTOR of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 4534, the Women and Lung Cancer Research and Preventive Services Act. This legislation led by Representative BOYLE of Pennsylvania would require an interagency review to evaluate research on women and lung cancer.

In the United States, we are seeing a concerning trend among young and middle-aged women who are being diagnosed with lung cancer. Women are disproportionately being diagnosed with lung cancer at a higher rate than men, even though many of them have never smoked.

Approximately, two-thirds of never smokers who have been diagnosed with lung cancer are women. A clear understanding of the existing research and innovative opportunities to reduce lung cancer mortality, particularly among women and underserved populations, is needed.

The Women and Lung Cancer Research and Preventive Services Act will directly address these alarming statistics by supporting an interagency review on women and lung cancer.

This important bill will allow scientists and policymakers to identify opportunities to accelerate research in this area and develop a public awareness campaign on lung cancer screening to better reach underserved populations.

Led by the Department of Health and Human Services, with partnership from the Departments of Defense and Veterans Affairs, the review would include a report on the status of existing research and knowledge gaps and identify opportunities for collaborative research to determine the causes of lung cancer.

By passing H.R. 4534, we will move our country toward progress in reducing lung cancer mortality among women. I thank Representative BOYLE for his commitment and determined advocacy to ensure this legislation's success.

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

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

Ms. CASTOR of Florida. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. BOYLE).

Mr. BOYLE of Pennsylvania. Mr. Speaker, I thank my good friend from Florida (Ms. CASTOR) for yielding.

Mr. Speaker, I rise today in strong support of my bill, the Women and Lung Cancer Research and Preventive Services Act of 2024.

This bipartisan legislation would require the Secretary of Health and Human Services, in consultation with the Secretaries of Defense and Veterans Affairs, to conduct an interagency review of research on women and lung cancer, as well as access to preventive services. It also calls for interagency collaboration on public awareness campaigns to increase education and promote early detection.

While smoking rates continue to decline and overall lung cancer rates fall, there is one deeply concerning exception: young women who have never smoked. Studies show that women nonsmokers are now twice as likely as nonsmoking men to develop lung cancer.

The statistics are indeed staggering. According to the American Cancer Society, 162 women in the United States die of lung cancer every single day. That is about one woman every 8 to 9 minutes. In 2024 alone, an estimated 59,280 women will lose their lives to this disease. Lung cancer remains the leading cause of cancer deaths among women, and we must do far more to address it.

This bill is about solutions. By increasing access to preventive services and public awareness, we can lower the prevalence of lung cancer among women.

Mr. Speaker, despite progress in preventing and treating lung cancer, disparities persist. Women continue to see slower declines in lung cancer rates as compared to men. It is past time for the Federal Government to step up, confront this disparity head-on, and take real action to address it.

Today is also a bittersweet day for me because much of the inspiration for this bill comes from my late colleague and friend, Congressman Rick Nolan. Rick was committed to this fight in honor of his late daughter, Katherine Benson, who courageously battled stage 4 non-small cell lung cancer until her untimely death in 2020 at just 46 years old. Katherine is survived by her husband and four children, and her legacy continues through this effort.

I am also proud to have worked on this proposal with the late Senator Dianne Feinstein, who was a steadfast advocate for addressing disparities in lung cancer outcomes. Senator Feinstein and I first introduced this legislation together in 2016, and her dedication to improving the lives of women impacted by lung cancer will never be forgotten.

Mr. Speaker, I also thank my friend and fellow Pennsylvanian, Congressman BRIAN FITZPATRICK, for co-leading this effort from across the aisle.

Finally, I am grateful to the members of the Energy and Commerce Committee for helping advance this bill on both sides of the aisle, especially my good friend, BRETT GUTHRIE.

Mr. Speaker, in closing, this is a commonsense, bipartisan proposal to save lives and close a glaring disparity in healthcare. I urge my colleagues to support H.R. 4534 and stand with the countless women and families impacted by lung cancer.

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

Ms. CASTOR of Florida. Mr. Speaker, I thank Representative BOYLE again for his leadership and advocacy. I urge a ''yes'' vote on H.R. 4534, the Women and Lung Cancer Research and Preventive Services Act of 2024, and I yield back the balance of my time.

