

119TH CONGRESS
2D SESSION

H. R. 10492

To authorize the Federal Wildland Firefighter Health and Wellbeing Program, a comprehensive initiative to improve the health of Federal wildland firefighters, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 17, 2026

Ms. DEXTER (for herself, Mr. HUFFMAN, and Mr. GALLAGHER) introduced the following bill; which was referred to the Committee on Natural Resources, and in addition to the Committees on Agriculture, and Education and Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To authorize the Federal Wildland Firefighter Health and Wellbeing Program, a comprehensive initiative to improve the health of Federal wildland firefighters, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Wildland Firefighter Health and Safety Act”.

1 (b) TABLE OF CONTENTS.—The table of contents for
 2 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Definitions.
- Sec. 3. Wildland Firefighter Health Task Force.
- Sec. 4. Federal Wildland Firefighter Health and Wellbeing Program.
- Sec. 5. Occupational safety and health research.
- Sec. 6. Occupational safety and health standards for wildland firefighter protection.
- Sec. 7. Office of Workers' Compensation Programs.
- Sec. 8. Duty time for hygiene and gear decontamination for Federal wildland firefighters.
- Sec. 9. Government Accountability Office study.

3 **SEC. 2. DEFINITIONS.**

4 In this Act:

5 (1) ADVISORY PANEL.—The term “Advisory
 6 Panel” means the Wildland Firefighter Health Advisory
 7 Panel established under section 3(e).

8 (2) CLEAN APPARATUS CAB PROTOCOL.—The
 9 term “clean apparatus cab protocol” means an exposure-reduction
 10 protocol for crew transport vehicles
 11 and other apparatuses supporting wildland fire operations—
 12 ations—

13 (A) to prevent the transfer of hazardous,
 14 toxic, and carcinogenic materials and compounds;
 15

16 (B) to establish protocols for reducing exposures; and
 17

18 (C) to establish decontamination procedures.
 19

1 (3) HEALTH STRATEGY.—The term “Health
2 Strategy” means the Wildland Firefighter Health
3 Strategy developed under section 3(f).

4 (4) PILOT PROGRAM.—The term “Pilot Pro-
5 gram” means the respiratory protection pilot pro-
6 gram established under section 5(b).

7 (5) PROGRAM DIRECTOR.—The term “Program
8 Director” means the Federal Wildland Firefighter
9 Health and Wellbeing Program Director appointed
10 under section 4(c).

11 (6) SECRETARIES.—The term “Secretaries”
12 means—

13 (A) the Secretary of the Interior; and

14 (B) the Secretary of Agriculture, acting
15 through the Chief of the Forest Service.

16 (7) SUPPORT STAFF.—The term “support
17 staff” means any Federal employee who supports
18 fire activities outside of their primary job respon-
19 sibilities—

20 (A) under the direction of either of the
21 Secretaries; or

22 (B) under a contract or compact with a
23 federally recognized Indian Tribe.

1 (8) TASK FORCE.—The term “Task Force”
 2 means the Wildland Firefighter Health Task Force
 3 established under section 3(a).

4 (9) WELLBEING PROGRAM.—The term
 5 “Wellbeing Program” means the Federal Wildland
 6 Firefighter Health and Wellbeing Program estab-
 7 lished under section 4(a).

8 (10) WILDLAND FIREFIGHTER.—The term
 9 “wildland firefighter” means a firefighter—

10 (A) who—

11 (i) is employed by the Forest Service
 12 or the Department of the Interior;

13 (ii) participates in wildland fire-
 14 fighting activities under the direction of ei-
 15 ther of the Secretaries; or

16 (iii) is under a contract or compact
 17 with a federally recognized Indian Tribe;
 18 and

19 (B) whose duties primarily relate to fires
 20 occurring on forest land, range land, or other
 21 wildland, as opposed to structural fires.

22 **SEC. 3. WILDLAND FIREFIGHTER HEALTH TASK FORCE.**

23 (a) ESTABLISHMENT.—Not later than 90 days after
 24 the date of enactment of this Act, the Secretary of Inte-
 25 rior, in coordination with the Secretary of Agriculture,

1 shall establish within the Department of the Interior an
2 interagency Task Force, to be known as the “Wildland
3 Firefighter Health Task Force”.

4 (b) COMPOSITION.—

5 (1) IN GENERAL.—The Task Force shall be
6 composed of representatives of Federal agencies, to
7 be chosen by the Secretaries, including not fewer
8 than 1 representative from each of the following
9 agencies:

10 (A) The Bureau of Land Management.

11 (B) The National Park Service.

12 (C) The Bureau of Indian Affairs.

13 (D) The United States Fish and Wildlife
14 Service.

15 (E) The Forest Service.

16 (F) Wildland firefighting agencies under
17 the Department of Interior or the Department
18 of Agriculture.

19 (G) The National Institute for Occupa-
20 tional Safety and Health.

21 (H) The Occupational Safety and Health
22 Administration.

23 (I) The Environmental Protection Agency.

24 (2) DOD PARTICIPATION.—The Secretaries
25 may extend invitations to relevant Department of

1 Defense representatives to participate as Task Force
2 members.

3 (c) CHAIRPERSON.—The Program Director shall be
4 the chair of the Task Force.

5 (d) RESPONSIBILITIES OF THE TASK FORCE.—The
6 Task Force shall—

7 (1) provide for interagency coordination to iden-
8 tify administrative and engineering controls—

9 (A) to be used during arduous wildland
10 fire operations to prevent or significantly reduce
11 inhalation and dermal exposures to toxic and
12 hazardous substances and conditions; and

13 (B) to the maximum extent practicable,
14 that can be implemented within 180 days of the
15 establishment of the Task Force;

16 (2) develop pilot testing protocols and proce-
17 dures for the evaluation of respiratory protection
18 technologies during any temporary compliance ad-
19 justment period authorized under this Act;

20 (3) provide recommendations to inform the pro-
21 mulgation of any occupational safety and health
22 standards described under section 6; and

23 (4) not later than 1 year after the establish-
24 ment of the Task Force, develop and make publicly
25 available the Health Strategy in accordance with

1 subsection (f), to be implemented through the
2 Wellbeing Program.

3 (e) WILDLAND FIREFIGHTER HEALTH ADVISORY
4 PANEL.—

5 (1) IN GENERAL.—Not later than 90 days after
6 the date of enactment of this Act, the Secretary of
7 Interior, in coordination with the Secretary of Agri-
8 culture, shall establish an Advisory Panel, to be
9 known as the “Wildland Firefighter Health Advisory
10 Panel”, to provide recommendations to the Task
11 Force with respect to—

12 (A) the Health Strategy; and

13 (B) the responsibilities of the Task Force
14 under subsection (d).

