

Mr. BOUCHER. Mr. Speaker, I yield to myself 30 seconds.

Mr. Speaker, I simply want to take this time to thank the gentleman from Florida (Mr. STEARNS) for the bipartisan way in which we have processed this measure through our committee, and for his strong support of the measure that we bring to the floor this afternoon. The work on this bill is reflective of the best traditions of our committee, where we work out problems, we resolve concerns within the confines of the committee process, and we do so in a collaborative way, with people on both sides of the aisle participating in that effort. And in no matter has that spirit of cooperation been better reflected than in the way we have processed and handled this bill today. So I want to thank Mr. STEARNS and his colleagues on the Republican side for that outstanding bipartisan cooperation.

Mr. BARTON of Texas. Mr. Speaker, I rise in opposition to the CALM Act.

While I, too, would like to have someone turn down the TV when it gets loud, I've already given that job to my thumb. As a result, I only need one Member of Congress at work on this vital problem, not 435. I appreciate Ms. ESHOO's efforts to protect America's ears from loud commercials and our thumbs from arthritis brought on by overuse, but writing a law to do so seems a stretch.

The bill adopts into Federal law the industry-developed standards that are already being implemented, and consumers do not need the government to function as remote volume controls for them. Simply put, the private sector already has acted on this noisy nuisance.

If you're not convinced that having a reliable and fully functioning thumb is better for both you and the Nation than having a fully functioning bureaucracy to adjust your TV's sound, there's also this: Many entities are responsible for producing and distributing the content that we all see and hear. Broadcast affiliates, networks, and cable, satellite, and phone companies then transmit the content. Each element of the programming may be recorded and provided to the distributors at different volume levels. Moreover, shows and movies have a broad, dynamic sound range to cover everything from explosions in a car chase to lawyers whispering to juries. Commercials, meanwhile, tend to have a narrow sound range, and they can blare and annoy when they suddenly follow a movie scene that was putting you to sleep.

The technical challenges presented by these facts are significant, but with the transition to digital television, industry has responded. On November 5, the Advanced Television Systems Committee, ATSC, announced the approval of the "ATSC Recommended Practice: Techniques for Establishing and Maintaining Audio Loudness for Digital Television." These standards provide guidance to the industry, and focus on audio measurement, production and postproduction monitoring techniques, and methods to control loudness for content delivery.

I want to commend my friend, Ms. ESHOO, for working with all the relevant parties and for amending her bill to acknowledge the industry's work. In my opinion, however, there is no reason for Congress to get between me and

my remote control. On those grounds, I have to give this measure a thumbs down.

Mr. BOUCHER. Mr. Speaker, we also have no further requests for time. I yield back the balance of our time and urge passage of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. BOUCHER) that the House suspend the rules and pass the bill, H.R. 1084, 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.

#### BREAST CANCER SCREENING GUIDELINES

Mrs. CAPPs. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 971) expressing the sense of the House of Representatives regarding guidelines for breast cancer screening for women ages 40 to 49.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

##### H. RES. 971

Whereas the United States Preventive Services Task Force (USPSTF), an independent panel of experts in primary care prevention and evidence-based medicine, issued guidelines on November 16, 2009, regarding mammography screening for women, including women age 40 to 49;

Whereas these guidelines reflect a change from USPSTF mammography recommendations issued in 2002;

Whereas the new guidelines have caused concern among many health providers and confusion among many women age 40 to 49;

Whereas the Department of Health and Human Services has stated that while the USPSTF has presented some new evidence for consideration, the policies of the Department remain unchanged; and

Whereas the Department of Health and Human Services has stated that there is a great need for more evidence, more research, and more scientific innovation to help women prevent, detect, and fight breast cancer: Now, therefore, be it

*Resolved*, That it is the sense of the House of Representatives that—

(1) the guidelines of the United States Preventive Services Task Force ("USPSTF") would not prohibit an insurer from providing coverage for mammography services in addition to those recommended by the USPSTF and should not be used by insurers to deny coverage for services that are not recommended on a routine basis; and

(2) the National Cancer Institute should continue to invest and provide leadership regarding research to develop more effective screening tools and strategies for improving detection of breast cancer.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Mrs. CAPPs) and the gentlewoman from Tennessee (Mrs. BLACKBURN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

##### GENERAL LEAVE

Mrs. CAPPs. Mr. Speaker, I ask unanimous consent that all Members

may have 5 legislative days in which to revise and extend remarks and include extraneous material in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Mrs. CAPPs. Mr. Speaker, I yield to myself such time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 971. This resolution expresses the sense of the House of Representatives that the U.S. Preventive Services Task Force guidelines would not prohibit an insurer from providing coverage for mammography services beyond those recommended by the task force.

It further states that these guidelines should not be used by insurers to deny coverage for these services.

It also expresses the sense of the House that the National Cancer Institute should continue to invest and provide leadership regarding research to develop more effective screening tools and strategies for improving the detection of breast cancer.

On November 16, 2009, the U.S. Preventive Services Task Force issued a series of six recommendations regarding breast cancer screening, three of which pertain to mammography screening among women of various age groups. At a recent hearing in our Energy and Commerce Committee's Health Subcommittee, the task force representatives acknowledged that they should have done a better job communicating their findings to the public. Unfortunately, this failure in communication has led to much concern and confusion about what their findings and recommendations are and what the implications would be.

Mr. Speaker, this task force is not suggesting that women in their forties forego mammography. The task force is recommending that women in their forties determine when to begin screening and base this decision on a conversation with their doctors or health providers. And we can all agree that women in their forties should have access to mammography if these women and their physicians decide it's right for them. I think we can also agree that while mammography is still the best tool that we have to detect breast cancer in its earliest stages, it is, by every means, an imperfect tool. We need continued research into more effective screening tools and strategies to improve the detection of breast cancer.