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

The SPEAKER pro tempore (Mr. VALADAO). 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. 4534, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SHANDRA EISENGA HUMAN CELL AND TISSUE PRODUCT SAFETY ACT

Mr. BUCSHON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7188) to require the Secretary of Health and Human Services to conduct a national, evidence-based education campaign to increase public and health care provider awareness regarding the potential risks and benefits of human cell and tissue products transplants, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7188

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 ''Shandra Eisenga Human Cell and Tissue Product Safety Act''.

SEC. 2. DEFINITIONS.

In this Act:

(1) HUMAN CELL AND TISSUE PRODUCT.—The terms ''human cell and tissue product'' and ''human cell and tissue products'' have the

meaning given the term ''human cells, tissues, or cellular or tissue-based products'' in section 1271.3(d) of title 21, Code of Federal Regulations (or successor regulations).

(2) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(3) TISSUE REFERENCE GROUP.—The term ''Tissue Reference Group'' means the Tissue Reference Group of the Food and Drug Administration.

SEC. 3. HUMAN CELL AND TISSUE PRODUCTS TRANSPLANT PUBLIC AWARENESS CAMPAIGN.

The Secretary shall support the development and dissemination of educational materials to inform health care professionals and other appropriate professionals about issues surrounding—

(1) organ, tissue, and eye donation, including evidence-based methods to approach patients and their families;

(2) the availability of any donor screening tests; and

(3) other relevant aspects of donation.

SEC. 4. REVIEW AND UPDATE OF EXISTING GUIDANCE.

The Secretary, acting through the Commissioner of Food and Drugs, shall—

(1) not later than 1 year after the date of the enactment of this Act, initiate an internal review of existing guidance for determining eligibility of donors of human cell and tissue products;

(2) not later than 3 years after the date of the enactment of this Act, if appropriate—

(A) update the guidance titled ''Eligibility Determination for Donors of Human Cells, Tissues, and Cellular and Tissue-Based Products; Guidance for Industry'' issued August 2007; and

(B) issue or update, as applicable, any guidance for industry of the Food and Drug Administration that includes—

(i) recommendations to reduce the risk of transmission of mycobacterium tuberculosis by human cells, tissues, and cellular and tissue-based products (HCT/Ps); or

(ii) recommendations to reduce the risk of transmission of disease agents associated with sepsis for donors of human cells, tissues, and cellular and tissue-based products (HCT/Ps); and

(3) if the Secretary determines that issuing or updating guidance as specified in paragraph (2) is not appropriate, provide a written statement of explanation of that determination to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate.

SEC. 5. CIVIL PENALTIES FOR VIOLATION OF REQUIREMENTS FOR HUMAN CELL AND TISSUE PRODUCTS.

Section 368 of the Public Health Service Act (42 U.S.C. 271) is amended by adding at the end the following:

''(d)(1) Any person who, on or after the date of the enactment of the Shandra Eisenga Human Cell and Tissue Product Safety Act, violates a requirement of subparts C or D of section 1271 of title 21, Code of Federal Regulations, (or successor regulations) with respect to human cell or tissue products regulated under section 361 shall be liable to the United States for a civil penalty in an amount not to exceed the sum of—

''(A)(i) $20,000 for each violation; and

''(ii) in the case of a violation that continues after the Secretary provides written notice to such person, $20,000 for each subsequent day on which the violation continues; and

''(B) an amount equal to the retail value of the human cell and tissue products that are the subject of the violation.

''(2) The total civil penalty under paragraph (1) may not exceed $10,000,000 for all such violations adjudicated in a single proceeding.

''(3) In this subsection, the term 'human cell and tissue products' has the meaning given the term 'human cells, tissues, or cellular or tissue-based products' in section 1271.3(d) of title 21, Code of Federal Regulations (or successor regulations).''.

SEC. 6. STREAMLINING REGULATORY OVERSIGHT OF HUMAN CELL AND TISSUE PRODUCTS.

