This is a commonsense bill that will update federal policy to advance research on cannabis and its compounds. I urge my colleagues to support this bill.

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. 3797, 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.

REMOVING BARRIERS TO COLORECTAL CANCER SCREENING ACT OF 2020

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1570) to amend title XVIII of the Social Security Act to waive coinsurance under Medicare for colorectal cancer screening tests, regardless of whether therapeutic intervention is required during the screening, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1570

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 ''Removing Barriers to Colorectal Cancer Screening Act of 2020''.

SEC. 2. WAIVING MEDICARE COINSURANCE FOR CERTAIN COLORECTAL CANCER SCREENING TESTS.

(a) IN GENERAL.—Section 1833(a) of the Social Security Act (42 U.S.C. 1395l(a)) is amended—

(1) in the second sentence, by striking ''section 1834(0)'' and inserting ''section 1834(o)'';

(2) by moving such second sentence 2 ems to the left; and

(3) by inserting the following third sentence following such second sentence: ''For services furnished on or after January 1, 2022, paragraph (1)(Y) shall apply with respect to a colorectal cancer screening test regardless of the code that is billed for the establishment of a diagnosis as a result of the test, or for the removal of tissue or other matter or other procedure that is furnished in connection with, as a result of, and in the same clinical encounter as the screening test.''.

(b) SPECIAL COINSURANCE RULE FOR CERTAIN TESTS.—Section 1833 of the Social Security Act (42 U.S.C. 1395l) is amended—

(1) in subsection (a)(1)(Y), by inserting ''subject to subsection (dd),'' before ''with respect to''; and

(2) by adding at the end the following new subsection:

''(dd) SPECIAL COINSURANCE RULE FOR CERTAIN COLORECTAL CANCER SCREENING TESTS.—

''(1) IN GENERAL.—In the case of a colorectal cancer screening test to which paragraph (1)(Y) of subsection (a) would not apply but for the third sentence of such subsection that is furnished during a year beginning on or after January 1, 2022, and before January 1, 2030, the amount paid shall be equal to the specified percent (as defined in paragraph (2)) for such year of the lesser of the actual charge for the service or the amount determined under the fee schedule that applies to such test under this part (or, in the case such test is a covered OPD service (as defined in subsection (t)(1)(B)), the amount determined under subsection (t)).

''(2) SPECIFIED PERCENT DEFINED.—For purposes of paragraph (1), the term 'specified percent' means—

''(A) for 2022 and 2023, 80 percent;

''(B) for 2024 and 2025, 85 percent;

''(C) for 2026 and 2027, 90 percent; and

''(D) for 2028 and 2029, 95 percent.''.

(c) CONFORMING AMENDMENTS.—Paragraphs (2) and (3) of section 1834(d) of the Social Security Act (42 U.S.C. 1395m(d)) are each amended—

(1) in subparagraph (C)(ii), in the matter preceding subclause (I), by striking ''Notwithstanding'' and inserting ''Subject to section 1833(a)(1)(Y), but notwithstanding''; and

(2) in subparagraph (D), by striking ''If during'' and inserting ''Subject to section 1833(a)(1)(Y), if during''.

SEC. 3. REQUIRING CERTAIN MANUFACTURERS TO REPORT DRUG PRICING INFORMATION WITH RESPECT TO DRUGS UNDER THE MEDICARE PROGRAM.

(a) IN GENERAL.—Section 1847A of the Social Security Act (42 U.S.C. 1395w–3a) is amended—

(1) in subsection (b)—

(A) in paragraph (2)(A), by inserting ''or subsection (f)(2), as applicable'' before the period at the end;

(B) in paragraph (3), in the matter preceding subparagraph (A), by inserting ''or subsection (f)(2), as applicable,'' before ''determined by''; and

(C) in paragraph (6)(A), in the matter preceding clause (i), by inserting ''or subsection (f)(2), as applicable,'' before ''determined by''; and

(2) in subsection (f)—

(A) by striking ''For requirements'' and inserting the following:

''(1) IN GENERAL.—For requirements''; and

(B) by adding at the end the following new paragraph:

''(2) MANUFACTURERS WITHOUT A REBATE AGREEMENT UNDER TITLE XIX.—

''(A) IN GENERAL.—If the manufacturer of a drug or biological described in subparagraph (C), (E), or (G) of section 1842(o)(1) or in section 1881(b)(14)(B) that is payable under this part has not entered into and does not have in effect a rebate agreement described in subsection (b) of section 1927, for calendar quarters beginning with the second calendar quarter beginning on or after the date of the enactment of this paragraph, such manufacturer shall report to the Secretary the information described in subsection (b)(3)(A)(iii) of such section 1927 with respect to such drug or biological in a time and manner specified by the Secretary. For purposes of applying this paragraph, a drug or biological described in the previous sentence includes items, services, supplies, and products that are payable under this part as a drug or biological.

