

public health officials can respond to the growing needs of these communities with better data and clear priorities.

Mr. Speaker, this is a commonsense, bipartisan bill that benefits all Americans. It advanced out of committee without a single dissenting vote. This bill supports research. It strengthens care, and it helps ensure that Americans living with traumatic brain injuries are not left behind.

Mr. Speaker, I urge my colleagues to vote “yes,” and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I encourage my colleagues to support this bill on a bipartisan basis, in part because of how important it is but in part also because it honors my friend Congressman Bill Pascrell.

Mr. Speaker, I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, in closing, I encourage a “yes” vote on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 1493, 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 2025

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4541) 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. 4541

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

TITLE I—EARLY ACT REAUTHORIZATION

SEC. 101. SHORT TITLE.

This title may be cited as the “EARLY Act Reauthorization of 2025”.

SEC. 102. 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 “2026” and inserting “2031”.

TITLE II—SCREENS FOR CANCER ACT

SEC. 201. SHORT TITLE.

This title may be cited as the “Screening for Communities to Receive Early and Equitable Needed Services for Cancer Act of 2025” or the “SCREENS for Cancer Act of 2025”.

SEC. 202. NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM.

(a) NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM.—Title XV of the

Public Health Service Act (42 U.S.C. 300k et seq.) is amended—

(1) in section 1501 (42 U.S.C. 300k)—

(A) in subsection (a)—

(i) in paragraph (2), by striking “the provision of appropriate follow-up services and support services such as case management” and inserting “that appropriate follow-up services are provided”;

(ii) in paragraph (3), by striking “programs for the detection and control” and inserting “programs for the prevention, detection, and control”;

(iii) in paragraph (4), by striking “the detection and control” and inserting “the prevention, detection, and control”;

(iv) in paragraph (5)—

(I) by striking “monitor” and inserting “ensure”; and

(II) by striking “; and” and inserting a semicolon;

(v) by redesignating paragraph (6) as paragraph (9);

(vi) by inserting after paragraph (5) the following:

“(6) to enhance appropriate support activities to increase breast and cervical cancer screenings, such as navigation of health care services, implementation of evidence-based or evidence-informed strategies to increase breast and cervical cancer screening in health care settings, and facilitation of access to health care settings;

“(7) to reduce disparities in breast and cervical cancer incidence, morbidity, and mortality, including in populations with higher than average rates;

“(8) to improve access to breast and cervical cancer screening and diagnostic services and reduce related barriers, including factors that relate to negative health outcomes; and”; and

(vii) in paragraph (9), as so redesignated, by striking “through (5)” and inserting “through (8)”; and

(B) by striking subsection (d);

(2) in section 1503 (42 U.S.C. 300m)—

(A) in subsection (a)—

(i) in paragraph (1), by striking “that, initially” and all that follows through the semicolon and inserting “that appropriate breast and cervical cancer screening and diagnostic services are provided consistent with relevant evidence-based recommendations; and”;

(ii) by striking paragraphs (2) and (4);

(iii) by redesignating paragraph (3) as paragraph (2); and

(iv) in paragraph (2), as so redesignated, by striking “; and” and inserting a period; and

(B) by striking subsection (d);

(3) in section 1508(b) (42 U.S.C. 300n-4(b))—

(A) by striking “1 year after the date of the enactment of the National Breast and Cervical Cancer Early Detection Program Reauthorization of 2007, and annually thereafter,” and inserting “2 years after the date of enactment of the SCREENS for Cancer Act of 2025, and every 5 years thereafter,”;

(B) by striking “Labor and Human Resources” and inserting “Health, Education, Labor, and Pensions”; and

(C) by striking “preceding fiscal year” and inserting “preceding 2 fiscal years in the case of the first report after the date of enactment of the SCREENS for Cancer Act of 2025, and preceding 5 fiscal years for each report thereafter,”; and

(4) in section 1510(a) (42 U.S.C. 300n-5(a))—

(A) by striking “2011, and” and inserting “2011,”; and

(B) by inserting “, and \$235,500,000 for each of fiscal years 2026 through 2030” before the period at the end.