Breast cancer is the second most common cancer among United States women, and it is the leading cause of cancer death for women between the ages of 29 and 59. This year, new cases of breast cancer among American women will reach an estimated 192,370, and over 40,000 women will die from breast cancer this year. The American Cancer Society estimates that one in 8 women will have invasive breast cancer at some point in her lifetime. These statistics illustrate that breast cancer

continues to be a major health issue, despite recent declines in breast cancer mortality rates.

But beyond these statistics, cancer is a very personal situation for many of us in this Chamber, whether it has affected a mother, a daughter, a wife, a friend, a colleague or, as it has for me, my own sister. I want to commend my colleague, **DEBBIE WASSERMAN SCHULTZ**, for introducing this resolution and for being so forthcoming about her very personal experience being diagnosed with and treated for breast cancer.

I reserve the balance of my time.

**Mrs. BLACKBURN.** Mr. Speaker, I do rise in support of the resolution, and I yield myself such time as I may consume.

I am pleased to see this resolution before us, and I want to commend Congresswoman **WASSERMAN SCHULTZ** and also Congresswoman **CAPPS** for their work on this issue. I appreciate their leadership to raise awareness, and I have grave concerns, very grave concerns on how this issue translates into the health reform bills that are currently before us. While I do rise in support of this, I do think that it is important, it is imperative, as a matter of fact, that we revisit why we are here and why we are having this discussion today. And it's important that we realize that, even with the resolution before us, it is not going to get to the crux of the issue, but it is a good, solid first step.

With or without a government-run health plan, H.R. 3962 would still be a massive takeover of health care. Government bureaucrats will be charged with making decisions of what can be in your health plan, and they can make it illegal for a health plan to cover anything not approved by the government. In the House version of the Democrats' health reform, the U.S. Preventive Services Task Force and its successor organization are cited over a dozen times and given disturbing new authority over coverage decisions regarding breast cancer screening.

For example, on page 1,762 of the Democrat health reform bill, the U.S. Preventive Services Task Force is given the authority to determine, and I'm quoting, "the frequency" and "the population to be served." And quoting again from the bill, "The procedure or technology to be used for breast cancer screenings covered under the Indian Health Service Act." Section 303 of H.R. 3962 states that the, and I'm quoting again, "Commissioner shall," which is a mandate, Mr. Speaker, "shall specify the benefits to be made available under exchange participating health plans."

In plain English, that means the new health choices commissioner will determine what preventive services, including mammography, are covered under your health insurance based on what the task force says is right. Passing a resolution and passing this resolution before us, as I said, is a good,

solid first step. However, I do believe to strike at the heart of the problem we, indeed, need to move forward on a motion to instruct conferees to make certain that we revisit this issue.

Under the Democrats' bill, the task force will set government policy and will determine what is covered and make it illegal for plans to cover other items. All recommendations of the Preventive Services Task Force and the Task Force on Community Preventive Services as in existence on the day before the date of the enactment of this act—which would be H.R. 3962—shall be considered to be recommendations of the Task Force on Clinical Preventive Services.

Mr. Speaker, in order to prevent any type of rationing, that is why we need to take even further steps. I commend my colleagues for their diligent work on this issue. It is the right first step, and I encourage all of us to continue to work to resolve the issue.

I reserve the balance of my time.

**Mrs. CAPPS.** Mr. Speaker, I wish to remind my colleagues that in the health reform bill, as it was considered in the House of Representatives, once the essential benefits package is established, it acts as a floor, not as a ceiling. And with regard to preventive services, the bill says that recommended items and services with a grade of A or B from the U.S. Preventive Services Task Force shall be covered as part of the essential benefits package, with no cost-sharing, and that the Secretary may approve such coverage, regardless of what the task force or the benefits advisory committee says.

And at this point I'm very pleased to yield to Representative **WASSERMAN SCHULTZ**, the sponsor of this legislation, 5 minutes.

**Ms. WASSERMAN SCHULTZ.** Mr. Speaker, today I rise to support House Resolution 971, which underscores the importance of access to breast cancer screening for all women.

As many of you know, last month the United States Preventive Services Task Force issued guidelines regarding mammography screening for women. These guidelines reflect a change from USPSTF mammography recommendations that were issued in 2002, in that they recommend against routine screening mammography for women ages 40 to 49. But the new guidelines conflict with many of the well-established recommendations from the American Medical Association, the National Comprehensive Cancer Network, the American Cancer Society, and Susan G. Komen for the Cure.

In addition, numerous studies and scientific research over the past 20 years have confirmed that annual mammograms are of value to women ages 40 to 49. In fact, the task force itself concluded that screening women in their forties would reduce their risk of death from breast cancer by 15 percent, while finding that screenings for women in their fifties would reduce

their risk of death from breast cancer by 14 percent. As a result, many young women and health care providers have been left feeling uncertain and concerned.

Recommendations like those the task force made are supposed to provide clarity for doctors and their patients. Unfortunately, the guidelines issued by the task force left most women and oncologists baffled. Currently, there is no available breast cancer screening tool that is perfect, but what is clear is that intervention through routine screening for breast cancer using mammography can save the lives of women at a time when medical science is unable to prevent this disease.

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At the end of the day, mammography screening saves lives. And I offer this resolution to underscore the House's commitment to expanding access to preventive health care for women. This resolution underscores the sense of the House that the task force recommendations must not be used by insurers who are, at the end of the day, getting in between women and their doctors and getting women the access that they need to preventive services, and that they must not be used by insurers to deny women coverage for routine screenings.