''(B) AUDIT.—Information reported under subparagraph (A) is subject to audit by the Inspector General of the Department of Health and Human Services.

''(C) VERIFICATION.—The Secretary may survey wholesalers and manufacturers that directly distribute drugs described in subparagraph (A), when necessary, to verify manufacturer prices and manufacturer's average sales prices (including wholesale acquisition cost) if required to make payment reported under subparagraph (A). The Secretary may impose a civil monetary penalty in an amount not to exceed $100,000 on a wholesaler, manufacturer, or direct seller, if the wholesaler, manufacturer, or direct seller of such a drug refuses a request for information about charges or prices by the Secretary in connection with a survey under this subparagraph or knowingly provides false information. The provisions of section 1128A (other than subsections (a) (with respect to amounts of penalties or additional assessments) and (b)) shall apply to a civil money penalty under this subparagraph in the same manner as such provisions apply to a penalty or proceeding under section 1128A(a).

''(D) CONFIDENTIALITY.—Notwithstanding any other provision of law, information disclosed by manufacturers or wholesalers under this paragraph (other than the wholesale acquisition cost for purposes of carrying out this section) is confidential and shall not be disclosed by the Secretary in a form which discloses the identity of a specific manufacturer or wholesaler or prices charged for drugs by such manufacturer or wholesaler, except—

''(i) as the Secretary determines to be necessary to carry out this section (including the determination and implementation of the payment amount), or to carry out section 1847B;

''(ii) to permit the Comptroller General of the United States to review the information provided; and

''(iii) to permit the Director of the Congressional Budget Office to review the information provided.''.

(b) ENFORCEMENT.—Section 1847A of such Act (42 U.S.C. 1395w–3a) is further amended—

(1) in subsection (d)(4)—

(A) in subparagraph (A), by striking ''IN GENERAL'' and inserting ''MISREPRESENTATION'';

(B) in subparagraph (B), by striking ''subparagraph (B)'' and inserting ''subparagraph (A), (B), or (C)'';

(C) by redesignating subparagraph (B) as subparagraph (D); and

(D) by inserting after subparagraph (A) the following new subparagraphs:

''(B) FAILURE TO PROVIDE TIMELY INFORMATION.—If the Secretary determines that a manufacturer described in subsection (f)(2) has failed to report on information described in section 1927(b)(3)(A)(iii) with respect to a drug or biological in accordance with such subsection, the Secretary shall apply a civil money penalty in an amount of $10,000 for each day the manufacturer has failed to report such information and such amount shall be paid to the Treasury.

''(C) FALSE INFORMATION.—Any manufacturer required to submit information under subsection (f)(2) that knowingly provides false information is subject to a civil money penalty in an amount not to exceed $100,000 for each item of false information. Such civil money penalties are in addition to other penalties as may be prescribed by law.''; and

(2) in subsection (c)(6)(A), by striking the period at the end and inserting '', except that, for purposes of subsection (f)(2), the Secretary may, if the Secretary determines appropriate, exclude repackagers of a drug or biological from such term.''.

(c) MANUFACTURERS WITH A REBATE AGREEMENT.—

(1) IN GENERAL.—Section 1927(b)(3)(A) of the Social Security Act (42 U.S.C. 1396r-8(b)(3)(A)) is amended by adding at the end the following new sentence: ''For purposes of applying clause (iii), a drug or biological described in the flush matter following such clause includes items, services, supplies, and products that are payable under this part as a drug or biological.''.

(2) TECHNICAL AMENDMENT.—Section 1927(b)(3)(A)(iii) of the Social Security Act (42 U.S.C. 1396r-8(b)(3)(A)(iii)) is amended by striking ''section 1881(b)(13)(A)(ii)'' and inserting ''section 1881(b)(14)(B)''.

(d) REPORT.—Not later than January 1, 2023, the Inspector General of the Department of Health and Human Services shall assess and submit to Congress a report on the accuracy of average sales price information submitted by manufacturers under section 1847A of the Social Security Act (42 U.S.C. 1395w–3a). Such report shall include any recommendations on how to improve the accuracy of such information.