15 (2) SCOPE.—The Advisory Panel shall partici-
16 pate in all aspects of the development and implemen-
17 tation of the Health Strategy, and recommendations
18 and input made by the Advisory Panel shall be con-
19 sidered to be advisory in nature.

20 (3) ADVISORY PANEL COMPOSITION.—The Ad-
21 visory Panel shall be composed of members with ex-
22 pertise in wildland firefighting, who collectively have
23 a combination of backgrounds, experiences, exper-
24 tise, and viewpoints, to be appointed by the Secre-
25 taries, including—

1 (A) not fewer than 2 current wildland fire-
2 fighters at ground operation level;

3 (B) not fewer than 2 former wildland fire-
4 fighters;

5 (C) representatives of—

6 (i) unions representing current and
7 former wildland firefighters;

8 (ii) unions representing current and
9 former State and local government fire-
10 fighters who respond to Federal wildfire
11 incidents;

12 (iii) employee groups representing
13 wildland firefighter interests;

14 (iv) professional organizations;

15 (v) nonprofit research foundations;

16 (vi) State and local fire agencies with
17 established or planned respiratory protec-
18 tion programs; and

19 (vii) Tribal Governments or Tribal
20 fire agencies;

21 (D) academics or researchers with exper-
22 tise in—

23 (i) cancer and occupational medicine;

24 (ii) industrial hygiene;

25 (iii) occupational epidemiology;

1 (iv) occupational toxicology;

2 (v) dermatology; and

3 (vi) behavioral health;

4 (E) any other non-Federal stakeholder or
5 expert in wildland firefighting or in wildland
6 firefighter health and wellbeing, as identified by
7 the Task Force; and

8 (F) at the discretion of the Secretaries,
9 representatives of international fire companies
10 with established or planned respiratory protec-
11 tion programs.

12 (4) TERM OF APPOINTMENT.—Each Advisory
13 Panel member appointed shall serve a term of 6
14 years.

15 (5) VACANCIES.—Any vacancies on the Advi-
16 sory Panel—

17 (A) shall be filled in the same manner in
18 which the original appointment was made; and

19 (B) to the extent practicable, shall be filled
20 within 3 months of a vacancy to ensure contin-
21 uous balance of expertise.

22 (6) COMPENSATION.—A member of the Advi-
23 sory Panel shall serve without compensation.

24 (7) TRAVEL EXPENSES.—The Secretary may
25 provide to any member of the Advisory Panel travel

1 expenses, including per diem in lieu of subsistence,
2 at rates authorized for an employee of an agency
3 under subchapter I of chapter 57 of title 5, United
4 States Code, while away from the home or regular
5 place of business of the member in the performance
6 of the duties of the Advisory Panel.

7 (8) COLLABORATION.—The Task Force and the
8 Advisory Panel shall follow leading practices for ef-
9 fective collaboration, as identified by the Govern-
10 ment Accountability Office, including in the docu-
11 ment entitled “Government Performance Manage-
12 ment: Leading Practices to Enhance Interagency
13 Collaboration and Address Crosscutting Challenges”
14 (GAO–23–105520) and published in May 2023.

15 (f) WILDLAND FIREFIGHTER HEALTH STRATEGY.—

16 The Task Force shall develop, and update not less fre-
17 quently than once every 3 years, a coordinated Wildland
18 Firefighter Health Strategy to address health concerns for
19 wildland firefighters, to be implemented through the
20 Wellbeing Program, including consideration of—

21 (1) the availability and use of the best available
22 respiratory protection technologies for wildland fire-
23 fighting, and any identified needs for improved tech-
24 nologies;

1 (2) opportunities to reduce dermal exposure to
2 hazardous substances encountered during wildland
3 firefighting, including—

4 (A) implementation of clean apparatus cab
5 protocols;

6 (B) transitioning to protective equipment
7 that does not contain perfluoroalkyl or
8 polyfluoroalkyl substances or other hazardous
9 chemicals;

10 (C) decontamination of gear, clothing, and
11 skin; and

12 (D) recommendations for near-term and
13 long-term implementation options;

14 (3) opportunities to reduce inhalation exposure
15 to hazardous substances encountered during
16 wildland firefighting;

17 (4) strategies to recognize and address mental
18 health needs of wildland firefighters;

19 (5) strategies for long-term exposure tracking
20 and medical surveillance, including—

21 (A) promoting enrollment in the National
22 Firefighter Registry for Cancer and the na-
23 tional Fire Fighter Cancer Cohort Study;

24 (B) systems to enable wildland firefighters
25 to track individual exposure events over time;

1 (C) the key components of a medical sur-
2veillance program, including data integration
3with existing health and compensation data sys-
4tems;

5 (D) requirements for a comprehensive
6baseline medical assessment upon entry into
7service for all wildland firefighters; and

8 (E) health markers to be tracked consist-
9ently with periodic updates, considering lung
10function and other necessary markers;

11 (6) strategies to increase research and develop-
12ment opportunities to address any critical knowledge
13gaps, including—

14 (A) short- and long-term impacts of inha-
15lation and dermal exposures on reproductive
16health for male and female firefighters, includ-
17ing adverse health outcomes for pregnant fire-
18fighters;

19 (B) exposure, lung function, and malign-
20ancy tracking necessary to optimize early iden-
21tification of exposure risks;

22 (C) specific exposure limits and types of
23monitoring equipment or practices to guide de-
24cision-making on the use of respiratory protec-
25tion; and

1 (D) any other knowledge gaps identified by
2 the Task Force that impede efforts to meet pro-
3 gram goals;

4 (7) the amount of time spent by wildland fire-
5 fighters working in the wildland-urban interface and
6 specific health concerns associated with working in
7 that environment;

8 (8) scientific, technological, cultural, or other
9 challenges necessary to be addressed to understand
10 and to significantly reduce health risks faced by
11 wildland firefighters; and

12 (9) priorities for the grant program described in
13 section 4(g) to support research, pilot testing, and
14 evaluation of exposure reduction technologies and
15 practices.

16 (g) MEETINGS.—The Task Force and the Advisory
17 Panel shall meet at the call of the Chair but not less fre-
18 quently than twice per calendar year.

19 (h) ADMINISTRATIVE SUPPORT.—The Secretary of
20 the Interior shall provide such clerical and technical sup-
21 port as may be necessary to enable the Task Force and
22 the Advisory Panel to carry out the functions and meet-
23 ings of the Task Force and the Advisory Panel.