It also urges the National Cancer Institute to invest and provide leadership to provide research to develop more effective research tools and strategies for improving the detection of breast cancer.

While we develop better tools for screening, we cannot leave certain women, particularly young women, with nothing, which is what the task force recommendations essentially did.

To be sure, while we have come a long way in the fight against breast cancer, we still have a long way to go. This year, in the United States alone, over 190,000 women will be diagnosed with breast cancer; 40,000 of them will not survive. That is why we cannot rest in our efforts to fund research and find a cure for this vicious disease, and it is why we cannot rest in our efforts to provide education and awareness for all women. We must ensure that they have access to screening and treatment, and we must ensure that we do all we can to support the more than 2½ million survivors that live in our country alone today.

As many of you know, and has been gratefully acknowledged, I recently had my own battle with breast cancer, and I am so grateful and humbled to count myself among this growing group of survivors. I was fortunate to have the access to the treatment and support that I needed to win my own fight. I urge my colleagues to vote in favor of this resolution to make sure that everyone has that same opportunity.

Mr. Speaker, since the task force issued these guidelines, I have spoken to so many young survivors who have

been left feeling so frustrated and as if their lives somehow mattered less than the lives of older women. And this resolution sends a message to those young women across America today that that is not so, that the House of Representatives, that the United States Government, cares about all women's lives.

And with all due respect to my good friend, Mrs. BLACKBURN, whom I greatly respect and I appreciate your support for this resolution, what this resolution does not do, and what the task force guidelines do not do, and what our health care reform bill does not do, is it does not ration health care. The gentlelady, if she reads the text of the health care reform legislation more clearly, will see that our language in our health care reform bill is a floor. The gentlelady should know that the Secretary of Health and Human Services can go beyond the task force's recommendations, that they can go further, and that at the very least the health care reform bill that we passed off the floor of this House ensures that women get access, all women get access to the appropriate preventive screening that they need and ensures that that coverage is free. And the Health and Human Services Secretary can go even further than those task force recommendations that are labeled at an A and at a B level.

And with that, Mr. Speaker, I appreciate the indulgence of the leadership and the support of my colleagues. And I want to particularly single out the colleague that sits to the left of me for being a leader on issues that are important to young women who are diagnosed with breast cancer. He has been an incredible advocate for young women survivors, and I greatly appreciate it.

Mrs. BLACKBURN. Mr. Speaker, at this time, I am pleased to yield 2 minutes to the gentlewoman from North Carolina (Ms. MYRICK), who has been a true champion of women and breast cancer issues and has really led on our side of the aisle as we have worked to deal with so many of these issues.

Mrs. MYRICK. Mr. Speaker, I thank my friend for yielding. I also thank my friends on the other side of the aisle, DEBBIE WASSERMAN SCHULTZ and LOIS CAPPs in particular. The two of them have been very, very up front and aggressive in leading the charge on these issues, and I'm grateful for it.

As you have already heard, the government's Preventive Services Task Force recently advised that women under 50 don't need mammograms, that those over 50 don't need them every year, and that doctors shouldn't encourage breast self-exams due to false positives. This is really shocking, because what message does that send to women?

We all know mammograms aren't perfect, and we hope that before long we are going to have better technology that will do the job. But cancer is a tricky disease, and breast cancer exams, sure, could lead to some tests

that maybe aren't necessary, and the same with mammograms, and some people can say it's all nerve-racking to do it. But as a breast cancer survivor, I know that screening works. It saves lives.

And it's not always easy. I had to go to several doctors before my cancer was detected. If I hadn't been persistent and sought the timely screening which did find mine, I might not be standing here today. The simple truth is that screening does save lives. It makes a difference for many women, whether they are 40 years old, 65 years old, or 70 years old. It doesn't matter. Many women look for excuses anyway. They don't want to get screened for cancer. They really don't like to do it. And some of them say, I don't even want to know. Well, this recommendation certainly doesn't help that problem.

Statistically, maybe mammograms are a bit more likely to save your life if you're over 50, but they save lives for those under 50 every day, and we know that. What if your 45-year-old sister or daughter or your mother doesn't know she has cancer until it's too late? And as I said before, the recommendation even advised doctors to discourage breast self-exams. Come on. What more sensible, simple tool do women have to guard against what can be a very aggressive disease? After all, we don't know what causes cancer. And women need to pay close attention.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mrs. BLACKBURN. I yield the gentlewoman 30 additional seconds.

Mrs. MYRICK. Women need to pay close attention to their bodies, because if something is wrong, they need to be aggressive about testing and finding the answers, and it doesn't matter how old you are. As was mentioned, too, so many younger women are getting cancer today, so many more than ever did before, and we need to find out why. But in the meantime, we need to give them the options that they need.

And this resolution is a sense of Congress that these new recommendations shouldn't be used to deny women coverage or screening tests, and I urge my colleagues to support it.

Mrs. CAPPs. Mr. Speaker, may I require of the remaining time on this side?

The SPEAKER pro tempore. The gentlewoman from California has 1½ minutes remaining, and the gentlewoman from Tennessee has 14 minutes remaining.

Mrs. CAPPs. At this time, it's my pleasure to acknowledge and I yield to the Congressman from New York (Mr. ENGEL) 2½ minutes.

Mr. ENGEL. Mr. Speaker, I want to thank my colleague from the Health Subcommittee on the Energy and Commerce Committee, LOIS CAPPs, who is always a leader in issues like this. And I want to commend DEBBIE WASSERMAN SCHULTZ, the gentlewoman from Florida, for her courage in talking person-

ally, as well as Congresswoman SUE MYRICK from North Carolina for speaking personally. This is obviously a disease that affects so many Americans and their families personally, so I rise in strong support of this resolution on the U.S. Preventive Services Task Force breast cancer screening guidelines.