SEC. 4. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled ''Budgetary Effects of PAYGO Legislation'' for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

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. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1570.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 1570, the Removing Barriers to Colorectal Cancer Screening Act of 2020. This bill eliminates out-of-pocket costs for colorectal cancer screening tests under Medicare, even in situations when a polyp is detected and removed.

Colorectal cancer is the second leading cause of cancer death among men and women, combined, in the United States. The American Cancer Society predicts that more than 53,000 Americans will die from the disease this year. This is clearly a tragedy, especially because these deaths are so preventable.

Approximately 90 percent of all individuals diagnosed with colorectal cancer at an early stage are still alive 5 years later. But research shows that out-of-pocket costs discourage individuals from seeking out preventative screenings that could save their lives.

Under current law, Medicare waives coinsurance and deductibles for colonoscopies. However, when a polyp is discovered and removed during the procedure, it is then reclassified as therapeutic for Medicare billing purposes, and patients are required to pay the coinsurance.

This simply is not right. Patients should not be saddled with hundreds of dollars in medical bills that they justifiably thought would be covered by Medicare as part of a preventative service.

H.R. 1570 provides a commonsense fix to this oversight. The bill would ensure that colonoscopies, whether they are diagnostic or therapeutic, are treated equally at the billing stage so all cost-sharing is waived under Medicare. By removing the financial burden associated with this procedure, Medicare beneficiaries may seek preventative care for colorectal cancer without the added deterrence of surprise bills.

In addition, H.R. 1570 incorporates a policy that requires all part B drug manufacturers to report average sales price data to the Medicare program and provides the Secretary with new authority to verify this data.

Under current law, only manufacturers with Medicare drug rebate agreements are required to report average sales price data, and in the absence of such data, the Medicare program ends up paying more. This legislation ensures that the government is paying the right price for part B drugs, saving taxpayers billions and allowing greater transparency around drug pricing.

Mr. Speaker, I want to thank the bill's sponsors.

First of all, I want to thank Representative DONALD PAYNE from my State. He has been working on this bill for so many years, and, of course, it came out of the passing of his dad from colorectal cancer. I remember his dad so fondly.

Mr. Speaker, I also want to thank Representatives DAVIS, MCEACHIN, and MCKINLEY for their hard work on this important piece of legislation.

I want to thank Representative DOGGETT for his work on the important drug pricing policy that is included today.

Mr. Speaker, I urge my colleagues to support H.R. 1570, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, December 7, 2020.

Hon. FRANK PALLONE,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN PALLONE: In recognition of the desire to expedite consideration of H.R. 1570, Removing Barriers to Colorectal Cancer Screening Act of 2019, the Committee on Ways and Means agrees to waive formal consideration of the bill as to provisions that fall within the rule X jurisdiction of the Committee on Ways and Means.

The Committee on Ways and Means takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and the Committee will be appropriately consulted and involved as the resolution or similar legislation moves forward so that we may address any remaining issues within our jurisdiction. The Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation.

Finally, I would appreciate your response to this letter confirming this understanding and would ask that a copy of our exchange of letter on this matter be included in the Congressional Record during floor consideration of H.R. 1570.

Sincerely,

RICHARD E. NEAL,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, December 8, 2020.

Hon. RICHARD NEAL,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN NEAL: Thank you for consulting with the Committee on Energy and Commerce and agreeing to discharge H.R. 1570, the Removing Barriers to Colorectal Cancer Screening Act of 2020, from further consideration, so that the bill may proceed expeditiously to the House floor.

I agree that your forgoing further action on this measure does not in any way diminish or alter the jurisdiction of your committee or prejudice its jurisdictional prerogatives on this measure or similar legislation in the future. I would support your effort to seek appointment of an appropriate number of conferees from your committee to any House-Senate conference on this legislation.

I will ensure our letters on H.R. 1570 are entered into the Congressional Record during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work together as this measure moves through the legislative process.

Sincerely,

FRANK PALLONE, Jr.
Chairman.

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

Mr. Speaker, I rise in support of H.R. 1570, the Removing Barriers to Colorectal Cancer Screening Act of 2020.

This is really important legislation, as you have heard, and it has received strong bipartisan support from literally hundreds of our colleagues, including myself. It was a key provision of a bill I actually introduced last year, H.R. 19, the Lower Costs, More Cures Act of 2019, which had a lot of bipartisan solutions to lower drug prices without hindering the development of new therapeutics or cures.

So I am happy to see the House take this action on this critical component of that other legislation.