1 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated \$15,000,000 for each of fis-
3 cal years 2027 through 2032 to carry out this section.

4 **SEC. 4. FEDERAL WILDLAND FIREFIGHTER HEALTH AND**
5 **WELLBEING PROGRAM.**

6 (a) ESTABLISHMENT.—The Secretary of Interior, in
7 coordination with the Secretary of Agriculture, shall estab-
8 lish and maintain a Federal Wildland Firefighter Health
9 and Wellbeing Program.

10 (b) PURPOSE.—The purpose of the Wellbeing Pro-
11 gram is to improve the long-term health outcomes of
12 wildland firefighters and support personnel by—

13 (1) addressing occupational exposures to haz-
14 ardous materials, respiratory hazards, and other
15 risks associated with wildland fire occupations; and

16 (2) focusing on cancer prevention and early de-
17 tection.

18 (c) PROGRAM DIRECTOR.—

19 (1) IN GENERAL.—The Wellbeing Program
20 shall be headed by a Federal Wildland Firefighter
21 Health and Wellbeing Program Director, who shall
22 be appointed by the Secretary of the Interior, in co-
23 ordination with the Secretary of Agriculture.

1 (2) INITIAL APPOINTMENT.—Not later than 90
2 days after the date of enactment of this Act, the ini-
3 tial Program Director shall be appointed.

4 (d) PROGRAM SCOPE.—In carrying out the Wellbeing
5 Program, the Secretary of the Interior, acting through the
6 Program Director and in coordination with the Secretary
7 of Agriculture, shall—

8 (1) assess occupational health risks faced by
9 wildland firefighters, including risks associated with
10 wildfire smoke, hazardous substances, heat, and
11 other environmental and operational exposures;

12 (2) expand prevention, education, and support
13 services to address trauma and cumulative stress,
14 build coping skills, bolster resiliency, and improve
15 mental preparedness;

16 (3) identify and implement administrative and
17 engineering controls to reduce inhalation hazards
18 and exposure risk;

19 (4) carry out and support demonstrations, ex-
20 periments, and pilot programs for technology or
21 safety practices;

22 (5) coordinate with manufacturers in the devel-
23 opment of respiratory protection technologies and
24 evaluate the efficacy and field use of those tech-

1 nologies through data collection and firefighter feed-
2 back, including surveys and interviews;

3 (6) support efforts by the National Institute for
4 Occupational Safety and Health to coordinate with
5 State, Tribal, and local fire services to promote con-
6 sistency of respirator technology use;

7 (7) develop and administer comprehensive train-
8 ing and education for wildland firefighters on smoke
9 exposure health risks and benefits of respiratory
10 protection;

11 (8) promote a culture among wildland fire-
12 fighters and support crews to prevent exposure to
13 wildfire smoke;

14 (9) support crew leadership in promoting decon-
15 tamination and cleanliness practices;

16 (10) implement dermal exposure reduction
17 strategies and clean apparatus cab protocols;

18 (11) support the testing and use of exposure
19 monitoring technologies, including sensors and de-
20 vices providing real-time air quality or dermal expo-
21 sure feedback;

22 (12) develop and implement a system for
23 wildland firefighters and support staff to track their
24 own exposure and document their risk over time;

1 (13) develop a medical surveillance protocol, in-
2 cluding data integration with existing health and
3 compensation data systems, and share data with the
4 National Institute for Occupational Safety and
5 Health;

6 (14) conduct baseline medical exams, including
7 early indicators of cancer and chronic
8 cardiopulmonary disease, on the hiring of an em-
9 ployee and conduct medical exams annually to track
10 health outcomes;

11 (15) provide access to regular medical
12 screenings for early detection of disease or illness,
13 including cancer screenings and periodic pulmonary
14 function testing;

15 (16) implement hearing protective protocols in
16 accordance with section 1910.95 of title 29, Code of
17 Federal Regulations (or a successor regulation);

18 (17) ensure that the results of any monitoring
19 or medical surveillance are made available to the af-
20 fected firefighter in a timely manner; and

21 (18) develop a mechanism for wildland fire-
22 fighters to provide comments or suggestions or ask
23 questions, via a website or another mechanism,
24 which shall allow for anonymous and non-anonymous
25 feedback.

1 (e) REQUIREMENT FOR WELLBEING PROGRAM
2 STAFFING.—

3 (1) FULL-TIME STAFFING.—The Secretaries
4 shall ensure the Wellbeing Program is staffed with
5 a sufficient number of full-time employees necessary
6 to carry out the Program duties, including at least
7 1 full-time staff at each regional office and at least
8 4 full-time employees at the national level, with ap-
9 propriate expertise in—

- 10 (A) occupational health;
- 11 (B) industrial hygiene;
- 12 (C) epidemiology;
- 13 (D) toxicology;
- 14 (E) respiratory protection;
- 15 (F) wildfire operations;
- 16 (G) data management;
- 17 (H) behavioral health; or
- 18 (I) other related disciplines.

19 (2) SUPPORT PERSONNEL.—The Secretaries
20 shall provide adequate administrative, technical, ana-
21 lytical, and field support—

- 22 (A) to implement the Health Strategy;
- 23 (B) to oversee pilots and grants;
- 24 (C) to coordinate with the Task Force and
25 the Advisory Panel; and

1 (D) to meet reporting requirements.

2 (3) ANNUAL CERTIFICATION.—The Program
3 Director shall annually assess and report to Con-
4 gress whether staffing and funding are sufficient to
5 carry out the Wellbeing Program and identify addi-
6 tional resource needs.

7 (f) PILOT TESTING AUTHORITY.—The Program Di-
8 rector, in consultation with the Task Force, may imple-
9 ment any pilot programs, demonstration projects, or field
10 testing in coordination with the National Institute for Oc-
11 cupational Safety and Health to assess the feasibility, ef-
12 fectiveness, and operational suitability of protective tech-
13 nologies.

14 (g) GRANTMAKING AUTHORITY.—

15 (1) IN GENERAL.—The Program Director, in
16 consultation with the Task Force, may establish and
17 carry out additional grant programs to support—

18 (A) research, pilot testing, and evaluation
19 of exposure reduction technologies and prac-
20 tices;

21 (B) the acquisition and distribution of res-
22 piratory protective equipment; and

23 (C) research and development efforts to
24 address knowledge gaps identified in the Health
25 Strategy.

