

information with the USADA to prevent the use of performance-enhancing drugs and methods.

Taken together, these actions will make positive improvements to the good work USADA is already doing. And passage takes on additional importance as USADA gears up for the 2028 Summer Olympic and Paralympic Games in Los Angeles.

Before I conclude, Madam Speaker, I thank my colleagues, Representatives MIKE THOMPSON, BILL JOHNSON, and DIANA DEGETTE, for leading this important legislation. I also thank our Ranking Member WALDEN and all the members and staff of our committees for their efforts to move this legislation forward in a bipartisan manner.

So, Madam Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

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

I rise today to speak in support of H.R. 5373, as did the chairman, the United States Anti-Doping Agency Reauthorization Act, sponsored by Representatives MIKE THOMPSON, BILL JOHNSON, and DIANA DEGETTE.

This bill reauthorizes the U.S. Anti-Doping Agency, which is the national entity charged with administering antidoping programs for the United States for Olympic, Paralympic, Pan American, and Parapan American sports.

The U.S. Anti-Doping Agency handles in-competition and out-of-competition testing, results management processes, drug reference resources, and athlete education for all of our United States Olympic and Paralympic Committee-recognized sports' national governing bodies, their athletes, and their events. USADA is also the administrator for the Ultimate Fighting Championship Anti-Doping Program.

Reauthorizing this important agency furthers the advancement of clean sports, fair games, and positive sportsmanship, so I urge support of the legislation.

I don't believe I have any speakers on my side of the aisle, Madam Speaker, so I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge support for the legislation, and I yield back the balance of my time.

Mr. THOMPSON of California. Madam Speaker, I rise today in strong support of H.R. 5373, my bipartisan legislation reauthorizing the United States Anti-Doping Agency.

As you know, USADA is recognized by Congress as the official antidoping agency for Olympic, Paralympic, and other sporting competitions in the United States. Among other responsibilities, USADA conducts drug testing for athletes, manages test results, and pursues bad actors who seek to undermine the principles of clean and fair sport through the use of illicit or banned substances.

Current funding for USADA expires this year. My legislation, authored with Representatives JOHNSON (R-OH) and DEGETTE (D-CO), would reauthorize USADA through Fiscal Year 2027. The bill also provides a slight fund-

ing boost beginning in 2026, to allow USADA to prepare for the 2028 Olympics in Los Angeles.

In addition, this legislation would require USADA to devote a portion of its funding to clean sport initiatives for young athletes, and authorizes the Department of Justice and other federal agencies to cooperate with USADA in the course of its investigations.

As recent doping scandals have shown—particularly in the world of cycling—the abuse of performance enhancing drugs often begins at a young age.

Many young athletes, especially those with promising careers, face enormous pressure to gain any competitive edge available to them—including pressure from coaches, trainers, parents and other adults. It is critical that these young competitors have the education and resources they need to surmount that pressure, stay clean, and stay healthy.

I am grateful to my colleagues on the Energy and Commerce Committee for advancing this legislation to the Floor, and I urge my colleagues to vote Yes.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 5373, 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.

#### EARLY ACT REAUTHORIZATION OF 2020

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4078) to reauthorize the Young Women's Breast Health Education and Awareness Requires Learning Young Act of 2009, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4078

*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 “EARLY Act Reauthorization of 2020”.

#### SEC. 2. REAUTHORIZATION OF THE YOUNG WOMEN'S BREAST HEALTH EDUCATION AND AWARENESS REQUIRES LEARNING YOUNG ACT OF 2009.

Section 399NN(h) of the Public Health Service Act (42 U.S.C. 280m(h)) is amended by striking “\$4,900,000 for each of fiscal years 2015 through 2019” and inserting “\$9,000,000 for each of fiscal years 2021 through 2025”.

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

The Chair recognizes the gentleman from New Jersey.

#### GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 4078.

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

There was no objection.