(b) GAO STUDY.—Not later than September 30, 2027, the Comptroller General of the United States shall report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives on the work of the

National Breast and Cervical Cancer Early Detection Program, including—

(1) an estimate of the number of individuals eligible for services provided under such program;

(2) a summary of trends in the number of individuals served through such program; and

(3) an assessment of any factors that may be driving the trends identified under paragraph (2), including any barriers to accessing breast and cervical cancer screenings provided by such program.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentlewoman from Colorado (Ms. DEGETTE) each will control 20 minutes. The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on the legislation and to include extraneous material on H.R. 4541.

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

There was no objection.

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

Mr. Speaker, I rise today in strong support of H.R. 4541, led by my colleagues Representatives WASSERMAN SCHULTZ and MILLER-MEEKS.

This bill reauthorizes funding for the Young Women's Breast Health Education and Awareness Requires Learning Young Act, which supports critical education, outreach, and provider training efforts through HHS, acting through the CDC to close the gaps between screening and detection of breast cancer in women under the age of 45 and those at high risk.

Breast cancer is the second most common cancer and second leading cause of cancer death among American women, claiming the lives of roughly 42,000 women annually.

The EARLY Act has played a significant role in increasing breast cancer awareness and prevention efforts, and we must vote today to ensure future generations of women continue to benefit from these efforts.

Mr. Speaker, I encourage my colleagues to support this bill, and I reserve the balance of my time.

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

Mr. Speaker, I rise in strong support of H.R. 4541, the EARLY Act Reauthorization of 2025.

Breast cancer remains the most common cancer among women, with 321,000 new cases and 42,000 projected deaths just this year alone.

While breast cancer is often thought of as affecting older women, younger women are often diagnosed too late, where treatment options are more limited and, frankly, outcomes are worse.

Approximately 16 percent of all new breast cancer cases occur in women under the age of 50. The importance of early detection simply cannot be overstated.

Women diagnosed at an early stage have survival rates exceeding 99 percent. However, that number can fall to 30 percent when breast cancer is detected at later stages. Despite these realities, younger women between the ages of 25 and 40 continue to face disproportionately high rates of aggressive breast cancers.

The EARLY Act has helped drive national progress in breast cancer awareness, education, and prevention. H.R. 4541 reauthorizes these critical efforts.

Mr. Speaker, I encourage my colleagues to support this bill, and I reserve the balance of my time.

□ 1550

Mr. GUTHRIE. Mr. Speaker, I yield 4 minutes to the gentleman from Pennsylvania (Mr. FITZPATRICK), my good friend and a member of the Ways and Means Committee.

Mr. FITZPATRICK. Mr. Speaker, I thank the chairman for his work in this regard.

I am proud to co-lead this critical legislation, Mr. Speaker, to reauthorize the Breast Cancer Education and Awareness Requires Learning Young, or EARLY Act, a proven lifesaving initiative that promotes early detection and education for young and high-risk women.

Breast cancer remains the most common cancer among women, with over 300,000 new cases and 42,000 projected deaths in 2025.

I have seen the power of early detection up close, Mr. Speaker. Both my mom and my sister are breast cancer survivors. This is a very, very personal issue. It shows how early detection is the most effective tool there is to improve outcomes.

Also included in this legislation is the SCREENS for Cancer Act, which I am proud to co-lead. This legislation reauthorizes the National Breast and Cervical Cancer Early Detection Program, expanding services to ensure more Americans, especially those who are low income or underinsured, can receive early lifesaving care.

Mr. Speaker, passing H.R. 4541 is a critical step in ensuring that more Americans have access to early detection services and education. We can prevent needless suffering and needless loss of life.

I thank my co-chair of the House Cancer Caucus, Representative DEBBIE WASSERMAN SCHULTZ, for leading the EARLY Act, and Representative MORELLE for his work in leading the SCREENS for Cancer Act.

Mr. Speaker, I urge all my colleagues to support this bipartisan legislation.