1 (2) ADVISORY ROLE FOR WELLBEING PRO-
2 GRAM.—The Task Force shall advise the Wellbeing
3 Program with respect to the grant program de-
4 scribed in paragraph (1) on—

5 (A) standards and criteria for grant award
6 determinations;

7 (B) selection of grant applications; and

8 (C) final funding decisions.

9 (h) COORDINATION.—The Program Director shall
10 consult with the Task Force and the Advisory Panel in
11 carrying out this section at the frequency specified in sec-
12 tion 3(g).

13 (i) WORKER COMPENSATION INFORMATION SHAR-
14 ING.—

15 (1) IN GENERAL.—Not later than 90 days after
16 the date of appointment under subsection (c)(2), the
17 Program Director shall set and coordinate bi-annual
18 meetings with the Director of the Office of Workers'
19 Compensation Programs of the Department of
20 Labor to facilitate information-sharing between the
21 workers' compensation programs of the Department
22 of Labor and the Wellbeing Program on issues im-
23 pacting wildland firefighters' health, benefits, com-
24 pensation, or any other matters relating to those
25 programs or the Wellbeing Program.

1 (2) TASK FORCE AND ADVISORY PANEL.—The
2 information gathered during a meeting described in
3 paragraph (1) shall be shared with the Task Force
4 and the Advisory Panel.

5 (j) PROGRAM PERFORMANCE PLANS ASSESSMENT.—
6 Not later than 45 days before the end of the first full fiscal
7 year after the date of enactment of this Act, and not later
8 than 45 days before the end of each fiscal year thereafter,
9 following Federal performance management best practices
10 outlined by the Government Accountability Office (includ-
11 ing in the document entitled “Evidence-Based Policy-
12 making: Practices to Help Manage and Assess the Results
13 of Federal Efforts” (GAO–23–105460)), the Program Di-
14 rector shall complete a plan that—

15 (1) establishes goals to define Wellbeing Pro-
16 gram performance, including—

17 (A) long-term strategic goals; and

18 (B) near-term performance goals to be
19 achieved over the following 1-year period;

20 (2) expresses those performance goals in an ob-
21 jective, quantifiable, achievable, and measurable
22 form;

23 (3) establishes a balanced set of performance
24 indicators to be used in measuring or assessing

1 progress toward each performance goal, including
2 outcome indicators, as appropriate;

3 (4) establishes data collection protocols for the
4 performance indicators established under paragraph
5 (3) to collect the information and data needed to as-
6 sess progress toward performance goals; and

7 (5) carries out the tasks described in para-
8 graphs (1) through (4) in consultation with—

9 (A) the Task Force; and

10 (B) the Advisory Panel and other relevant
11 stakeholders, as the Program Director deter-
12 mines to be appropriate.

13 (k) ASSESSMENT AND REPORT.—

14 (1) IN GENERAL.—Not later than 60 days after
15 the end of the first full fiscal year after the date of
16 enactment of this Act, and not later than 60 days
17 after the end of each fiscal year thereafter, the Pro-
18 gram Director shall submit to Congress a report de-
19 scribing the progress the Wellbeing Program has
20 made toward meeting its performance goals during
21 the prior year, along with—

22 (A) detailed action plans to improve results
23 for any performance goals that were not met;

24 (B) any challenges or lessons learned iden-
25 tified; and

1 (C) any other findings relevant to
2 Wellbeing Program performance.

3 (2) TASK FORCE INPUT.—The Program Direc-
4 tor shall develop each report under paragraph (1)
5 with input from the Task Force.

6 (3) TASK FORCE MEETINGS.—At the end of
7 each fiscal year, the Program Director shall set a
8 meeting with the Task Force to review Wellbeing
9 Program progress and—

10 (A) determine the extent to which the
11 Wellbeing Program met its established goals
12 during the prior year;

13 (B) identify and document any challenges
14 the Wellbeing Program faces in meeting its es-
15 tablished goals and detailed plans to address
16 them, including an assessment of challenges re-
17 lated to staffing, training, or funding levels;
18 and

19 (C) assess and document lessons learned to
20 be applied in the years going forward.

21 (I) AUTHORIZATION OF APPROPRIATIONS.—There is
22 authorized to be appropriated \$34,000,000 for each of fis-
23 cal years 2027 through 2032 to carry out this section.

1 **SEC. 5. OCCUPATIONAL SAFETY AND HEALTH RESEARCH.**

2 (a) ESTABLISHMENT.—Section 22 of the Occupa-
3 tional Safety and Health Act of 1970 (29 U.S.C. 671)
4 is amended by adding at the end the following:

5 “(i) OFFICE OF FIREFIGHTER HEALTH AND SAFE-
6 TY.—

7 “(1) IN GENERAL.—There shall be permanently
8 established within the Institute an Office of Fire-
9 fighter Health And Safety (referred to in this sub-
10 section as the ‘Office’), which shall be administered
11 by an Associate Director to be appointed by the Di-
12 rector.

13 “(2) PURPOSE.—The purpose of the Office,
14 with respect to firefighting and disaster response oc-
15 cupations, is to—

16 “(A) promote fast identification and pre-
17 vention of new and emerging hazards;

18 “(B) provide a central point for wildland
19 and structural firefighters, fire-service organiza-
20 tions, and other stakeholders to engage with the
21 broad scope of relevant research and services;

22 “(C) enhance and accelerate the develop-
23 ment of new safety technology, technological ap-
24 plications, and work practices;

1 “(D) expedite the commercial availability
2 and implementation of such technology and
3 practices in firefighting work;

4 “(E) study the relationship between work
5 in firefighting and health outcomes over time;

6 “(F) investigate line-of-duty deaths and se-
7 rious injuries for the purpose of developing pre-
8 ventive measures; and

9 “(G) conduct research and develop criteria
10 for new and improved occupational safety and
11 health standards for firefighters.

