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,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''DeOndra Dixon INCLUDE Project Act of 2025''.

SEC. 2. DEONDRA DIXON INCLUDE PROJECT.

Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following:

''SEC. 409K. DOWN SYNDROME RESEARCH.

''(a) IN GENERAL.—The Director of NIH shall carry out a program of research, training, and investigation related to Down syndrome to be known as the 'INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndromE Project' or the 'INCLUDE Project'.

''(b) PROGRAM ELEMENTS.—The program under subsection (a) shall include—

''(1) high-risk, high-reward research on the effects of trisomy 21 on human development and health;

''(2) promoting research for participants with Down syndrome across the lifespan, including cohort studies to facilitate improved understanding of Down syndrome and co-occurring conditions and development of new interventions;

''(3) expanding the number of clinical trials that are inclusive of, or expressly for, participants with Down syndrome, including novel biomedical and pharmacological interventions and other therapies designed to promote or enhance activities of daily living;

''(4) research on the biological mechanisms in individuals with Down syndrome pertaining to structural, functional, and behavioral anomalies and dysfunction as well as stunted growth;

''(5) supporting research to improve diagnosis and treatment of conditions co-occurring with Down syndrome, including the identification of biomarkers related to risk factors, diagnosis, and clinical research and therapeutics;

''(6) research on the causes of increased prevalence, and concurrent treatment, of co-occurring conditions, such as Alzheimer's disease and related dementias and autoimmunity, in individuals with Down syndrome; and

''(7) research, training, and investigation on improving the quality of life of individuals with Down syndrome and their families.

''(c) COORDINATION; PRIORITIZING NON-DUPLICATIVE RESEARCH.—The Director of NIH shall ensure that—

''(1) the programs and activities of the institutes and centers of the National Institutes of Health relating to Down syndrome and co-occurring conditions are coordinated, including through the Office of the Director of NIH and priority-setting reviews conducted pursuant to section 402(b)(3); and

''(2) such institutes and centers, prioritize, as appropriate, Down syndrome research that does not duplicate existing research activities of the National Institutes of Health.

''(d) CONSULTATION WITH STAKEHOLDERS.—In carrying out activities under this section, the Director of NIH shall, as appropriate and to the maximum extent feasible, consult with relevant stakeholders, including patient advocates, to ensure that such activities take into consideration the needs of individuals with Down syndrome.

''(e) BIENNIAL REPORTS TO CONGRESS.—

''(1) IN GENERAL.—The Director of NIH shall submit, on a biennial basis, to the Committee on Energy and Commerce and the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies of the Committee on Appropriations of the House of Representatives and the Committee on Health, Education, Labor, and Pensions and the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies of the Committee on Appropriations of the Senate, a report that catalogs the research conducted or supported under this section.

''(2) CONTENTS.—Each report under paragraph (1) shall include—

''(A) identification of the institute or center involved;

''(B) a statement of whether the research is or was being carried out directly by such institute or center or by multiple institutes and centers; and

''(C) identification of any resulting real-world evidence that is or may be used for clinical research and medical care for patients with Down syndrome.''.

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 include extraneous material on H.R. 3491.

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 in strong support of H.R. 3491, led by my colleagues Representatives DEGETTE and HUDSON.

This bill would authorize the INCLUDE Project at the National Institutes of Health, which advances research into Down syndrome to improve the health and quality of life of individuals with Down syndrome and their families.

This project investigates conditions that affect people with Down syndrome, as well as the general public, with a hope of improving our understanding of the condition and advancing the quality-of-life outcomes for individuals with Down syndrome and patients facing similar medical issues.

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

□ 1600

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

Mr. Speaker, my bill with Representative HUDSON, the DeOndra Dixon INCLUDE Project Act, codifies the renaissance in Down syndrome research at NIH that was kicked off when the INCLUDE Project began in 2018. This bill sustains and encourages this critical research.