(a) INFORMATION ON HUMAN CELL AND TISSUE PRODUCTS.—

(1) WEBSITE.—The Secretary, acting through the Commissioner of Food and Drugs, shall publish on the public website of the Food and Drug Administration—

(A) educational materials about the Tissue Reference Group; and

(B) best practices for obtaining a timely, accurate recommendation regarding human cell and tissue products from the Tissue Reference Group.

(2) PUBLIC INFORMATION.—Not later than 1 year after the date of the enactment of this Act, and annually for the subsequent 3 years, the Secretary, acting through the Commissioner of Food and Drugs, shall publish on the public website of the Food and Drug Administration—

(A) the number of human cell and tissue establishments that registered with the Food and Drug Administration on or after January 1, 2019;

(B) the number of inspections conducted by the Food and Drug Administration of human cell and tissue establishments on or after January 1, 2019, including a comparison of the number of inspections for blood establishments with the number of inspections for such human cell and tissue establishments;

(C) the number and type of inquiries to the Tissue Reference Group in the preceding year; and

(D) the average response time for submissions to the Tissue Reference Group in the preceding year, including average initial and final response time.

(3) EDUCATION.—The Secretary, acting through the Commissioner of Food and Drugs, shall, with respect to the regulation of human cell and tissue products—

(A) provide information to relevant stakeholders, including industry, tissue establishments, academic health centers, biomedical consortia, research organizations, and patients; and

(B) conduct workshops and other interactive and educational sessions for such stakeholders to help support regulatory predictability and scientific advancement, as appropriate.

(b) HUMAN CELL AND TISSUE PRODUCT SCIENTIFIC AND REGULATORY UPDATES.—Section 3205 of the Food and Drug Omnibus Reform Act of 2022 (title III of division FF of Public Law 117–328) is amended by striking ''best practices'' and all that follows through ''other cellular therapies'' and inserting ''best practices on generating scientific data necessary to further facilitate the development of certain human cell-, tissue-, and cellular-based medical products (and the latest scientific information about such products), namely, stem cell and other cellular therapies''.

(c) PUBLIC DOCKET.—Not later than 60 days after the date of the enactment of this Act, the Secretary shall establish a public docket to receive written comments related to—

(1) the approaches recommended for discussion during the public workshop described in section 3205 of the Food and Drug Omnibus Reform Act of 2022 (title III of division FF of Public Law 117–328); and

(2) modernizing the regulation of human cell and tissue products, including considerations associated with assessing minimal manipulation and homologous use (as such terms are defined in section 1271.3 of title 21, Code of Federal Regulations (or successor regulations)) of human cell and tissue products.

(d) REPORT TO CONGRESS.—Not later than September 30, 2026, the Secretary shall summarize the approaches discussed in the public workshop described in section 3205 of the Food and Drug Omnibus Reform Act of 2022 (title III of division FF of Public Law 117–328) and the public docket described in subsection (c), and develop recommendations regarding the regulation of human cell and tissue products, including provisions under sections 1271.10(a) and 1271.3 of title 21, Code of Federal Regulations, taking into account—

(1) regulatory burden;

(2) scientific developments;

(3) access to human cell and tissue products regulated under section 361 of the Public Health Service Act (42 U.S.C. 264); and

(4) protecting public health.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. BUCSHON) and the gentlewoman from Florida (Ms. CASTOR) 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. 7188, the Shandra Eisenga Human Cell and Tissue Product Safety Act led by Representative MOOLENAAR.

This bill was drafted in response to the passing of Shandra Eisenga of Marion, Michigan, on August 10, 2023, due to complications from a tuberculosis infection.

Ms. Eisenga contracted TB after receiving a bone graft in April 2023 using a tissue donation from an infected donor.

She was 1 of 36 patients in seven States to contract TB from a tissue donation originating from this donor resulting in 2 deaths.

The bill would help raise awareness about the risks and life-transformative benefits of human cell and tissue product transplants through a public awareness campaign. It would also require the FDA to take additional steps to promote public health by issuing and updating relevant guidance for industry on determining eligibility of donors of human cell and tissue products.

This path forward will increase patient safety and public trust in these lifesaving medical products.

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

Ms. CASTOR of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 7188, the Shandra Eisenga Human Cell and Tissue Product Safety Act, sponsored by my colleagues, Representatives DINGELL and MOOLENAAR.

Stem cell therapies and related products have shown tremendous promise for delivering treatments to patients, such as bone marrow transplants for

certain cancer patients and therapies for patients with blood and immune system disorders.

However, there are still rogue clinics that take advantage of patients desperate for cures.

For example, there have been reports of some clinics peddling unapproved treatments with exaggerated and deceptive claims. Exposure to these unproven treatments have put the health of vulnerable patients at risk, leading to serious adverse events, including blindness, blood stream infections, paralysis, and tumor growth.

There are currently few meaningful repercussions in the human cell and tissue products industry, so this legislation would change that by providing the Food and Drug Administration with additional enforcement tools to move more quickly and effectively to protect the public.

It provides a balanced approach to improving safety of human cell tissue in cellular and tissue-based products. First, the legislation provides clarity regarding FDA scientific and regulatory efforts to oversee these products. Second, it also enables more effective enforcement against an establishment that does not meet its donor eligibility obligations or current good tissue practice obligations.

This would also encourage responsible manufacturers to continue to develop and license products where the scientific evidence supports the products' safety, purity, and potency. This is an important bill.

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

Mr. BUCSHON. Mr. Speaker, I yield 5 minutes to the gentleman from Michigan (Mr. MOOLENAAR).

Mr. MOOLENAAR. Mr. Speaker, I thank the gentleman for yielding. I also thank my colleagues on the other side of the aisle, especially Congresswoman DINGELL, my fellow Michigander, who has worked very closely with me on this.

Mr. Speaker, I rise today in support of this bipartisan legislation. This is the Shandra Eisenga Human Cell and Tissue Product Safety Act.

In 2023, 36 patients across seven States contracted tuberculosis from infected bone grafts. One of these patients was my constituent, Shandra Eisenga, of Marion, Michigan, who tragically passed away on August 10, 2023, from TB.

We are joined today in the gallery by Shandra's daughter, Amber; her husband, Brandon, and their children; Shandra's fiance, Leo; as well as her sister, Tarin Brunink, who also serves in my office as the director of casework.

This family has been forever hurt by the loss of Shandra, and today we are taking concrete action to help stop more families from having this same terrible experience.

Shandra's passing, as well as nine other patients over the past 3 years, was completely preventable if it was not for the inadequate oversight of tissue material suppliers.

When it comes to tissue donations, the FDA requires screening for diseases like hepatitis, syphilis, and HIV. This bipartisan bill will require screening for tuberculosis as well and put an end to preventable TB deaths like Shandra's.

This bill will also require HHS to conduct research and public education campaigns on the risks of surgery requiring a tissue donation.

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

The SPEAKER pro tempore. The Chair reminds Members that the rules do not allow references to persons in the gallery.

Ms. CASTOR of Florida. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Michigan (Mrs. DINGELL).

Mrs. DINGELL. Mr. Speaker, I thank Ms. CASTOR for yielding to me. I also thank my colleagues on the other side of the aisle and, in particular, my dear friend, JOHN MOOLENAAR. We have been a team on this from the moment that we heard about this.

Mr. Speaker, I rise today to share my strong support for H.R. 7188, the Shandra Eisenga Human Cell and Tissue Product Safety Act.

I am proud to lead this bipartisan bill alongside my friend and colleague from Michigan, Mr. MOOLENAAR.

□ 1615

Last summer, I was contacted by the medical director of the Washtenaw County Tuberculosis Clinic, who was treating a patient, Shandra Eisenga, for a severe post-surgical tuberculosis infection. Shandra was Representative MOOLENAAR's constituent, but she was being treated at the University of Michigan, a medical facility in my district. After a month of battling a severe TB infection in the intensive care unit, she unfortunately died.

Since Shandra's passing, it has been discovered that her death was, indeed, linked to contaminated bone graft material produced by Aziyo Biologics. She was 1 of 36 patients who received material from the contaminated lot. As of today, this latest outbreak is linked to the deaths of two patients, including Shandra.