12 “(3) AUTHORITIES.—To fulfill the purposes de-
13 scribed in paragraph (2), the Director, acting
14 through the Office, shall use any authority provided
15 under this Act and shall also have the authority to—

16 “(A) award competitive grants to institu-
17 tions and private entities to encourage the de-
18 velopment and manufacture of new and innova-
19 tive personal protective equipment and safety-
20 enhancing technologies for firefighters;

21 “(B) award contracts to educational insti-
22 tutions or private entities for the performance
23 of product testing or related work with respect
24 to new firefighting technology and equipment;

1 “(C) support longitudinal surveillance and
2 biomonitoring research program to evaluate ex-
3 posures and markers of cancer and other dis-
4 ease risk for wildland fire personnel;

5 “(D) conduct research on the relationship
6 between work in firefighting and health out-
7 comes over time;

8 “(E) develop and publish contamination-
9 control and clean apparatus cab criteria to in-
10 form agencies’ equipment procurement prac-
11 tices;

12 “(F) conduct experiments, evaluations, and
13 field tests to assess firefighting technology and
14 equipment in settings that realistically reflect
15 conditions of firefighting;

16 “(G) develop and implement strategies for
17 long-term exposure tracking and medical sur-
18 veillance, including—

19 “(i) systems to enable workers to
20 track individual exposure events over time;

21 “(ii) registries and cohorts of workers
22 in firefighting;

23 “(iii) data integration with existing
24 health and compensation data systems;
25 and

1 “(iv) systems that are consistent and
2 accessible to firefighters and relevant agen-
3 cies and are permanently retained; and

4 “(H) coordinate with manufacturers in the
5 development of respiratory protection tech-
6 nologies and evaluate the efficacy and field use
7 of such technologies through data collection and
8 firefighter feedback, including surveys and
9 interviews.

10 “(4) REPORT.—Not later than 1 year after the
11 establishment of the Office under this subsection,
12 and every 2 years thereafter, the Director shall sub-
13 mit to the Committee on Education and Workforce
14 of the House of Representatives and the Committee
15 on Health, Education, Labor, and Pensions of the
16 Senate a report that, with respect to the year in-
17 volved—

18 “(A) describes the new health and safety
19 technologies and practices that have been stud-
20 ied, tested, and certified for use, and with re-
21 spect to such technologies and practices that
22 have been considered but not yet certified for
23 use, the reasons for not certifying; and

24 “(B) identifies cancer, respiratory, or other
25 medical conditions warranting consideration by

1 the Secretary of Labor for regulatory updates
2 to presumptive coverage under chapter 81 of
3 title 5, United States Code (commonly known
4 as the ‘Federal Employees’ Compensation Act’).

5 “(5) WILDLAND FIREFIGHTER PRIORITIES.—
6 With respect to wildland firefighter (as defined in
7 section 2 of the Wildland Firefighter Health and
8 Safety Act) safety, health, and wellbeing, the Direc-
9 tor shall—

10 “(A) develop, in coordination with the Fed-
11 eral Wildland Firefighter Health and Wellbeing
12 Program established under section 4 of the
13 Wildland Firefighter Health and Safety Act,
14 priorities for research, pilot testing, and evalua-
15 tion of exposure reduction technologies and
16 practices tailored to the conditions of wildland
17 firefighting;

18 “(B) develop and implement, in coordina-
19 tion with the Federal Wildland Firefighter
20 Health and Wellbeing Program, strategies to
21 inform wildland firefighters about the National
22 Firefighter Registry for Cancer established
23 under the Firefighter Cancer Registry Act of
24 2018 (42 U.S.C. 280e–5) and the national Fire
25 Fighter Cancer Cohort Study;

1 “(C) identify and assess the best available
2 respiratory protective technologies suitable for
3 wildland firefighting, in particular any such
4 technologies that meet the National Fire Pro-
5 tection Agency 1984 Standard on Respirators
6 for Wildland Fire-Fighting Operations and
7 Wildland Urban Interface Operations (or any
8 successor or equivalent standard that provides
9 equal or greater protection);

10 “(D) periodically analyze and report data
11 about exposures, hazards, and health effects
12 specific to wildland firefighters; and

13 “(E) develop and support a longitudinal
14 surveillance and biomonitoring research pro-
15 gram to evaluate exposures and markers of can-
16 cer and other disease risk for wildland fire per-
17 sonnel.

18 “(6) COORDINATION.—The Director shall co-
19 ordinate with the Secretary of the Interior, the Sec-
20 retary of Agriculture, and heads of relevant agencies
21 to ensure that standards and exposure reduction
22 technologies developed by the Office are integrated
23 into agency procurement requirements, training, pro-
24 grams, and other relevant operational guidance for
25 wildland fire personnel.

1 “(7) AUTHORIZATION OF APPROPRIATIONS.—

2 There is authorized to be appropriated \$10,000,000,
3 to be available through fiscal year 2032 to enable
4 the Institute and the Office to carry out this sub-
5 section.”.

6 (b) RESPIRATORY PROTECTION PILOT PROGRAM.—

7 (1) ESTABLISHMENT.—Not later than 1 year
8 after the establishment of the Task Force, the Sec-
9 retary of the Interior, acting through the Program
10 Director and in coordination with the Secretary of
11 Agriculture and the Director of the National Insti-
12 tute for Occupational Safety and Health, shall de-
13 sign and carry out a pilot program, to be known as
14 the “respiratory protection pilot program”, to evalu-
15 ate respiratory protection technologies for use by
16 wildland firefighters.

17 (2) PURPOSE.—The purpose of the Pilot Pro-
18 gram is to assess and identify the feasibility, effec-
19 tiveness, and usability of respiratory protection tech-
20 nologies for wildland firefighters.

21 (3) DURATION.—The Pilot Program shall be
22 carried out for a 2-year period.

23 (4) SCOPE OF PILOT PROGRAM.—In carrying
24 out the Pilot Program, the Director of the National
25 Institute for Occupational Safety and Health shall—

1 (A) evaluate and test respiratory protec-
2 tion technologies, including respirators and re-
3 lated equipment, that may reduce inhalation ex-
4 posure to wildfire smoke and other airborne
5 hazards encountered during arduous wildland
6 firefighting;

7 (B) conduct field testing of respiratory
8 protection technologies to assess performance,
9 including heat, exertion, duration of use, and
10 conditions of use;

11 (C) conduct field testing in real-world
12 operational contexts, including line construc-
13 tion, mop-up, and transport;

14 (D) collect data from wildland firefighters
15 on usability, comfort, and compliance with the
16 technology described in subparagraph (A);

17 (E) provide opportunities for wildland fire-
18 fighter feedback on any aspects of the pilot pro-
19 gram;

20 (F) coordinate with manufacturers, re-
21 searchers, and other experts to support fit test-
22 ing, refinement, and evaluation of technology;
23 and

1 (G) consult with the Task Force on pilot
2 testing protocols and procedures under section
3 3(d)(2).