As the second most common cancer among women in the U.S. and a leading cause of cancer death for women under 60, breast cancer is an issue that resonates with us all. The recent changes in recommendations for breast cancer screenings made by the U.S. Preventive Services Task Force on November 16 have been met with considerable attention and consternation nationwide. I can say quite frankly that I was extremely concerned that news reports related to these screenings would cause some women in their forties to no longer get mammograms annually for breast cancer.

I think what was announced was a mistake. This would really be a travesty if women were prevented from getting mammograms annually. We know that declines in breast cancer death rates since 1990 are primarily attributed to early detection and improvement in treatment. In fact, about 15,000 breast cancer deaths this year were prevented in part due to an expanded access to mammography. While our screening tools are not perfect, they are valuable, and leading medical advocacy groups, including the American Cancer Society, the American Medical Association, and Susan B. Komen for the Cure, continue to recommend annual mammography for women starting at age 40, not 50.

The USPSTF has since clarified that it never meant to send the message that women shouldn't get breast cancer screenings, but that in certain age groups women should consult with their personal physician about the benefits, risks, and limitations of mammography. Unfortunately, and the task force admitted this at a hearing in our Energy and Commerce Committee, this message has largely been lost in the media.

I therefore again commend the gentlewoman from Florida for her resolution today and really her work all year, guided by her personal experience, to improve education and awareness of the benefits of breast cancer screening. The guidelines of the USPSTF should certainly not be interpreted as prohibiting a health care insurer from providing coverage for mammography services and should not be used by insurers to deny coverage for services that are not recommended on a routine basis.

We recently marked the 25th anniversary of the National Breast Cancer Awareness Month, which celebrated great strides. We must continue that, and I urge support of the resolution.

Mrs. BLACKBURN. Mr. Speaker, at this time, I yield 3 minutes to the gentleman from Michigan (Mr. ROGERS),

who has been a leader in the health care debate on our Energy and Commerce Committee.

Mr. ROGERS of Michigan. Mr. Speaker, I want to thank DEBBIE WASSERMAN SCHULTZ for her courage to get up here and talk about her ailment. I, too, am a cancer survivor, and it is a difficult process. But my concern is greater than even our own personal experiences. It is what is the actual result of that health care reform bill that leads us to this resolution.

We are scrambling around on the floor today to say that a government-appointed commission, this task force, has made a recommendation based on quality of year lives and cost, not good science, not that what saves lives, that women between 40 and 49 need not get mammograms. And you say, listen, that doesn't mean rationing. It doesn't mean anything. It doesn't have any weight of law. But guess what? The health care reform bill that passed this House makes those recommendations law.

Let me read a couple of quick things, Mr. Speaker, if I may. By the way, you have to go to three different sections, two different complete books, to understand how this impacts real women in America, some 2,000 pages into it.

One section: Limitation on individual health insurance coverage may only be offered on or after the first day of year one as an exchange-participating health care plan. Pretty fancy Washingtonspeak.

Let me tell you what it means in another section of the bill about 1,000 pages later: A health plan is prohibited from offering coverage for benefits not included in the essential benefits package.

And you say, Oh, no that's a floor.

It's not a floor. The language in the bill goes on further. And do you know what it does? It says that the only difference between the levels of plans is the amount of cost sharing, not what it covers.

Here is the scary part, of which I don't think you all realize that you did to about 47,000 women in America: All recommendations of the Preventive Services Task Force and the Task Force on Community Preventive Services as in existence on the day before the date or the enactment of this Act shall be considered to be recommendations.

The bill goes on to say that they must use that in the calculation of benefits. Guess what? Forty-seven thousand women who are under the age of 50 today will be diagnosed with late-stage breast cancer because of your bill. It's in your bill. It's in your language. Do you know what that means? Eighty percent of them will die because of their diagnosis.

Do you realize that more women will die because of this bill than we lost men in the Korean War? And I know you think, Oh, scare tactics.

No. It's the bill. But do you know what? You can't read it on page 1 or 2.

You have to keep going back and forth in 2,000 pages to understand the full impact of what will happen to women who are 40 to 49 years old.

You did it in your bill.

I am going to plead with you. For the lives of 37,000 women who will die and 47,000 women, according to the recommendations of this task force which you make law—

The SPEAKER pro tempore. The time of the gentleman has expired.

Mrs. BLACKBURN. I yield the gentleman 30 additional seconds.

Mr. ROGERS of Michigan. I am going to plead with you, please read the bill, not just 1 to 2,000. Go back to the other sections and understand its full impact.

And you say, It won't happen in America. Guess what? This task force recommendation resulted on December 2 in California prohibiting low-income women under the age of 50 from receiving mammograms. It is happening today. This task force is doing it today. With your bill, it becomes law. They are prohibited. And it is illegal for them to get coverage other than what the government says they can get. And guess what? Mammograms don't qualify for women 40 to 49. Please think of those women and those families.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair reminds Members that they are to address their comments to the Chair.

Mrs. CAPPAS. Mr. Speaker, I would remind my colleague that at the hearing 2 weeks ago at the Energy and Commerce Committee, the breast cancer stakeholders were asked a simple question: Would H.R. 3962, the health reform bill, help women with breast cancer? Every witness on that panel, including the American Cancer Society, Komen, the National Breast Cancer Coalition, the American College of Physicians, every witness on the panel agreed that this bill, the health reform bill, will help women to prevent and women who already have breast cancer.

And at this point, I'm very pleased to yield 2 minutes to my colleague and a big supporter of the Breast Cancer Caucus, JERRY NADLER.

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Mr. NADLER of New York. I thank the gentlelady for yielding.

Mr. Speaker, I rise today in support of the resolution offered by our colleague, Representative WASSERMAN SCHULTZ.

With this resolution, which should have the full support of every Member of the House, we will be on record with our commitment not to allow women over 40 to go without the life-saving tests currently available to root out breast cancer at early stages. This resolution states our support for continued research into developing better tests so that no woman will face a death sentence due to a diagnosis of breast cancer.

I thank my colleague, Representative WASSERMAN SCHULTZ, for bringing this resolution to the floor; but, unfortunately, this resolution won't cure the potential problem created by, or actually highlighted by, or dampen the frustration sparked by the U.S. Preventive Services Task Force's decision a few weeks ago.

Even before the recommendations of the task force, and having nothing to do with the recommendations of the task force, many insurance companies today deny coverage for screening mammograms to women over 40. To deal with this problem, we should pass a bill that I introduced, H.R. 955, the Mammogram and MRI Availability Act, which would give assurance to women over 40 which would legally mandate that any insurance policy that covers diagnostic mammograms must also cover screening mammograms for all women over 40. Women over 40 would have legal assurances that no insurance company would be allowed to deny her coverage for a mammogram.

I hope this resolution will serve as a first step toward attaining adoption of mandatory legislation to guarantee annual mammography coverage to all women over 40 and MRIs to women who need it because they have a particular genetic or other family history indicating a specific susceptibility to breast cancer.

I ask my colleagues to show their commitment to women's health by voting "yes" on this resolution and by joining me as a cosponsor of H.R. 995.

Mrs. BLACKBURN. Mr. Speaker, at this time, I yield 3 minutes to Dr. GINGREY, the gentleman from Georgia who has practiced medicine, obstetrics and gynecology, has worked with women and women's health care issues, and joins us on the Energy and Commerce Committee.

Mr. GINGREY of Georgia. I thank the gentlewoman for yielding.

I do rise in full support of my good friend and colleague from Florida, Representative DEBBIE WASSERMAN SCHULTZ, for introducing this resolution. I certainly encourage all of my colleagues to support it. I am sure if we have a recorded vote, the vote will be 100 percent in favor of this resolution.

But, Mr. Speaker, as my colleague from Tennessee (Mrs. BLACKBURN) and my colleague from Michigan (Mr. ROGERS), both members of the Energy and Commerce Committee, both, as well as myself, at that hearing when we heard from the American Cancer Society and when we heard from the other witnesses, such as Susan G. Komen for the Cure organization, and in talking with my own specialty society, the American College of Obstetrics and Gynecology, they will continue to recommend very strongly that women in their 40s continue to be screened, to have mammogram screening, maybe even digital mammogram screening, because they are at high risk.

Mr. Speaker, as our colleagues have pointed out, the two in our body, our

colleagues that are victims of breast cancer, God forbid if they had not gotten early detection, maybe their outcome would not be so great. I think that because of early detection their cure is probably almost 100 percent.

So we are in a situation where physicians practicing across this country, they are sort of in a catch-22. If they don't follow these guidelines that will be passed in this bill, in the Senate version, when this United States Preventive Services Task Force will no longer be an organization making recommendations, but they will be making law, they will be issuing mandates, if a physician decides, well, my patient is in their 40s, I'm going to go ahead and order a mammogram anyway and that mammogram is suspicious and it leads to a needle biopsy, which may turn out to be negative, but it results in a complication, such as a breast abscess, that physician, Mr. Speaker, could be sued for practicing below the standard of government health care as established by this new massive bill that the Democrats want to force on the American public.

So I stand here commending Representative DEBBIE WASSERMAN SCHULTZ and this resolution; I am in favor of it. But I would also recommend that my colleagues on the Democratic side of the aisle instruct their conferees, if this massive health care reform bill goes to conference, to take this resolution with them and say, look, these are our concerns, change the language. That's my recommendation. That's what my colleagues can do for the women in this country, the 47,000 that Congressman MIKE ROGERS from Michigan was talking about.

I think my colleagues on this side of the aisle are absolutely right as they point out in this legislation what the danger is.

Mrs. CAPPS. Mr. Speaker, I am very pleased at this point to yield 1 minute to our colleague from Indiana (Mr. DONNELLY).

Mr. DONNELLY of Indiana. Mr. Speaker, I want to support the resolution of my colleague, DEBBIE WASSERMAN SCHULTZ, and support the importance of annual mammograms for women age 40 to 49. I, unfortunately, lost my mom to breast cancer when she was very young and when I was very young.

These mammograms save lives. There is nothing more important than the health of our moms, our daughters, our wives, our friends, and our sisters. So I support this resolution. I support these annual mammograms so that we lose no more of our loved ones.

Mrs. BLACKBURN. Mr. Speaker, at this time, I yield 1½ minutes to the gentleman from New Jersey (Mr. LANCE).

Mr. LANCE. Mr. Speaker, I rise today in support of the resolution offered by the gentlewoman from Florida, and I thank the gentlewoman from Tennessee for her leadership on this issue as well.

I recently met with New Jersey cancer survivors, cancer care advocates for the Susan G. Komen for the Cure in New Jersey, and medical professionals at the Steeplechase Cancer Center at Somerset Medical Center in Somerset County, New Jersey. Constituents voiced their objections with the task force recommendations, including Kathleen Petrozelli of Whitehouse Station, Hunterdon County, who shared her personal story of being diagnosed in her 40s with breast cancer.

I strongly oppose the task force recommendations against yearly screening in women 40 to 49. My mother died of breast cancer when my twin brother and I were 12. Her cancer was diagnosed when she was 47.