Mr. GUTHRIE. Mr. Speaker, I commend my colleague. I know he talked about his mom and his sister, but as we all know, those of us who have been here a little bit of time, his brother was our colleague and had cancer as well. We miss him. May God bless his family.

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

Ms. DEGETTE. Mr. Speaker, I yield 3 minutes to the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ), a fierce advocate and long-term fighter for early breast cancer detection.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I thank the gentlewoman for yielding.

To my colleague from Pennsylvania (Mr. FITZPATRICK), I was proud to be elected in the same class as his late brother, Mike. He was a good and decent man, someone who always reached across the aisle. I was really fortunate to be able to serve with him and with the current Congressman FITZPATRICK. I thank him for continuing the fight against cancer with us.

Mr. Speaker, I am proud to rise in strong support of my bipartisan bill, the Breast Health Education and Awareness Requires Learning Young Act, or the EARLY Act Reauthorization of 2025.

First, I thank Chairman GUTHRIE and Ranking Member PALLONE for their strong support of this legislation, because one in eight American women, as you have heard, will get breast cancer, and 42,000 are expected to lose their life from it this year.

The earlier it is caught, the better our chances are to survive and beat it. When breast cancer is caught in its earliest stage, survival rates shoot up to 99 percent.

Trust me. I know catching it early saved my life.

Almost 18 years ago, when I was just 41 years old, I heard those four harrowing words: "You have breast cancer." I can tell you, I remember feeling like I was being crushed by an anvil.

Like many Ashkenazi Jewish women, I found out I carry the BRCA2 gene mutation, making me far more likely to get breast cancer and ovarian cancer during my lifetime, and far more likely for recurrence.

After 15 months and many surgeries and tons of support from family and close friends, I was cancer-free. Finding it early saved my life, and now we have generational awareness of this genetic risk in my family.

Millions of young women need these same tools, so once I was cancer-free, I passed the original EARLY Act, which became law in 2010. Since it first became law, breast cancer cases have steadily risen by 1.4 percent annually for women under 50, twice the rate of older women, and by as much as 3.5 percent in women between 20 and 29.

The law created three CDC programs that helped young and high-risk women focus on breast cancer risks and address the reality of rising breast cancer rates in young women.

The Bring Your Brave campaign amplifies stories to raise awareness in young women 18 to 44 about unique risks, signs, and symptoms.

The Young Breast Cancer Survivors Program funds grants for nonprofits that provide support services and resources to boost patient survival and their quality of life.

It also ensures healthcare providers know the unique challenges that breast cancer poses to young and high-risk women. Unfortunately, too many young women and high-risk women are dismissed by healthcare providers thinking, "Oh, what you have is just a cyst," or, "Young women don't get breast cancer."

The bottom line is reauthorizing the EARLY Act saves women's lives, and I am proud to team up with Representatives MILLER-MEEKS, CASTOR, FITZPATRICK, DINGELL, and HARSHBARGER, and Senators KLOBUCHAR and CRAPO, to make sure those resources are out there for all of us.

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

Ms. DEGETTE. Mr. Speaker, I yield an additional 30 seconds to the gentlewoman from Florida.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, early detection is our most powerful tool to beat cancer. It can be the difference between life and death, especially in combating breast cancer, especially for those with inherited mutations and women at higher risk, like Black women, for whom a deadlier form of breast cancer known as triple negative is more likely.

Mr. Speaker, I urge my colleagues to support this legislation, the Senate to quickly pass it, and the President to make it law. Breast cancer diagnoses are on the rise in younger women, and we must meet this moment.

Ms. DEGETTE. Mr. Speaker, I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, in closing, I encourage a "yes" vote on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 4541, as amended.

The question was taken.

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

Mr. GUTHRIE. 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, further proceedings on this motion will be postponed.

DEONDRA DIXON INCLUDE PROJECT ACT OF 2025

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3491) to amend the Public Health Service Act to authorize the Secretary of Health and Human Services to carry out a program of research, training, and investigation related to Down syndrome, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3491

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,