4 (5) FINAL REPORT.—Not later than 180 days
5 after the end of the period described in paragraph
6 (3), the Secretaries shall submit to the Committees
7 on Natural Resources and Education and the Work-
8 force of the House of Representatives, and the Com-
9 mittees on Energy and Natural Resources and the
10 Health, Education, Labor, and Pensions of the Sen-
11 ate, a final report that includes information regard-
12 ing—

13 (A) recommendations to the Occupational
14 Safety and Health Administration for the
15 standards under section 6;

16 (B) the costs associated with carrying out
17 the Pilot Program;

18 (C) the usage of respiratory protection
19 technology under the Pilot Program;

20 (D) the extent of participation in the Pilot
21 Program by wildland firefighters; and

22 (E) any other findings and conclusions
23 with respect to the Pilot Program the Secretary
24 considers appropriate, which may include de-
25 tails on any challenges encountered, any actions

1 needed to address them, and any lessons
2 learned.

3 (6) AUTHORIZATION OF APPROPRIATIONS.—

4 There is authorized to be appropriated \$1,500,000
5 to carry out this section.

6 **SEC. 6. OCCUPATIONAL SAFETY AND HEALTH STANDARDS**

7 **FOR WILDLAND FIREFIGHTER PROTECTION.**

8 (a) INTERIM FINAL STANDARD.—

9 (1) IN GENERAL.—Not later than 180 days
10 after submission of the report described in section
11 5(b)(5), the Secretary of Labor, acting through the
12 Occupational Safety and Health Administration,
13 shall issue an interim final standard with respect to
14 protecting the health of wildland firefighters, which
15 shall—

16 (A) require employers to develop and im-
17 plement a comprehensive health protection plan
18 that addresses long-term occupational health
19 risks associated with wildland firefighting; and

20 (B) require the provision of respiratory
21 protection, subject to availability and feasibility,
22 consistent with the interim nature of the stand-
23 ard.

24 (2) INAPPLICABLE PROVISIONS OF LAW AND
25 EXECUTIVE ORDER.—The following provisions of law

1 and executive orders shall not apply to the issuance
2 of the interim final standard under this subsection:

3 (A) The requirements applicable to occupa-
4 tional safety and health standards under section
5 6(b) of the Occupational Safety and Health Act
6 of 1970 (29 U.S.C. 655(b)).

7 (B) The requirements of chapters 5 and 6
8 of title 5, United States Code.

9 (C) Subchapter I of chapter 35 of title 44,
10 United States Code (commonly referred to as
11 the “Paperwork Reduction Act”).

12 (D) Executive Order No. 12866 (58 Fed.
13 Reg. 51735; relating to regulatory planning and
14 review), as amended.

15 (3) NOTICE AND COMMENT.—The Secretary
16 shall, prior to issuing the interim final standard
17 under this subsection, provide notice in the Federal
18 Register of the interim final standard and a 30-day
19 period for public comment.

20 (4) DEVELOPMENT.—The interim final stand-
21 ard shall be developed in coordination with the Task
22 Force and Advisory Panel and shall be informed by
23 the results and findings of the Pilot Program.

24 (5) EFFECTIVE DATE OF INTERIM FINAL
25 STANDARD.—The interim final standard shall—

1 (A) take effect on a date that is not later
2 than 30 days after issuance, except that such
3 interim final standard may include reasonable
4 delays due to the availability of personal protec-
5 tive equipment or technology;

6 (B) have the legal effect of an occupational
7 safety and health standard as defined by sec-
8 tion 3(8) of the Occupational Safety and Health
9 Act of 1970 (29 U.S.C. 652(8)); and

10 (C) remain in effect until superseded by
11 the final standard promulgated pursuant to
12 subsection (b).

13 (b) FINAL STANDARD.—

14 (1) PROPOSED FINAL STANDARD.—Not later
15 than 2 years after the submission of the report
16 under section 5(b)(5), pursuant to section 6 of the
17 Occupational Safety and Health Act of 1970 (29
18 U.S.C. 655), the Secretary of Labor, acting through
19 the Occupational Safety and Health Administration,
20 shall promulgate a proposed final standard with re-
21 spect to protecting the health of wildland fire-
22 fighters—

23 (A) for the purpose described in subpara-
24 graphs (A) and (B) of subsection (a)(1); and

1 (B) that shall provide at least as much
2 protection as the interim final standard promul-
3 gated under subsection (a).

4 (2) FINAL STANDARD.—Not later than 5 years
5 after the submission of the final report described in
6 section 5(b)(5), the Secretary shall issue a final
7 standard that shall—

8 (A) take effect on a date that is not later
9 than 30 days after issuance, except that such
10 final standard may include reasonable delays
11 due to the availability of personal protective
12 equipment or technology;

13 (B) provide no less protection than any
14 wildland firefighter health standard adopted by
15 a State plan that has been approved by the Sec-
16 retary under section 18 of the Occupational
17 Safety and Health Act of 1970 (29 U.S.C.
18 667), provided the Secretary finds that the final
19 standard is feasible on the basis of the best
20 available evidence;

21 (C) be effective and enforceable in the
22 same manner and to the same extent as any
23 standard promulgated under section 6(b) of the
24 Occupational Safety and Health Act of 1970
25 (29 U.S.C. 655(b)); and

1 (D) comply with the requirements de-
2 scribed in subsection (c).

3 (c) REQUIREMENTS FOR FINAL STANDARD.—The re-
4 quirements described in this subsection shall require—

5 (1) implementation of engineering and adminis-
6 trative controls, exposure minimization strategies,
7 and operational adjustments when exposure thresh-
8 olds are exceeded;

9 (2) strategies to encourage respiratory protec-
10 tion from smoke and other hazards including pro-
11 viding fire personnel with the appropriate equipment
12 to protect from wildfire smoke and other respiratory
13 hazards;

14 (3) training and education materials to fire per-
15 sonnel regarding—

16 (A) how to properly use protective equip-
17 ment;

18 (B) how long and under what conditions
19 the protective equipment is effective;

20 (C) the potential health impacts of breath-
21 ing wildfire smoke without proper protection;

22 (D) how heat illness happens, how to rec-
23 ognize it, and how to prevent and treat it; and

1 (E) any additional areas deemed critical
2 for the safety and health of wildland fire-
3 fighters;

4 (4) strategies to reduce dermal exposure to
5 toxic and hazardous substances and conditions and
6 exposure to PFAS in firefighter gear;

7 (5) guidance on use of exposure monitoring
8 equipment;

9 (6) medical monitoring and surveillance to iden-
10 tify early indicators of exposure-related illness; and

11 (7) decontamination equipment installed in duty
12 stations, vehicles, and other relevant spaces.

13 (d) COLLABORATION.—The Department of Labor
14 Secretary shall coordinate with the Wildland Firefighter
15 Health Task Force and Advisory Panel when promul-
16 gating the standards described in subsection (a) and (b).