Most disappointing about the task force conclusions is the fact that they come on the heels of the fall 2009 report published by the American Cancer Society indicating a large decline in breast cancer deaths in women under 50.

Breast cancer continues to be the most common form of cancer in women. We should be promoting a Federal health policy of encouraging, not discouraging, mammography screening and self-examination for women 40 to 49 years of age.

Mrs. CAPPS. Mr. Speaker, I am now pleased to yield 1 minute to our colleague from Pennsylvania (Mrs. DAHLKEMPER).

Mrs. DAHLKEMPER. Mr. Speaker, I rise today in support of this resolution.

I thank Congresswoman DEBBIE WASSERMAN SCHULTZ for her leadership on this issue, an issue that defends women across the United States and advocates for their health and well-being.

Breast cancer is a real danger to women and their families; it is not an adversary to be underestimated. All in all, nearly 150,000 women will be diagnosed with breast cancer this year, and more than 40,000 women will sadly succumb to the disease; but some of these deaths can be prevented by mammograms and regular breast cancer screenings.

Let me tell you one story of a woman from my own district whose mammogram saved her life. Sue Kilburn of Meadville, Pennsylvania, was diagnosed with breast cancer when she was in her late 40s after an annual mammogram. Her doctor told her she had to choose between a lumpectomy and a mastectomy to treat the disease. Sue shared her journal with the Meadville Tribune newspaper. She writes: "The words ring out unlike anything I have ever experienced before. I find no anger, just feel numb, dumbfounded, and questioning . . . how . . . when? It was just a routine mammogram."

Sue survived her battle with breast cancer because she had a mammogram.

The SPEAKER pro tempore. The gentlewoman's time has expired.

Mrs. CAPPS. I am pleased to yield the gentlewoman an additional 30 seconds.

Mrs. DAHLKEMPER. If she was one of the thousands of women in my district without health care coverage, would she still be with us today?

Through this resolution and through passage of health care reform, we can ensure that the decision for mammogram testing remains between a woman and her doctor.

I urge my colleagues to support this resolution.

Mrs. BLACKBURN. At this time, I yield 1½ minutes to our ranking member on International Affairs, Ms. ROS-LEHTINEN from Florida.

Ms. ROS-LEHTINEN. I thank my good friend for the time.

I strongly support the resolution before us, Mr. Speaker, put forth by my good friend from Florida, Congresswoman DEBBIE WASSERMAN SCHULTZ, related to breast cancer screening. It is through more effective screening strategies that we will save lives. Early detection makes the difference in surviving this terrible disease.

As proven by the heroic fight that we heard this morning, the incredible stories of will and perseverance of our colleagues, Congresswomen DEBBIE WASSERMAN SCHULTZ and SUE MYRICK, screening must remain a priority; it must be our mission.

Almost everyone in this country, unfortunately, knows someone who has suffered from breast cancer. But, as is becoming more and more likely, we also know someone who has survived breast cancer, and they have survived breast cancer due to routine screening and early screening and screening for young women.

We must remain vigilant in our efforts to educate, to diagnose, and to treat. Let us make sure that our efforts to defeat this terrible disease is not put in jeopardy because insurance companies do not want to pay for routine screening for young women, screenings that could save their lives.

Thank you, my good friend from Tennessee.

Mrs. CAPPS. Mr. Speaker, may I inquire again as to the time that remains on our side.

The SPEAKER pro tempore. The gentlewoman from California has 4 minutes remaining, and the gentlewoman from Tennessee has 4½ minutes remaining.

Mrs. CAPPS. Mr. Speaker, at this point, I am very pleased to yield 1 minute to our colleague from Florida (Ms. KOSMAS).

Ms. KOSMAS. Mr. Speaker, I would like to thank my good friend, DEBBIE WASSERMAN SCHULTZ, for her personal courage, but also for her focus on this very important issue and to commend her for introduction of this important resolution.

Each of us knows, whether in our own personal lives or in that of our family and friends, how important it is that people get early detection and intervention for any type of cancer, but we know that breast cancer steals the lives of our women in this country—mothers, friends, sisters, and daughters.

Despite the task force report, we need to listen to commonsense and scientific-based guidelines that tell us that breast cancer screening for women ages 40 to 49 is extremely important and should not be ignored, despite the recommendation of the task force. Because we know these things to be true, the resolution states that the task force would not be used for insurers to deny coverage for routine screenings.

So through our support here of this resolution, my colleagues and I encourage all women to remain vigilant and to protect their health by getting regular mammograms at early ages.

Mrs. BLACKBURN. At this time, I yield 1½ minutes to Mrs. MCMORRIS RODGERS from Washington State, who is vice chair of our conference.

Mrs. MCMORRIS RODGERS. I thank the gentlewoman for yielding.

I, too, rise in support of this resolution and really do want to applaud the leadership of Representative DEBBIE WASSERMAN SCHULTZ, Representative LOIS CAPPs, and Representatives MARSHA BLACKBURN and SUE MYRICK.

Last month, many of us stood and voiced concern over these recommendations by the U.S. Preventive Services Task Force because we believed that they would turn back the clock on the war on breast cancer, recommendations that would no doubt impact the United States' 98 percent 5-year breast cancer survivability rate.

Republicans over and over have expressed our concern that health care reform would shortchange women. Well, through these recommendations made by the United States Preventive Services Task Force, you start to see what rationed care looks like; and in this example the potential impact on women when the government is making health care decisions for them, how the doctor-patient relationship is jeopardized, how bureaucrats, using computer software and statistics, will be making critical life-and-death decisions for women. This is wrong.