After being left behind by NIH for nearly 20 years, the Down syndrome community is finally seeing research advancements that will extend and improve their lives. What we learn from this research will not only help us better understand Down syndrome but also heart disease, Alzheimer's, cancer, and many co-occurring conditions.

I am so proud that much of this work is happening right in my home district of Denver, Colorado. The Crnic Institute for Down syndrome on the Anschutz Medical Campus leads more than 200 scientists at the largest Down syndrome research facility in the world. They see incredible breakthroughs every day.

This type of innovation puts science first and benefits not only individuals living with Down syndrome and their families but every single one of us because we are learning more and more about disease biology and just why some conditions work differently in people with Down syndrome.

It is why the bill passed the House last Congress with unanimous support. I am so happy that I was able to work for many years with my friend, the former chair of the Energy and Commerce Committee, CATHY MCMORRIS RODGERS, on this bill in the last Congress. I know it is a labor of love and deeply personal for her family and every family that has been touched by Down syndrome.

It has been an honor to also work with my constituent, Michelle Sie Whitten, the president of the Quincy Jones Exceptional Advocacy Award, a driving force for this bill, and a fierce advocate for her daughter and everyone with Down syndrome. It has also been an honor to work with my friend and colleague Representative HUDSON, whose dedication to the Down syndrome community has been essential to push this bill closer to the finish line. I simply could not have had a better partner on this issue.

The INCLUDE Project Act will ensure that critical Down syndrome research continues to advance. This year, it must finally be enacted into law.

I urge my colleagues to join Representative HUDSON and me to support the bill, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I have no further speakers. I reserve the balance of my time.

Ms. DEGETTE. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from New York (Mr. TONKO), another great advocate for this bill.

Mr. TONKO. Mr. Speaker, I thank my colleague from Colorado for yielding.

I rise in strong support of the DeOndra Dixon INCLUDE Project Act and applaud my colleagues, Representative DIANA DEGETTE and RICHARD HUDSON, for championing this critical piece of legislation.

The DeOndra Dixon INCLUDE Project Act will help ensure the NIH INCLUDE Project continues advancing research that improves health outcomes, expands scientific understanding, and enhances quality of life for individuals with Down syndrome and their families.

This legislation builds upon one of our Nation's most successful investments in Down syndrome research. Already, these investments have led to major breakthroughs in how Down syndrome interacts with other health conditions that have a high incidence in the community, such as immune system disorders, cancer, Alzheimer's, and more.

Every one of these breakthroughs carries the hope for a brighter tomorrow for individuals living with Down syndrome.

I would also like to recognize that this progress doesn't happen without sustained advocacy. In particular, I would like to highlight the role of the Quincy Jones Exceptional Advocacy Award and its founder, Michelle Sie Whitten, for their tireless advocacy to make this happen today.

I again thank our co-leads, Representatives DEGETTE and HUDSON, for their outstanding leadership. I look forward to supporting this measure on the House floor.

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

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

Mr. EVANS of Colorado. Speaker, I rise today in strong support of the Deondra Dixon INCLUDE Project Act of 2025. I was incredibly proud to support this bill as it made it's way through the legislative process in the Energy and Commerce Committee, and I am looking forward to it passing with bipartisan support on the House floor.

This legislation provides statutory authority to a project that the NIH has already been carrying out for nearly a decade to investigate the co-occuring conditions that impact Americans with Down Syndrome and their quality-of-life needs. For far too long, federal investment into Down Syndrome has paced behind need. Individuals with Down Syndrome are among our most precious vulnerable citizens—they deserve this nation's support.

I also want to recognize the efforts of a fellow Coloradan who was instrumental in advancing this bill: Michelle Sie Whitten. As President and CEO of the Global Down Syndrome Foundation, Michelle has been a titan of advocacy in the Down Syndrome world. As the mother of a child with Down Syndrome, she has harnessed her love for the folks in this community and channeled it into action—raising millions of dollars for research and serving as a voice for those with Down Syndrome. It is safe to say that we would not be here voting on this bill if not for her tireless work and effort. I want to personally thank Michelle for her leadership and once again reiterate my support for this bill.