This bill requires the Department of Health and Human Services to conduct public awareness campaigns to assist in preventing TB outbreaks caused by contaminated human cell and tissue product donations. We have also included an important provision to allow the Food and Drug Administration to pursue civil penalties from establishments that manufacture human cells, tissues, and cellular- and tissue-based products where they put the patient at risk.

Patients and their healthcare providers deserve to know the risks associated with tissue donations, and companies that make and distribute contaminated products must be held accountable for their actions that put patients in harm's way.

Mr. Speaker, when this happened, I had had multiple bone grafts because of osteomyelitis. I never once was warned of any danger, and my doctor was unaware of these dangers. We cannot let that ever happen again. We must protect patients and educate patients.

I thank Energy and Commerce Chair CATHY MCMORRIS RODGERS and Ranking Member FRANK PALLONE for fighting for this important piece of legislation. Again, I would not be here without my colleague, Representative MOOLENAAR.

We owe it to Shandra and her family, who is here and to whom we made a commitment last August that we would not let this happen to anybody else again. I am happy that they see us here fighting for them on this floor. We are also here for any other patient who has been affected by contaminated bone grafts. We are going to prevent these unnecessary tragedies from happening again.

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

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

I am glad we are here today. I was a healthcare provider before I was in the Congress for 15 years, and I find when you have legislation like this that comes up, it is surprising that we have to, literally, as they say, have an act of Congress to protect patients, but today is one of those days.

In the healthcare space, it always disappoints me when you see, whether it is providers or whether it is organizations that provide tissue, like this, where it seems like their moral character is compromised by the quest for profit. To me, it couldn't be worse.

One of the goals that I have had since I have been here—and this will probably be my last time on the House floor managing a bill since I am retiring—is to put patients first. Any legislation that we propose, bipartisan legislation that we do, that is the number one goal.

The number one goal should not be talking about the finances or other things related to legislation. We do have to talk about some of those things, but at the end of the day, the goal here is to make sure that the American people get quality, affordable healthcare that is safe and that they don't get transplants like this that have contaminated tissue that, in this case, has resulted in her death and the death of one other person, plus who knows how many other people of the 36 have struggled with their medical care based on this.

The other thing is, I wish this was an isolated incident in the healthcare space. Let me say that the vast majority of people across the healthcare space, from providers on down to companies, do things right. They do things the right way, but every once in a

while, you will find organizations or people who do not.

Mr. Speaker, it is surprising to me that we have to address this with the FDA because you would think that already—this is part of the problem when you put specific diseases in for what the FDA has to look at. They have to look at HIV and syphilis and other things, but these tissues can have almost anything there. We need to make sure that they have the power and, honestly, the legislative authority to accomplish the goal that we all have, and that is to protect patients.

Mr. Speaker, I think this is a very important piece of legislation, and it is bigger than just this legislation. This is something that will, in perpetuity, protect patients so we don't end up having situations like this.

Mr. Speaker, I don't have any other speakers on the legislation, and I reserve the balance of my time.

Ms. CASTOR of Florida. Mr. Speaker, I yield myself the balance of my time to close.

It has been a pleasure to work with Dr. BUCSHON. He has brought great intellect and passion to his service on health issues, especially at the Energy and Commerce Committee. I also thank Representative MOOLENAAR and Representative DINGELL for their leadership on this effort.

Mr. Speaker, I am pleased that Shandra Eisenga's tragedy will be turned into progress and prevention for other families across the United States.

I urge a ''yes'' vote on H.R. 7188 and yield back the balance of my time.

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

I thank the gentlewoman for her kind words. The Energy and Commerce Committee is a committee that works in a broad, bipartisan way to accomplish all kinds of things. I think if you look back at this Congress or previous Congresses, the number of pieces of legislation that come to this floor that have gone through our committee in a bipartisan way, you would find that is a substantial percentage of bills that come across this floor. It has been an honor and privilege to work with all of my colleagues on both sides of the aisle.

Mr. Speaker, I encourage a ''yes'' vote on this really important legislation, 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. 7188, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

HONOR OUR LIVING DONORS ACT

Mr. BUCSHON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6020) to amend the Public Health Service Act to eliminate consideration of the income of organ recipients in providing reimbursement of expenses to donating individuals, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6020

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 ''Honor Our Living Donors Act''.

SEC. 2. NO CONSIDERATION OF INCOME OF ORGAN RECIPIENT.

Section 377 of the Public Health Service Act (42 U.S.C. 274f) is amended—

(1) by redesignating subsections (c) through (f) as subsections (d) through (g), respectively;

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

''(c) NO CONSIDERATION OF INCOME OF ORGAN RECIPIENT.—The recipient of a grant under this section, in providing reimbursement to a donating individual through such grant, shall not give any consideration to the income of the organ recipient.''; and

(3) in subsection (f), as so redesignated—

(A) in paragraph (1), by striking ''subsection (c)(1)'' and inserting ''subsection (d)(1)''; and

(B) in paragraph (2), by striking ''subsection (c)(2)'' and inserting ''subsection (d)(2)''.

SEC. 3. REMOVAL OF EXPECTATION OF PAYMENTS BY ORGAN RECIPIENTS.

Section 377(e) of the Public Health Service Act (42 U.S.C. 274f(e)), as redesignated by section 2, is amended—

(1) in paragraph (1), by adding ''or'' at the end;

(2) in paragraph (2), by striking ''; or'' and inserting a period; and

(3) by striking paragraph (3).

SEC. 4. ANNUAL REPORT.

Section 377 of the Public Health Service Act (42 U.S.C. 274f), as amended by sections 2 and 3, is further amended by adding at the end the following:

''(h) ANNUAL REPORT.—Not later than December 31 of each year, the Secretary shall—

''(1) prepare, submit to the Congress, and make public a report on whether grants under this section provided adequate funding during the preceding fiscal year to reimburse all donating individuals participating in the grant program under this section for all qualifying expenses; and

''(2) include in each such report—

''(A) the estimated number of all donating individuals participating in the grant program under this section who did not receive reimbursement for all qualifying expenses during the preceding fiscal year; and

''(B) the total amount of funding that is estimated to be necessary to fully reimburse all donating individuals participating in the grant program under this section for all qualifying expenses.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. BUCSHON) and the gentlewoman from Florida (Ms. CASTOR) 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.

I rise in support of H.R. 6020, the Honor Our Living Donors Act, or the HOLD Act, led by Representative JAY OBERNOLTE.

This legislation will support living organ donors who give the miraculous gift of life to patients in need and their families. Donating an organ is a selfless act. The financial burdens of donation should not stand in the way of people who are motivated to give the gift of life.

Organ donors often take time off work and undergo invasive medical procedures to help patients in need. Under current law, a living donor's ability to be reimbursed for qualified expenses is based on the income of both the donor and recipient. This has proven to be an unnecessary barrier to living organ donation and has resulted in most living organ donors financing their own donations.

The HOLD Act would ensure that more heroic living donors are able to access qualified reimbursements associated with organ donation.

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

Ms. CASTOR of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 6020, the Honor Our Living Donors Act, sponsored by Representatives OBERNOLTE and DELBENE.

Living donor donation is an important option for the more than 100,000 Americans on the national transplant waiting list. However, many people who would like to donate an organ have trouble paying for their related expenses. The National Living Donor Assistance Center reduces these barriers by providing reimbursement for travel, lost wages, and dependent care expenses to people pursuing living organ donation.

Currently, there are strict income restrictions on who can be reimbursed for being a living donor, including restrictions based on the income of the recipient. This bill would no longer limit donor eligibility based on the income of the recipient, allowing more donors to qualify for necessary assistance when donating organs.

This bipartisan legislation is an important step toward making living donation easier for those who choose to pursue it. It would also benefit the thousands of individuals anxiously awaiting an organ transplant.

Mr. Speaker, I hope my colleagues will join me in this effort to strengthen and expand the National Living Donor Assistance Center program. I encourage all of my colleagues to vote ''yes'' on H.R. 6020, and I reserve the balance of my time.

Mr. BUCSHON. Mr. Speaker, I yield such time as he may consume to the