These recommendations mirror policies in single-payer nations like England, where women over 50 are invited once every 3 years to be screened. We cannot go down this same path. Yet this task force, which doesn't even include any oncologists or radiologists, recommended that women between ages 40 and 50 not get mammograms because saving one woman for every 2,000 screened was not worth the cost. Well, if you're that one woman, you might not see it that way. For that woman saved by early detection, the mammogram is well worth the cost.

America's health care system has been based on saving lives. It's Great Britain's health care system that is based on saving cost.

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Mrs. CAPPs. I am pleased now to introduce and to acknowledge my colleague from Virginia, Congressman CONNOLLY, for 1 minute.

Mr. CONNOLLY of Virginia. Mr. Speaker, I want to join in with my col-

leagues on the other side in rejecting the findings of the task force, all 16 members who were appointed by Republican President George Bush.

Although the incidence of breast cancer in young women is much lower than that of older women, young women's cancers are generally more aggressive, are diagnosed at a later stage, and result in lower survival rates. In 2008 the American Cancer Society estimated there would be 182,460 new cases of breast cancer in women. Of these, more than 11,000 of these women would be under 40 years of age.

While no currently available breast cancer tool is perfect, we know that intervention, through routine screening for breast cancer, using mammography, can save lives of women at a time when medical science is still unable to prevent the disease. This resolution expresses the sense of the House of Representatives regarding guidelines for breast cancer screening for women ages 40 to 49 and supports the importance of women's access to mammography screening.

I urge my colleagues on a bipartisan basis to support the resolution and commend Representative DEBBIE WASSERMAN SCHULTZ and Representative LOIS CAPPs for their leadership.

Mrs. BLACKBURN. I have an inquiry, Mr. Speaker. Is the gentlewoman from California prepared to close or does she have additional speakers?

Mrs. CAPPs. I have two additional speakers.

Mrs. BLACKBURN. I reserve the balance of my time.

Mrs. CAPPs. I am very pleased to yield 1 minute to our colleague from Colorado, Congresswoman MARKEY.

Ms. MARKEY of Colorado. Mr. Speaker, I rise today in support of mothers, daughters, sisters, aunts, nieces, and women across the country. Every person in this Chamber can name someone they know who has had breast cancer.

I am honored to support the resolution by my good friend and colleague, Congresswoman WASSERMAN SCHULTZ. DEBBIE's own courage and tenacity serve as an inspiration for all of us.

Recently released guidelines regarding breast cancer screening for women between the ages 40 and 49 have caused confusion and concern. The U.S. Preventive Services Task Force has an important role in researching health care policies that will lower costs and improve results across the country.

However, when early diagnosis and treatment has been proven to greatly reduce the risk of cancer, it's important that these decisions be made by women and their doctors, not a government task force. An early diagnosis of breast cancer can save a woman's life, and it's important that women can afford these screenings.

For that reason, I urge my colleagues to support this resolution.

Mrs. BLACKBURN. I continue to reserve the balance of my time.

Mrs. CAPPs. I am now pleased, Mr. Speaker, to yield to our colleague from

Illinois, Congresswoman HALVORSON, 1 minute.

Mrs. HALVORSON. Mr. Speaker, I rise today in support of women across the country and protecting their access to cancer screenings. As the daughter of a breast cancer survivor—my mother got breast cancer under the age of 50—I understand the importance of regular mammograms and know they save lives.

I have met so many women across my district who are still with us today because of preventive care. We should always encourage women to get screened, and we should never allow insurance companies to stand between a woman, her doctor, and a procedure which may save her life. This is a disease that has affected so many of us in this Chamber and so many of our constituents back home.

I call on my colleagues to support this resolution and support women's health.

Mrs. BLACKBURN. Mr. Speaker, I think that all of us come here because of our concern, great concern, about women and mammography and the health care issues that are found before us.

When it comes to breast cancer, we are very grateful for early detection. We know it's important. Because of that, it is with great sadness that we have read what is in this bill.

In H.R. 3962, it clearly shows how the recommendations will limit America's choices and women's choices. Reading through the bill, section 2301 does establish the Task Force on Clinical Preventive Services, and it clearly says that A and B are priority levels for these treatments. You can read on page 1,318, and I do, Mr. Speaker. It says in line 2, the Commissioner shall ensure—shall ensure—that A and B is going to be the rating that is covered, but C is not.

What we are discussing in this 40 to 49 age group is those C ratings, and the Commissioner will not have the power to downgrade that decision. Section 222 of the bill—what you have in this resolution is going to be negated by section 222 of the bill that says the services designated A or B priority are part of the essential benefits package. So just saying that the guidelines would not prohibit an insurer from providing coverage, your own legislation is going to end up negating that, if that is signed into law.

The language of this bill is clear. All insurance providers must offer A and B priority services. They have no incentive or a mandate to offer priority C or below. That is where it affects women under 50 and women over age 75, and those, indeed, are valuable lives.

Mr. Speaker, we do look at this legislation. We look at section 2301 where it says that, All recommendations of the Preventive Services Task Force and the Task Force on Community Preventive Services, as in existence on the day before the date of the enactment of this Act, shall be considered to be the

recommendations of the Task Force on Clinical Preventive Services.

At that point, Mr. Speaker, unfortunately, they are going to have the full weight of law behind them. It is in the bill.

Yes, we look at this, and we see the bureaucrat in the exam room right here. We look at it, and we all know and have loved and have held family members in our arms that have been affected and would have lost their lives had they not had access to early detection. It concerns us.

Do not ration health care. Support the resolution, but let's go further in getting out of the bill.

I yield back the balance of my time.