This bill would address an oversight in Medicare that requires beneficiaries to cover the cost of an unexpected polyp removal when provided a free screening colonoscopy.

These surprise medical bills, as I would call them, create financial barriers for patient access to these life-saving screenings, which can save thousands of lives a year.

In the United States, colorectal cancer is the second leading cause of cancer-related deaths, Mr. Speaker. Screenings are the most effective way to detect and treat this devastating disease early on, and efforts must be made to ensure individuals have access to these important services.

By removing these financial barriers for patients, this bill would enhance screening efforts and ultimately save lives. The bill is offset with another policy from H.R. 19 that would require pharmaceutical companies to report their average sales price, ASP.

Right now, certain companies are exploiting a little loophole in the current law where they are not reporting their

ASP and drawing down higher reimbursement rates from Medicare as a result. This creates an unfair advantage with competitors who are doing the right thing, as the statute intended, and reporting their data.

I am glad this package includes these two provisions of H.R. 19, further adding to the number of provisions from this bill that I hope are enacted into law during the remainder of this Congress.

While I urge support of this bill that would end surprise billing for this select group of Americans, I am disappointed Congress has yet to pass a bill that would end surprise billing for all Americans. Mr. PALLONE and I have worked closely on this legislation. We have a bipartisan bill. It is ready to go, and we could pass it into law before the end of the year and put an end to surprise billing for all Americans, not just those with an unexpected polyp removal.

I urge Congress to take further swift action to do what the American people want us to do. Let's end surprise billing once and for all for everyone.

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

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from New Jersey (Mr. PAYNE), the sponsor of this bill, who has worked so hard on it.

Mr. PAYNE. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today to discuss my bill, the Removing Barriers to Colorectal Cancer Screening Act. It has been a long time coming.

I thank my friend and New Jersey colleague, Congressman FRANK PALLONE, the chairman of the Energy and Commerce Committee. As chairman of the House committee, his leadership was critical to getting my bill to the floor today.

I have been working on this bill since my arrival to the United States House of Representatives. Unfortunately, colorectal cancer is the reason that I am a member of this body.

In addition, I thank my coleads on the bill, as you heard earlier, Congressman RODNEY DAVIS and my colleague from Virginia, DONALD MCEACHIN, who has been instrumental in moving this bill forward. Congressman MCEACHIN has done an incredible amount of work to promote the bill and increase awareness of colorectal cancer. I also thank my other colead, Congressman DAVID MCKINLEY from West Virginia, for his efforts, as well.

These great representatives understand the importance of this bill to the health and security of millions of Americans and know that colorectal cancer is bipartisan in nature of its negative impact on people in this country.

Colorectal cancer is the second leading cause of cancer deaths in America. It only trails lung cancer, and it affects both men and women. It is the second leading cause of death in the United States in cancers.

Like many cancers, it is treatable and patients can recover if it is caught early enough. But that depends on whether Americans get screened. And one of the reasons that we are here today, my bill would seek to remove one of the barriers to screenings. It would allow Medicare to cover screenings and surgical procedures to remove cancerous polyps during the screenings.

Today, Medicare covers only screenings for eligible patients. If doctors find and remove a cancerous polyp during the screening, patients could wake up to a surprise bill that could cost thousands of dollars.

After my father succumbed to this dreadful disease, I had my first colonoscopy, and at that time they found 13 polyps. So can you imagine the bill that I could have potentially awoken to, tens of thousands of dollars in bills that I did not even know that I had?

Too many men refuse to get screened because of the fear of this surprise bill and a lot of the reason why men don't find this procedure very palatable. Then they wait to get screened until there is a problem, and potentially that is a decision that could be fatal.

I encourage my House colleagues to vote for this bill so we can save thousands of American lives annually.

It has been almost 9 years since I lost my father, Congressman Donald Payne, Sr., to colorectal cancer, and I do not want to see other families go through the same horror and pain.

I ask that we pass this bill. I urge my colleagues to vote ''yes'' and save the lives of the American people.

Mr. WALDEN. Mr. Speaker, I yield the balance of my time to the gentleman from Texas (Mr. BURGESS) and I ask unanimous consent that he be allowed to control that time.

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

There was no objection.

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

Mr. Speaker, I served with the gentleman's father for 9 years, and I certainly understand the pain that was reflected in his voice in those remarks.

This is a commonsense bill. When a practitioner encounters a correctable lesion at the time of a screening colonoscopy, the curative procedure should be able to be undertaken without the worry of a patient waking up to an unintended charge.