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

Madam Speaker, tragically, one in eight women in the United States will be diagnosed with breast cancer over their lifetime. Breast cancer is the most common form of cancer in women and the second leading cause of cancer death in women. From 2013 to 2017, breast cancer death rates in older women declined. However, breast cancer death rates have remained steady in younger women.

We know that breast health education, awareness, and screening saves lives.

The bill we are considering today, H.R. 4078, the EARLY Act Reauthorization, reauthorizes initiatives at the Centers for Disease Control and Prevention to increase knowledge of breast cancer and risks of breast cancer among young women. This bill nearly doubles the investment Congress is making in this program, because we believe it is crucial that we stop losing young moms, daughters, sisters, and friends, to breast cancer.

This program is critically important, and I want to thank Representatives WASSERMAN SCHULTZ and BROOKS for their bipartisan leadership on this program.

Madam Speaker, I urge my colleagues to support H.R. 4078, and I reserve the balance of my time.

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

Madam Speaker, I rise in support of the bill, Young Women's Breast Health Education and Awareness Act, the EARLY Act Reauthorization, which was introduced by Representatives WASSERMAN SCHULTZ and BROOKS. This bill reauthorizes the EARLY Act of 2009, which established a national public health education campaign to promote awareness and early detection of breast cancer among young women.

Breast cancer is the leading cause of cancer deaths in women under the age of 40, and each year almost 24,000 new cases are diagnosed. It is critical that both young women and healthcare professionals are equipped with the knowledge and healthcare services needed for early detection and treatment of breast cancer.

Madam Speaker, by reauthorizing the EARLY Act, H.R. 4078 would enhance early detection of breast cancer, increase public awareness of risk factors and risk reduction strategies, and support the provision of psychosocial and medical services for young women diagnosed with breast cancer.

Madam Speaker, I thank Mrs. BROOKS for all of her work on the Energy and Commerce Committee. From day one on our committee, we all knew she was going to be prepared and ready to go to work. Congresswoman BROOKS

has the experience. She was a U.S. Attorney and has been an invaluable member of our committee, and she will be retiring and leaving Congress at the end of this term. Her grace, her skill, her knowledge, her friendship, her incredible work ethic will all be missed as this Congress and the next one continues to navigate complex issues that come across our desks.

So, Madam Speaker, to Congresswoman BROOKS, I thank her for her service. The committee will miss her, but she has left an indelible mark in an important chapter in American history.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield such time as she may consume to the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ), the sponsor of the legislation.

Ms. WASSERMAN SCHULTZ. Madam Speaker, I thank the gentleman for yielding.

I rise today to support my bill, the Breast Cancer Education and Awareness Requires Learning Young Act Reauthorization, or the EARLY Act.

I do want to start by thanking Chairman PALLONE and Ranking Member WALDEN, as well as my Republican co-lead, Congresswoman SUSAN BROOKS. I deeply appreciate their advocacy and assistance shepherding this bill through the Energy and Commerce Committee. I also thank Senators KLOBUCHAR and CRAPO for sponsoring the Senate version of this important bipartisan reauthorization bill.

The EARLY Act, which I first introduced in 2009, became law in 2010 as part of the Affordable Care Act.

The inspiration for this bill was born from my own battle against breast cancer at the age of 41. That was 13 years ago. It is hard to believe.

I was a young woman at high risk, but I didn't know it. I was aware enough to know the right questions to ask and to understand the steps that were necessary in my treatment.

But many young women, Madam Speaker, are not aware that they possess genetic or other factors that expose them to higher risk of getting breast cancer. And when it strikes them, they and even their doctors are often unprepared to deal with this terrible diagnosis.

But knowledge is power, and it can also be lifesaving, too.

The earlier that breast cancer cases are identified, the better the chances are of survival. That is exactly why, after surviving 15 months of surgeries and treatment, I introduced the EARLY Act—in order to fill this major gap in our healthcare system.