17 (e) COMPLIANCE ASSISTANCE.—The Secretary shall
18 provide technical assistance and advice, consistent with
19 section 21 of the Occupational Safety and Health Act of
20 1970 (29 U.S.C. 670(d)) to employers subject to the
21 standards with respect to compliance with the standard.

22 **SEC. 7. OFFICE OF WORKERS' COMPENSATION PROGRAMS.**

23 (a) SPECIAL CLAIMS.—Section 8143b of title 5,
24 United States Code, is amended by adding at the end the
25 following:

1 “(c) SPECIAL CLAIMS HANDLING UNIT FOR EM-
2 PLOYEES IN FIRE PROTECTION ACTIVITIES.—

3 “(1) ESTABLISHMENT.—The Secretary shall es-
4 tablish a special claims handling unit to process and
5 adjudicate claims for workers’ compensation claims
6 submitted by any employee in fire protection activi-
7 ties.

8 “(2) TRAINING.—Personnel assigned to the spe-
9 cialized claims handling unit shall—

10 “(A) receive training and proficiency test-
11 ing on the duties, operational conditions, and
12 occupational exposures associated with fire-
13 fighting; and

14 “(B) possess or develop expertise in occu-
15 pational illnesses and injuries associated with
16 smoke exposure, hazardous substances, heat,
17 and other hazards encountered during fire-
18 fighting operations.

19 “(3) CLAIMS PROCESSING.—The Secretary shall
20 ensure that claims submitted by an employee de-
21 scribed in paragraph (1) are processed in a timely
22 manner.

23 “(4) COORDINATION.—The Secretary of Labor
24 shall work in coordination with the Federal Wildland
25 Firefighter Health and Wellbeing Program estab-

1 lished under section 4 of the Wildland Firefighter
2 Health Act and the National Institute for Occupa-
3 tional Safety and Health to develop training and
4 operational guidance for the special claims unit.

5 “(d) ANNUAL OWCP REPORT ON FIREFIGHTER
6 CLAIMS.—

7 “(1) ANNUAL REPORTING REQUIREMENT.—The
8 Office of Workers’ Compensation Programs (in this
9 subsection referred to as ‘OWCP’) shall prepare and
10 publish an annual report of workers’ compensation
11 claims submitted by employees in fire protection ac-
12 tivities, including claims for traumatic injury and oc-
13 cupational illness occurring in the performance of
14 duty.

15 “(2) REQUIRED CONTENTS.—Each report shall
16 include, at a minimum, aggregate data and sum-
17 mary statistics on—

18 “(A) claims filed, accepted, denied, pend-
19 ing, and appealed, including rationale for deni-
20 als;

21 “(B) categories of occupational exposures
22 that were alleged by the claimant (including
23 smoke or heat) and what categories OWCP ac-
24 cepted as established;

1 “(C) diagnoses OWCP claimed, accepted,
2 and partially accepted;

3 “(D) time to decision metrics, including—

4 “(i) claim filing to completion of de-
5 velopment, or the time it takes from when
6 a claim is filed to the time when OWCP
7 determines that they can issue an initial
8 determination, based on factual and med-
9 ical evidence submitted;

10 “(ii) claim filing to initial decision, or
11 the time it takes from when a claim is filed
12 to when the first decision is made to either
13 accept or deny a claim; and

14 “(iii) claim filing to initial acceptance,
15 if applicable, or the time it takes from
16 when a claim is filed to when the first deci-
17 sion is made, which occurs when there has
18 been a determination that the claim has
19 met all necessary elements, and a list of
20 accepted diagnoses is made;

21 “(E) data on the use of second opinion
22 physicians, or physicians selected by the govern-
23 ment to issue a medical opinion, and referee
24 physicians, or impartial physicians independent

1 from OWCP who issues medical opinions, in-
2 cluding—

3 “(i) how often these physicians are
4 utilized;

5 “(ii) the time it takes for each type of
6 physician to issue their opinions;

7 “(iii) a description of the impact of
8 such opinion on claim outcomes; and

9 “(iv) total costs paid for such opin-
10 ions.

11 “(F) identification and discussion of any
12 systemic issues affecting timely adjudication or
13 access to benefits for Federal firefighters.

14 “(3) COORDINATION AND USE OF DATA.—The
15 Director of the OWCP shall use the information
16 contained in the report to—

17 “(A) inform updates to the Wildland Fire-
18 fighter Health Strategy;

19 “(B) identify administrative or regulatory
20 barriers to timely medical care and compensa-
21 tion;

22 “(C) recommend legislative, regulatory, or
23 policy changes to improve outcomes.

24 “(4) PUBLIC AVAILABILITY.—Each report
25 under this subsection shall be made publicly avail-

1 able in a searchable and accessible format, con-
 2 sistent with applicable privacy laws.”.

3 (b) CERTAIN ILLNESSES AND DISEASES.—Section
 4 8143b(b)(1) of title 5, United States Code, is amended
 5 by striking “, if the employee” and all that follows through
 6 “protection activities”.

7 (c) TECHNICAL AMENDMENT.—Subsection (b) of sec-
 8 tion 8143b of such title, as amended by subsection (b),
 9 is further amended in the subsection heading by striking
 10 “DISEASED” and inserting “DISEASES”.

11 **SEC. 8. DUTY TIME FOR HYGIENE AND GEAR DECON-**
 12 **TAMINATION FOR FEDERAL WILDLAND FIRE-**
 13 **FIGHTERS.**

14 (a) DEFINITION OF COVERED EMPLOYEE.—In this
 15 section, the term “covered employee” means a wildland
 16 firefighter, including permanent, seasonal, temporary, and
 17 emergency appointment personnel, regardless of pay clas-
 18 sification.

19 (b) DUTY TIME.—The Secretaries shall each ensure
 20 that each covered employee is provided regular duty time
 21 during wildfire operations or prescribed fires, without loss
 22 of pay or benefits—

23 (1) to shower and perform personal hygiene fol-
 24 lowing shifts involving exposure to smoke, ash,

1 perfluoroalkyl or polyfluoroalkyl substances, haz-
2 ardous substances, or other contaminants;

3 (2) to clean, decontaminate, and maintain per-
4 sonal protective equipment and work clothing, in-
5 cluding through the use of washing machines or
6 equivalent cleaning and decontamination methods;
7 and

8 (3) to decontaminate vehicles and closed spaces
9 used to transport or support wildland fire personnel
10 during operations.