The other thing that crosses my mind as we sit here now, hopefully, on the downside of the pandemic is how many people have not proceeded with the screening procedure because of concern about going to a facility during the time of the coronavirus. And it is incumbent upon us as policymakers to ensure that people do understand the importance of undertaking these screenings and removing any obstacles that would prevent someone from having a potentially lifesaving screening procedure done.

Further, Mr. Speaker, if I could, many people today have reflected on the time of service of Mr. WALDEN, who is retiring at the end of this Congress, and we will all miss him a great deal. As I have listened to several of the speakers give testimony to Mr. WALDEN's leadership on the committee, I am just reminded of so many times, both good times and rough times. We served together on the majority and the minority for a number of years on the Committee on Energy and Commerce.

The country can look to things like the last 10-year reauthorization of the State Children's Health Insurance Program and thank Mr. WALDEN for the vision of getting that enacted. Certainly, the SUPPORT Act in the last Congress, starting with Member Day in the committee and culminating with the signing ceremony in the White House literally 12 months later.

These were some of the significant accomplishments of then-Chairman WALDEN, now Ranking Member WALDEN. He has left a rich legacy in this Congress, and we are all very much in his debt, and we will miss him terribly in the Congresses to come. I thank the gentleman for his indulgence.

Mr. Speaker, I urge passage of this bill, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I ask that we support this legislation and pass it, and I yield back the balance of my time.

Ms. ESHOO. Mr. Speaker, I rise in support of H.R. 1570, the Removing Barriers to Colorectal Cancer Screening Act. I advanced this bipartisan bill through my Health Subcommittee and I'm proud to support it on the Floor today.

This legislation was introduced by Representatives PAYNE, DAVIS, MCEACHIN, and MCKINLEY to remove financial barriers to life-saving colorectal cancer screenings and treatment for Medicare beneficiaries.

Currently, Medicare covers a colonoscopy without out-of-pocket costs for beneficiaries, but if the colonoscopy results in a polyp removal, patients are stuck with an unexpected copayment. This small distinction could mean hundreds of dollars of out-of-pocket expenses for seniors on Medicare who are often living on a fixed income.

This bill would waive that cost-sharing and give millions of Medicare beneficiaries the peace of mind that they can receive the preventive care they need without being stuck with unexpected costs.

I urge my colleagues to support this bill.

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. 1570, as amended.

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

The title of the bill was amended so as to read: ''A bill to amend title XVIII of the Social Security Act to waive coinsurance under Medicare for

colorectal cancer screening tests, regardless of whether therapeutic intervention is required during the screening, and for other purposes.''.

A motion to reconsider was laid on the table.

HENRIETTA LACKS ENHANCING CANCER RESEARCH ACT OF 2019

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1966) to direct the Comptroller General of the United States to complete a study on barriers to participation in federally funded cancer clinical trials by populations that have been traditionally underrepresented in such trials, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1966

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 ''Henrietta Lacks Enhancing Cancer Research Act of 2019''.

SEC. 2. FINDINGS.

Congress finds as follows:

(1) Only a small percent of patients participate in cancer clinical trials, even though most express an interest in clinical research. There are several obstacles that restrict individuals from participating including lack of available local trials, restrictive eligibility criteria, transportation to trial sites, taking time off from work, and potentially increased medical and nonmedical costs. Ultimately, about 1 in 5 cancer clinical trials fail because of lack of patient enrollment.

(2) Groups that are generally underrepresented in clinical trials include racial and ethnic minorities and older, rural, and lower-income individuals.

(3) Henrietta Lacks, an African-American woman, was diagnosed with cervical cancer at the age of 31, and despite receiving painful radium treatments, passed away on October 4, 1951.

(4) Medical researchers took samples of Henrietta Lacks' tumor during her treatment and the HeLa cell line from her tumor proved remarkably resilient.

(5) HeLa cells were the first immortal line of human cells. Henrietta Lacks' cells were unique, growing by the millions, commercialized and distributed worldwide to researchers, resulting in advances in medicine.

(6) Henrietta Lacks' prolific cells continue to grow and contribute to remarkable advances in medicine, including the development of the polio vaccine, as well as drugs for treating the effects of cancer, HIV/AIDS, hemophilia, leukemia, and Parkinson's disease. These cells have been used in research that has contributed to our understanding of the effects of radiation and zero gravity on human cells. These immortal cells have informed research on chromosomal conditions, cancer, gene mapping, and precision medicine.

