

(j) **USE OF CENSUS DATA.**—The Administrator shall make all determinations regarding population under the pilot program by using data from the most recently completed decennial census by the Bureau of the Census.

(k) **GRANTEE REPORTS TO FEMA.**—Each recipient of a grant under the pilot program shall, not later than 30 months after the date on which the recipient initially receives the grant amounts, submit to the Administrator a report that describes—

(1) the activities carried out with the grant amounts;

(2) how the activities carried out with the grant amounts have met the objectives described in subsection (c);

(3) any lessons learned in carrying out the activities described in paragraph (2); and

(4) any recommendations for future mapping modernization efforts by the Federal Emergency Management Agency.

(l) **BIENNIAL REPORTS BY FEMA.**—Not later than 2 years after the date of enactment of this Act, and not less frequently than once every 2 years thereafter until the date on which all activities carried out with amounts from grants under the pilot program are completed, the Administrator shall submit to Congress and make available to the public on an internet website a report that—

(1) describes—

(A) the progress of the activities carried out with amounts from those grants; and

(B) the effectiveness of technology-based mapping tools used in carrying out the activities described in subparagraph (A); and

(2) with respect to the final report that the Administrator is required to submit under this subsection, includes recommendations to Congress and the executive branch of the Federal Government for implementing strategies, practices, and technologies to mitigate the effects of urban flooding.

(m) **SENSE OF CONGRESS.**—It is the sense of Congress that, because the pilot program is limited with respect to scope and resources, communities that participate in the pilot program should acknowledge that the most successful efforts to mitigate the effects of urban flooding—

(1) take a structural-based mitigation approach with respect to construction, which includes—

(A) recognizing any post-storm damage that may occur; and

(B) pursuing designs that proactively minimize future flood damage;

(2) make individuals in the community aware, through any cost-effective and available means of education, of the best approaches regarding the construction of properties that are able to survive floods, which reduces the cost of future repairs; and

(3) encourage home and property owners to consider the measures described in paragraphs (1) and (2), which are the most cost-effective and prudent ways to reduce the impact of flooding, when constructing or renovating building components.

(n) **FUNDING.**—There are authorized to be appropriated for grants under the pilot program—

(1) \$1,200,000 for fiscal year 2026; and

(2) \$4,300,000 for fiscal year 2027, to remain available through fiscal year 2029.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 908—EXPRESSING SUPPORT FOR THE GOALS OF STOMACH CANCER AWARENESS MONTH

Mr. YOUNG (for himself, Mr. CARDIN, and Mr. BRAUN) submitted the fol-

lowing resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 908

Whereas stomach cancer, also known as gastric cancer, is difficult to detect in the early stages of the disease due to the late onset of symptoms, which lowers survival rates;

Whereas stomach cancer occurs when cancer cells develop in the lining of the stomach;

Whereas stomach cancer is the fifth most commonly diagnosed type of cancer worldwide;

Whereas, in 2024, an estimated—

(1) 26,890 cases of stomach cancer will be diagnosed in the United States; and

(2) 10,880 individuals in the United States will die from stomach cancer;

Whereas the estimated 5-year survival rate for stomach cancer is only 36.4 percent, and the 5-year survival rate is just 7 percent when diagnosed at a late, or distant, stage;

Whereas early-onset gastric cancer, gastric cancer presenting at the age of 45 or younger, appears to be rising for reasons that are unclear;

Whereas helicobacter pylori has been identified as a risk factor for stomach cancer that often goes undetected and untreated;

Whereas, in the United States, there are disparities in stomach cancer incidence and mortality among racial and ethnic minorities;

Whereas a diagnosis of stomach cancer is often delayed, because stomach cancer usually does not have symptoms early on, making it hard to detect;

Whereas increased awareness of, and education about, stomach cancer, including risk factors and symptoms, among patients and health care providers could improve timely diagnosis of stomach cancer;

Whereas more research into prevention, early detection, and treatment for stomach cancer is needed; and

Whereas November 2024 is an appropriate month to observe Stomach Cancer Awareness Month: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals of Stomach Cancer Awareness Month;

(2) supports efforts to increase awareness of, and education about, stomach cancer among health care providers and the general public of the United States;

(3) recognizes the need for additional research to understand stomach cancer risk factors, as well as prevention, early detection, and treatment for stomach cancer; and

(4) encourages States, territories, and localities of the United States to support the goals of Stomach Cancer Awareness Month.

SENATE RESOLUTION 909—DESIGNATING NOVEMBER 21, 2024, AS “NATIONAL RURAL HEALTH DAY”

Mr. BARRASSO (for himself, Ms. SMITH, Mrs. BLACKBURN, Mr. BENNET, Mr. DAINES, Mr. CRAPO, Mr. LANKFORD, Mr. CRAMER, Ms. SINEMA, Mr. HICKENLOOPER, Mr. RISCH, Mr. MERKLEY, Ms. ERNST, Mr. SCOTT of South Carolina, Mr. BOOZMAN, Mr. MARSHALL, Mr. MANCHIN, Mrs. CAPITO, Mr. WELCH, Ms. LUMMIS, Mr. MULLIN, Mr. HOEVEN, Mr. THUNE, Ms. KLOBUCHAR, Mrs. HYDE-SMITH, Mr. WYDEN, Ms. COLLINS, Mr. WICKER, Mr. WARNOCK, Mr. WARNER, Mr. ROUNDS, and Mrs. BRITT) submitted the fol-

lowing resolution; which was considered and agreed to:

S. RES. 909

Whereas over 66,300,000 hardworking individuals in the United States live in rural communities;

Whereas individuals in the United States in rural areas live in pursuit of the common good and keep values of the United States alive by fostering a spirit of generosity and respect among neighbors;

Whereas rural health care providers and patients showcase a selfless and community-minded spirit;

Whereas rural areas in the United States are places of opportunity for—

(1) mission-minded health professionals to provide individualized care to patients and entire communities; and

(2) fueling innovations in rural health infrastructure, quality, and delivery of health care;

Whereas rural health care providers are—

(1) uniquely positioned to provide value-based holistic care; and

(2) known and trusted by their patients;

Whereas rural residents tend to experience lower life expectancy and poorer health status due to structural, behavioral, and geographic factors;

Whereas rural residents face barriers to accessing health care due to a shortage of primary and specialized health care providers, lack of reliable transportation or transportation options, increased exposure to public health and occupational hazards, and higher rates of uninsured and underinsured individuals;

Whereas rural health facilities in the United States face systemic challenges, including clinician workforce shortages and lower volumes of services spread over fixed costs;

Whereas the systemic challenges rural health facilities face have contributed to 150 rural hospital closures or hospital conversions since 2010;

Whereas 50 percent of rural hospitals in the United States are operating with negative margins and nearly 420 rural hospitals are vulnerable to closure, further demonstrating the need to accelerate efforts to reinforce the rural health safety net;

Whereas the systemic challenges rural health facilities face make it increasingly difficult for rural health care facilities to keep their doors open to serve patients;

Whereas National Rural Health Day was established to honor rural communities in the United States and the contributions and efforts of rural communities in addressing the unique challenges facing rural health care;

Whereas the National Organization of State Offices of Rural Health has recognized National Rural Health Day to be the third Thursday of each November since 2011, in collaboration with partners such as the National Rural Health Association; and

Whereas National Rural Health Day will be recognized this year on November 21, 2024: Now, therefore, be it

Resolved, That the Senate—

(1) designates November 21, 2024, as “National Rural Health Day”;;

(2) recognizes and supports the goals and ideals of National Rural Health Day;

(3) celebrates rural health care providers and the millions of individuals in the United States that rural health care providers serve; and

(4) expresses a commitment to advancing policies to improve health care accessibility and affordability in rural areas of the United States.