11 (c) HEALTH AND SAFETY PURPOSE.—Duty time pro-
12 vided under subsection (b) shall be—

13 (1) considered hours of work for purposes of
14 pay, leave, and other employment benefits; and

15 (2) intended to reduce occupational exposure to
16 carcinogens, toxic substances, and other health haz-
17 ards associated with wildland firefighting.

18 (d) REQUIREMENTS FOR DECONTAMINATION INFRA-
19 STRUCTURE AND EQUIPMENT.—

20 (1) IN GENERAL.—Not later than 2 years after
21 the date of enactment of this Act, the Secretaries
22 shall ensure that each duty station, fire cache, or
23 other regularly staffed wildland fire facility is
24 equipped with adequate gear decontamination infra-
25 structure.

1 (2) MINIMUM REQUIREMENTS.—Infrastructure
2 described in paragraph (1) shall include—

3 (A) decontamination equipment or equiva-
4 lent systems dedicated to contaminated gear
5 and clothing;

6 (B) appropriate drying equipment;

7 (C) designated cleaning areas;

8 (D) access to hot and cold showers;

9 (E) appropriate wastewater handling or fil-
10 tration, where feasible; and

11 (F) replacement Personal Protective
12 Equipment (PPE).

13 (3) CAPACITY.—Infrastructure described in
14 paragraph (1) shall be sufficient to serve assigned
15 personnel without unreasonable delay following expo-
16 sure.

17 (4) REMOTE OPERATIONS.—For remote or tem-
18 porary operations, the Secretaries shall provide mo-
19 bile decontamination capability or ensure prompt ac-
20 cess to cleaning and hygiene upon return.

21 (5) MAINTENANCE.—The Secretaries shall en-
22 sure routine inspection, maintenance, and timely re-
23 placement of infrastructure described in paragraph
24 (1).

1 (e) IMPLEMENTATION.—The Secretary may issue
2 guidance or regulations to carry out this section.

3 **SEC. 9. GOVERNMENT ACCOUNTABILITY OFFICE STUDY.**

4 (a) STUDY.—Not later than 2 years after the date
5 of enactment of this Act, and every 2 years thereafter for
6 6 years, the Comptroller General of the United States
7 shall conduct a study to evaluate the progress of the
8 Wellbeing Program.

9 (b) AREAS OF FOCUS.—The study required under
10 subsection (a) shall—

11 (1) assess, at minimum—

12 (A) the progress of the Wellbeing Program
13 with respect to establishing yearly goals and ob-
14 jectives, and the justification if goals and objec-
15 tives have not been established;

16 (B) the progress of the Wellbeing Program
17 with respect to meeting its stated goals and ob-
18 jectives, and the justification if goals and objec-
19 tives have not been met;

20 (C) any challenges or barriers that limit
21 the Wellbeing Program's ability to meet its
22 goals and objectives, and any recommendations
23 for improvements;

24 (D) the extent to which the Task Force
25 and the Advisory Panel are following leading

1 practices for effective collaboration as identified
2 by the Government Accountability Office, in-
3 cluding the practices identified in the document
4 entitled “Government Performance Manage-
5 ment: Leading Practices to Enhance Inter-
6 agency Collaboration and Address Crosscutting
7 Challenges” (GAO–23–105520) and published
8 in May 2023;

9 (E) the sustained focus and commitment
10 of the Secretaries and the leadership within the
11 Department of the Interior and the Forest
12 Service with respect to addressing and improv-
13 ing the health of wildland firefighters, by exam-
14 ining—

15 (i) their role in collaborating with key
16 partners through the Task Force and the
17 Advisory Panel;

18 (ii) their role in establishing perform-
19 ance measures, assessing performance in-
20 formation, and making program modifica-
21 tions, as needed, based on performance re-
22 sults; and

23 (iii) any other actions or steps that
24 leadership have taken to demonstrate their
25 sustained focus and commitment to im-

1 proving wildland firefighter health out-
2 comes;

3 (F) current availability of respiratory
4 equipment in the marketplace to be procured
5 and used by wildland firefighters, including the
6 extent to which respirators that meet National
7 Fire Protection Association standards are avail-
8 able in the commercial marketplace;

9 (G) the extent to which respiratory equip-
10 ment that is available for procurement meets
11 National Fire Protection Association standards
12 and has been approved by the National Per-
13 sonal Protective Technology Laboratory at the
14 National Institute for Occupational Safety and
15 Health;

16 (H) the barriers, if any, that limit the de-
17 velopment, approval, procurement, or wide-
18 spread adoption of respirators that meet Na-
19 tional Fire Protection Association standards for
20 wildland firefighting;

21 (I) the availability of decontamination and
22 clean apparatus cab protocol supplies and infra-
23 structure;

24 (J) the barriers, if any, to implementing
25 clean apparatus cab protocols, progress towards

1 addressing challenges, and recommendations for
2 improvements;

3 (K) any progress made in the testing of ex-
4 posure monitoring technologies, the results of
5 the testing, and to the extent that exposure
6 data are available, a summary of that data, in-
7 cluding any relevant summary statistics, and
8 observations on data quality;

9 (L) progress of the promulgation of the
10 standards pursuant to section 6;

11 (M) progress that the Office of Workers'
12 Compensation Programs of the Department of
13 Labor has made in establishing a special claims
14 handling unit to process and adjudicate work-
15 ers' compensation claims submitted by employ-
16 ees in fire protection activities, as described in
17 the amendments made by section 7;

18 (N) the extent to which funds or full-time
19 positions allocated to the Wellbeing Program
20 remain dedicated to the Wellbeing Program, in-
21 cluding a summary of any diversions or
22 repurposing of funds or full-time positions that
23 were intended for the Wellbeing Program; and

1 (O) the extent possible to identify degree
2 of hazardous exposure, both in toxic exposure
3 type and duration; and

4 (2) summarize—

5 (A) steps the Wellbeing Program has taken
6 to address the cultural barriers associated with
7 the use of respiratory protection among
8 wildland firefighters, and any evidence of any
9 progress that has been made in reducing these
10 barriers; and

11 (B) the status of any changes to National
12 Fire Protection Association standards as they
13 apply to wildland firefighting respiratory pro-
14 tection, as appropriate.

15 (c) REPORT.—Not later than 1 year after the conclu-
16 sion of each study required by subsection (a), the Comp-
17 troller General of the United States shall submit to the
18 Committees on Natural Resources and Education and the
19 Workforce of the House of Representatives, and the Com-
20 mittees on Energy and Natural Resources and Health,
21 Education, Labor, and Pensions of the Senate, a report
22 on the results of the study, including any recommenda-
23 tions for legislative or administrative actions.

○