(7) Henrietta Lacks and her immortal cells have made a significant contribution to global health, scientific research, quality of life, and patient rights.

(8) For more than 20 years, the advances made possible by Henrietta Lacks' cells were without her or her family's consent, and the revenues they generated were not known to or shared with her family.

(9) Henrietta Lacks and her family's experience is fundamental to modern and future bioethics policies and informed consent laws that benefit patients nationwide by building patient trust; promoting ethical research that benefits all individuals, including traditionally underrepresented populations; and protecting research participants.

SEC. 3. GAO STUDY ON BARRIERS TO PARTICIPATION IN FEDERALLY FUNDED CANCER CLINICAL TRIALS BY POPULATIONS THAT HAVE BEEN TRADITIONALLY UNDERREPRESENTED IN SUCH TRIALS.

(a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall—

(1) complete a study that—

(A) reviews what actions Federal agencies have taken to help to address barriers to participation in federally funded cancer clinical trials by populations that have been traditionally underrepresented in such trials, and identifies challenges, if any, in implementing such actions; and

(B) identifies additional actions that can be taken by Federal agencies to address barriers to participation in federally funded cancer clinical trials by populations that have been traditionally underrepresented in such trials; and

(2) submit a report to the Congress on the results of such study, including recommendations on potential changes in practices and policies to improve participation in such trials by such populations.

(b) INCLUSION OF CLINICAL TRIALS.—The study under subsection (a)(1) shall include review of cancer clinical trials that are largely funded by Federal agencies.

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. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1966.

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

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield the balance of my time to the gentleman from Maryland (Mr. MFUME).

The SPEAKER pro tempore. Without objection, the gentleman from Maryland will control the balance of the time of the majority.

There was no objection.

Mr. MFUME. Mr. Speaker, I thank the chair of the Energy and Commerce Committee, Mr. PALLONE of New Jersey. I appreciate his oversight of this bill and the way his committee has moved us to where we are today.

Mr. PALLONE and I go way back. When I left this body some time ago, I didn't know I would come back and he would be chair of the committee, but I couldn't think of a better person.

I also say to Mr. WALDEN, the ranking member from Oregon, that the body obviously will miss you. And as you heard on both sides of the aisle with the comments that have been made, people have respected your leadership and the leadership that you have brought to that committee both as ranking member and as chair. By the way, let me tell you, there is life after Congress. I went out and found 24 years of it before coming back. So best of everything to you, sir.

Members of the body, if I might, let me just talk a bit about a distinguished, in my opinion, woman whose picture is here beside me. Her name was Henrietta Lacks. She was born 100 years ago in Roanoke, Virginia.

Mrs. Lacks and her husband and her family later moved to Baltimore County in 1941, seeking, as a lot of people did, what they thought were jobs that were available the further north you moved. They moved to an area near what was known as the old Bethlehem Steel Plant. Henrietta and her family lived not far from me and my family in a segregated Black enclave known as Turner Station.

Ironically, Mrs. Lacks got ill. In 1951, as a young mother, she went to the hospital complaining of vaginal bleeding. She went to Johns Hopkins at the time, which was one of the few hospitals that African Americans could go to and be treated.

Upon examination, gynecologists discovered a large, malignant tumor in her cervix. During her treatment there, two cell samples were taken from Mrs. Lacks and from her cervix without her permission and without her knowledge. One sample was healthy tissue, the other sample was cancerous tissue. And these samples were given to a physician and a cancer researcher at Hopkins to study.

What this researcher would soon discover was that Mrs. Lacks' cells were unlike any others he had ever seen. Where other cells would die, Mrs. Lacks' cells doubled every 20 to 24 hours.

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This continued after her death.

The cells from the cancerous sample became known eventually as the HeLa immortal cell line.

The HeLa immortal cell line is the oldest and the most commonly used human cell line in scientific research anywhere in the world. The cell line was found to be remarkably durable and prolific, which allows its use extensively in scientific study. This was the first human cell line to prove to be successful in in vitro studies, which was a scientific achievement with profound implications on the future and profound benefits to medical research.

HeLa cells can divide an unlimited number of times in a laboratory cell culture plate as long as fundamental cell survival conditions are met and sustained. There are, as we have come to know over time, many strains of HeLa cells as they continue to mutate in other cell cultures, but all HeLa cells are descended from the same tumor cells once removed from Mrs. Lacks. The total number of HeLa cells that have been propagated in cell culture far exceeds the number of cells that were in her body.