SENATE RESOLUTION 910—DESIGNATING NOVEMBER 2024 AS “NATIONAL HOSPICE AND PALLIATIVE CARE MONTH”

Ms. ROSEN (for herself, Mr. BARASSO, Ms. BALDWIN, and Mrs. FISCHER) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 910

Whereas palliative care and hospice services—

(1) can empower individuals to live as fully as possible, surrounded and supported by family and loved ones, despite serious illnesses or injuries; and

(2) are critical parts of the continuum of supports and services that individuals with serious illness and their families need;

Whereas ensuring access to palliative care and hospice for all individuals in the United States who are in need, regardless of age, race, ethnicity, or socioeconomic status, is important;

Whereas palliative care and hospice aims to bring patients and family caregivers high-quality care delivered by an interdisciplinary team of skilled health care professionals, including—

- (1) physicians;
- (2) nurses;
- (3) social workers;
- (4) therapists;
- (5) counselors;
- (6) health aides;
- (7) spiritual care providers; and
- (8) other health care professionals;

Whereas there is a need to increase training opportunities for health care professionals to receive interdisciplinary team-based training in palliative care and hospice;

Whereas hospice focuses on quality of life through pain management and symptom control, caregiver assistance, and emotional and spiritual support, with the goal of allowing patients to live fully until the end of life, surrounded and supported by loved ones, friends, and caregivers;

Whereas trained palliative care and hospice professionals, during a time of trauma and loss, can provide grief and bereavement support services to individuals with a serious illness or injury, the family members of those individuals, and others;

Whereas palliative care is a patient and family-centered approach to care that—

(1) provides relief from symptoms and stress;

(2) can be complementary to curative treatments; and

(3) improves the quality of life of patients and their families;

Whereas, in 2022, more than 1,720,000 individuals in the United States living with a serious illness or injury, and the families of those individuals, received care and support from more than 5,899 hospice providers in communities across the United States;

Whereas volunteers continue to play a vital role in supporting hospice care and operations; and

Whereas palliative care and hospice providers encourage all patients to learn more about their options for care and to share their preferences with family, loved ones, and health care professionals: Now, therefore, be it

Resolved, That the Senate—

(1) designates November 2024 as “National Hospice and Palliative Care Month”; and

(2) encourages the people of the United States—

(A) to increase their understanding and awareness of—

(i) care for hospice patients with a serious illness or injury;

(ii) the benefits of integrating palliative care early into the treatment plans for patients with a serious illness or injury; and

(iii) the importance of grief support for caregivers and loved ones during hospice care and after death;

(B) to recognize the care and dedication of—

(i) millions of family caregivers; and

(ii) tens of thousands of palliative care and hospice staff and volunteers; and

(C) to observe “National Hospice and Palliative Care Month” with appropriate activities and programs.

SENATE RESOLUTION 911—DESIGNATING DECEMBER 1, 2024, AS “DRIVE SAFER SUNDAY”

Mr. WARNOCK (for himself and Mrs. CAPITO) submitted the following resolution; which was considered and agreed to:

S. RES. 911

Whereas motor vehicle travel is the primary means of transportation in the United States;

Whereas every individual traveling on roads and highways needs to drive in a safer manner in order to reduce deaths and injuries that result from motor vehicle crashes;

Whereas, according to the National Highway Traffic Safety Administration, wearing a seat belt saves more than 15,000 lives each year;

Whereas the Senate wants all people of the United States to understand the life-saving importance of wearing a seat belt and encourages motorists to drive safely, not just during the holiday season, but every time they get behind the wheel; and

Whereas the Sunday after Thanksgiving is 1 of the busiest highway traffic days of the year: Now, therefore, be it

Resolved, That the Senate—

(1) encourages—

(A) high schools, colleges, universities, administrators, teachers, primary schools, and secondary schools to launch campus-wide educational campaigns to urge students to focus on safety when driving;

(B) national trucking firms—

(i) to alert employee drivers to be especially focused on driving safely on the Sunday after Thanksgiving; and

(ii) to publicize the importance of the day through use of Citizens Band (commonly known as “CB”) radios and truck stops across the United States;

(C) clergies to remind their members to travel safely when attending services and gatherings;

(D) law enforcement personnel to remind drivers and passengers to drive safely, particularly on the Sunday after Thanksgiving; and

(E) all people of the United States to use the Sunday after Thanksgiving as an opportunity to educate themselves about highway safety; and

(2) designates December 1, 2024, as “Drive Safer Sunday”.

SENATE RESOLUTION 912—DESIGNATING NOVEMBER 2024 AS “NATIONAL LUNG CANCER AWARENESS MONTH” AND EXPRESSING SUPPORT FOR EARLY DETECTION AND TREATMENT OF LUNG CANCER

Ms. SMITH (for herself, Mrs. CAPITO, Mr. GRASSLEY, Mr. DURBIN, Ms. HIRONO, and Mr. REED) submitted the

following resolution; which was considered and agreed to:

S. RES. 912

Whereas lung cancer is the leading cause of cancer-related death among individuals in the United States, accounting for more deaths than colon cancer, breast cancer, and prostate cancer combined;

Whereas, in 2024, an estimated 234,580 individuals in the United States will be diagnosed with lung cancer, and 125,070 individuals (approximately 340 individuals per day) will die from the disease;

Whereas 1 in 16 men and 1 in 17 women in the United States will develop lung cancer during their lifetimes;

Whereas, each year, more women die from lung cancer than breast cancer and ovarian cancer combined;

Whereas women who never smoked are more likely than men who never smoked to get lung cancer;

Whereas, in 2024, 20,300 people will die from lung cancer unrelated to smoking, which would be the eighth leading cause of cancer death if classified as a separate disease;

Whereas approximately 10 to 20 percent of lung cancer diagnoses occur in people who are non-smokers, and the proportion of lung cancer diagnoses in individuals who have never smoked is increasing in the United States;

Whereas, in 2024, approximately 101,300 of the 125,070 lung cancer deaths (81 percent) will be caused by cigarette smoking directly, and secondhand smoke causes over 7,300 lung cancer deaths each year in adults who do not smoke;

Whereas the 5-year survival rate is 65 percent for those diagnosed with localized lung cancer and 9 percent for those diagnosed at a stage when the cancer has spread to distant parts of the body;

Whereas only 3 to 7 percent of individuals in the United States at high risk for lung cancer undergo lung cancer screening;

Whereas geographic availability of facilities and transportation barriers are persistent challenges to lung cancer screening;

Whereas nearly 70 percent of adults are not familiar with lung cancer screening and the low-dose computed tomography scan;

Whereas lung cancer is the second most commonly diagnosed cancer in veterans;

Whereas veterans are 25 percent more likely to develop lung cancer compared to the general public, and, although approximately 1,000,000 to 2,000,000 veterans have an elevated risk of lung cancer and are eligible for screening, less than 3 percent of veterans get screened;

Whereas Black men have the highest incidence of lung cancer and the highest mortality rate from lung cancer in the United States, and nonwhite individuals are 14 to 17 percent less likely to be diagnosed with lung cancer early;

Whereas the number of individuals in the United States recommended to receive lung cancer screening was estimated to be 14,500,000 as of 2021;

Whereas the stigma surrounding lung cancer—

(1) creates barriers to early diagnosis, treatment, and research; and

(2) has a detrimental impact on the quality of life of lung cancer patients;

Whereas lung cancer research is leading to breakthroughs in biomarker identification and the development of immunotherapies and targeted therapies that are highly effective for some cancer subtypes, yet accessing cutting edge testing as part of the lung cancer diagnostic process can be difficult; and

Whereas educational efforts can increase awareness of lung cancer and lung cancer screening among the general public, patients