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. 3491.

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

A motion to reconsider was laid on the table.

NIH IMPLEMENTING A MATERNAL HEALTH AND PREGNANCY OUTCOMES VISION FOR EVERYONE ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6238) to establish the IMPROVE Initiative within the National Institutes of Health, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6238

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 ''NIH Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone Act'' or the ''NIH IMPROVE Act''.

SEC. 2. IMPROVE INITIATIVE.

Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following:

''SEC. 409K. IMPROVE INITIATIVE.

''(a) IN GENERAL.—The Director of NIH shall continue to carry out a program to improve maternal health outcomes, to be known as the Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone Initiative or the 'IMPROVE Initiative' (referred to in this section as the 'Initiative').

''(b) OBJECTIVES.—The Initiative shall—

''(1) advance research to—

''(A) reduce preventable causes of maternal mortality and severe maternal morbidity;

''(B) reduce health disparities related to maternal health outcomes, including such disparities associated with populations with disproportionately high rates of maternal mortality and severe maternal morbidity relative to the national rate; and

''(C) improve health for pregnant and postpartum women before, during, and after pregnancy;

''(2) use an integrated approach to understand the factors, including biological, behavioral, and other factors, that affect maternal mortality and severe maternal morbidity by building an evidence base for improved outcomes in specific regions of the United States; and

''(3) target health disparities associated with maternal mortality and severe maternal morbidity by—

''(A) implementing and evaluating community-based interventions for disproportionately affected women; and

''(B) identifying risk factors and the underlying biological mechanisms associated with leading causes of maternal mortality and severe maternal morbidity in the United States.

''(c) IMPLEMENTATION.—The Director of NIH may award grants or enter into contracts, cooperative agreements, or other transactions to carry out this section.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $63,400,000 for each of fiscal years 2026 through 2030.''.

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 have 5 legislative days to revise and extend their remarks on the legislation and include extraneous material on H.R. 6238.

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. 6238, led by my colleagues Representatives UNDERWOOD and FITZPATRICK, which authorizes the Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone Initiative within the National Institutes of Health.

According to CDC estimates, more than 80 percent of the pregnancy-related deaths and roughly half of the severe maternal morbidity events could be prevented.

That is why it is so essential for us to advance the IMPROVE Initiative, which supports research into identifying and reducing preventable causes of maternal death and ways to improve maternal health outcomes.

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, shockingly, the U.S. has the highest rate of maternal mortality among developed nations in this entire world. What is worse is that the mortality rates for women of color are exponentially higher than those of the general population. Black women die from pregnancy-related causes at rates at least three times those of White women, and that is irrespective of socioeconomic status or income.

It is appalling that this statistic has emerged from data collection by State maternal mortality review committees. Congress affirmed its support for these committees in February by reauthorizing my bill, the Preventing Maternal Deaths Act.

Thanks to this enduring bipartisan commitment, we have identified the problem, that 649 women died of maternal causes in the U.S. in 2024. Now that we have identified the problem, we need to work together to solve it.

Mr. Speaker, 80 to 84 percent of pregnancy-related deaths are preventable. The IMPROVE Initiative at NIH investigates the leading cause of these deaths, supports the development of interventions to prevent them, and importantly identifies factors that contribute to disparities in maternal health. We must not let this critical program lapse.

I thank Representatives UNDERWOOD and FITZPATRICK for their undying and wonderful leadership on this bill, as well as my friend and colleague ROBIN KELLY, who has been a leader on this issue for more than a decade.

Mr. Speaker, I urge my colleagues to join us in passing the bill today because no pregnancy-related death is acceptable in the richest nation in the world. I reserve the balance of my time.

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