Mrs. CAPPS. Mr. Speaker, in yielding back our time, I remind our colleagues that the truth is, when enacted into law, H.R. 3962 will result in millions of uninsured Americans receiving their first mammogram and will no longer face being dropped by their insurance company if they are diagnosed with cancer.

I wish to acknowledge and thank the leader of this resolution for her hard work, our colleague, Representative WASSERMAN SCHULTZ.

Ms. DELAURA. Mr. Speaker, I urge my colleagues to support this resolution, H.R. 971, which helps to clarify much of the unnecessary furor over mammograms we have experienced of late.

The recent breast cancer recommendations by the U.S. Preventive Services Task Force effectively said that women ages 40 to 49 should have a conversation with their doctors before deciding to have a screening mammogram. In other words, they were to attempt to put as much information as possible in the hands of women and their doctors, so they can assess their own risk and benefit.

Now, whatever decision women come to on this important matter, they need two things to ensure they have access to mammography should they decide to get screened: One is a quality health coverage so they have a doctor they can go speak to. And the second is coverage for mammograms and other important preventative services. And, of course, some women will need coverage for treatment if a cancer is found.

This is why I support this resolution, which argues that insurers should not deny coverage for mammograms for women ages 40 to 49 who decide to get screened. This is also why I support comprehensive health insurance reform, so that women can afford health care in the first place, and get coverage for that mammograms and any follow-up treatment they might need.

We must redouble our efforts across the board to ensure that Americans are getting the appropriate preventive screenings. Right now, according to the Centers for Disease Control and Prevention, only 25.9 percent of women ages 50 to 64 have received all the recommended preventative care for breast, cervical, and colorectal cancer, as well as influenza. Under health reform, women would finally get the preventive care they need.

In the meantime, there is a great need for more information, more research, and more scientific innovation to help women prevent, detect, and fight breast cancer, the second

leading cause of cancer deaths among women. This resolution also urges the National Cancer Institute to continue to invest in research toward more effective screening tools and strategies for improving detection of breast cancer.

For all of these reasons, I strongly urge my colleague to support this resolution. Mammography is not perfect, but right now it is the best method we have to detect this killer in our midst. We need to make sure that as many women as possible have access to this important, life-saving procedure, and that better, safer screening procedures will soon be forthcoming.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of H. Res. 971, expressing the sense of the House of Representatives regarding guidelines for breast cancer screening for women ages 40 to 49. I appreciate the leadership of the bill's author, my Judiciary Committee colleague Representative WASSERMAN SCHULTZ.

This resolution was introduced on the heels of new breast cancer screening guidelines issued last month by the U.S. Preventive Services Task Force (the "Task Force"), an independent panel of medical experts. These new guidelines have created cause for concern by some due to the change from the Task Force's 2002 mammography recommendations concerning mammography screening for women age 40–49.

In light of this concern, this resolution underscores the sense of the House that the Task Force recommendations should not prohibit insurance companies from providing mammography services in addition to those in the Task Force recommendations, and should not be used by insurers to deny women coverage for routine screenings. This resolution also urges the National Cancer Institute to continue to invest and provide leadership regarding research to develop more effective screening tools and strategies for improving detection of breast cancer.

This is not the first time recommendations about the use of mammography and breast self exams have been revisited—by the Task Force or NIH or any number of cancer-related research or advocacy groups. Just as we have seen with prostate cancer screening, immunization schedules, and other preventative care measures, new interpretations often result in a change in what experts tell us works most effectively. As the science of medicine evolves, so too, should the recommendations on the best use of that science.

Evolution and improvement are what the U.S. Preventive Services Task Force set out to achieve in undertaking a review of its 2002 mammography guidelines. The Task Force sought to take a fresh look of what has been learned over the last several years, and based upon that body of work, to provide its best professional judgment on what doctors and their patients should consider when they are making decisions about breast cancer screening. Despite the contention on this issue, I trust that the Task Force's deliberations and conclusions were driven by science and not by cost or insurance coverage.

Notwithstanding the scientific basis for these new guidelines, I share the concern of Ms. WASSERMAN SCHULTZ and others such as the Susan G. Komen for the Cure Advocacy Alliance who point out that one-third of all American women do not undergo regular

screening. Many of those who go without screening are African American and younger women. According to the Susan G. Komen for the Cure Advocacy Alliance the failure of age-appropriate women to undergo mammography costs lives and reflects problems with access to care and breast cancer education.

Mr. Speaker, we need to work as rapidly as possible to correct these deficiencies, and continue to fund research and education designed to eliminate health care disparities. We want to eliminate any impediments to regular mammography screening for women age 50 and below. While there may be disagreement about the exact timing of breast cancer assessments, I believe there is unanimous consensus over the importance of guaranteeing access to screening.

New screening approaches and more individualized recommendations for breast cancer screening are urgently needed. I support research initiatives designed to improve screening, and believe that it is imperative that this research move forward rapidly. Furthermore, I encourage African American and other women with unresolved questions about breast cancer screening to engage in discussion with their health care providers.

If the new guidelines have done nothing else, I believe it has at least raised awareness, not only amongst women, but amongst all Americans. As such, I encourage my colleagues to support this bill.

Mrs. CAPPS. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. CAPPS) that the House suspend the rules and agree to the resolution, H. Res. 971.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. CAPPS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

#### DANIEL PEARL FREEDOM OF THE PRESS ACT OF 2009

Mr. BERMAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3714) to amend the Foreign Assistance Act of 1961 to include in the Annual Country Reports on Human Rights Practices information about freedom of the press in foreign countries, establish a grant program to promote freedom of the press worldwide, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3714

*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 "Daniel Pearl Freedom of the Press Act of 2009".