We could not then and cannot now afford to be silent about these specific risks and how they impact certain communities, not when so many lives are on the line.

Breast cancer is a disease that knows no boundaries. It strikes women from all backgrounds, races and ethnicities,

the rich and the poor, the old and the young. About one in eight women, as the ranking member and the chairman have said, will get breast cancer in their lifetime.

About 11 percent of all new cases of breast cancer in the United States are found in women younger than 45 years of age.

Breast cancer is the leading cause of cancer deaths in women under 40 and breast cancer in younger women tends to be more aggressive.

Each year, approximately 70,000 women age 15 to 39 are diagnosed with cancer in the United States. Breast cancer is the most common cancer for women in this age group.

Nearly 80 percent of young women diagnosed with breast cancer find their breast abnormality themselves.

Additionally, certain ethnic groups, including Ashkenazi Jews—my ethnic origin—and African-American young women have an increased risk of breast cancer. Black women are exposed to a greater risk because systemic racism has limited their access to preventive care.

I am proud that the bill before us today not only reauthorizes the program, but also increases the authorized funding level for breast cancer education and awareness programs.

The bill allows the Centers for Disease Control and Prevention to continue administering its crucial education and outreach campaign that highlights breast cancer risks facing young women, including campaigns specifically for African-American and Jewish women.

The EARLY Act is designed to help educate healthcare providers on the specific threats and warning signs of breast cancer in younger women. This education can often lead to early detection, diagnosis, and survival.

The bill also aids organizations that support young women diagnosed with breast cancer and, further, helps them overcome the unique challenges that we face, including dealing with the social and psychological stress that comes with a cancer diagnosis for far longer in our lifetimes.

The EARLY Act has already benefited women. Mortality rates from breast cancer have dropped in the past 10 years, in large part due to early detection.

After 10 years of successful implementation, it is now time to again reauthorize the EARLY Act and increase funding to ensure we can reach more young women and healthcare providers across the country.

At a time when people with pre-existing conditions across the country are at greater risk, prevention and awareness can be the difference between life and death.

Not knowing can kill you.

Not being aware of the importance of paying attention to your breast health can be life ending and life altering.

As a public servant and a cancer survivor, it has become my life's mission

to help women, especially younger women and women at higher risk, like I was without knowing it, to better advocate on behalf of themselves and their breast health.

Madam Speaker, I thank and encourage my colleagues to support this urgent and lifesaving legislation.

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Mr. PALLONE. Madam Speaker, I have no additional speakers. I yield back the balance of my time.

Mr. WALDEN. Madam Speaker, I would just conclude by thanking the gentlewoman from Florida for sharing her story. I know it has been a rugged journey that she has endured on, but this legislation will save lives. It is so important that we do this work today.

I had a dear friend who was diagnosed at an early age, and they had it pretty much under control. Then, after the birth of their second child, it came back with a vengeance and claimed her young life.

This is a vicious, vicious attack on the body. I know we have all joined together to invest in research, and someday, we hope we will overcome this and save all lives.

But in the meantime, reauthorizing this important body of work that the gentlewoman has led on is critical. So, I would encourage our colleagues to join us in passing this legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 4078, 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.

#### HELPING MEDICAID OFFER MATERNITY SERVICES ACT OF 2020

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4996) to amend title XIX of the Social Security Act to provide for a State option under the Medicaid program to provide for and extend continuous coverage for certain individuals, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4996

*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 "Helping Medicaid Offer Maternity Services Act of 2020" or the "Helping MOMS Act of 2020".

#### SEC. 2. MODIFICATIONS TO CERTAIN COVERAGE UNDER MEDICAID AND CHIP FOR PREGNANT AND POSTPARTUM WOMEN.

(a) STATE OPTION.—Section 1902(e) of the Social Security Act (42 U.S.C. 1396a(e)) is amended by adding at the end the following new paragraph: