

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:

“(16) EXTENDING CERTAIN COVERAGE FOR PREGNANT AND POSTPARTUM WOMEN.—At the option of the State, the State plan (or waiver of such State plan) may provide that an individual who, while pregnant, is eligible for and has received medical assistance under the State plan approved under this title (or waiver of such plan) (including during a period of retroactive eligibility under subsection (a)(34)) shall, in addition to remaining eligible under paragraph (5) for all pregnancy-related and postpartum medical assistance available under the State plan (or waiver) through the last day of the month in which the 60-day period (beginning on the last day of her pregnancy) ends, remain eligible under the State plan (or waiver) for medical assistance and such medical assistance shall include all services covered under the State plan (or waiver) that is not less in amount, duration, or scope, or is determined by the Secretary to be substantially equivalent, to the medical assistance available for an individual described in subsection (a)(10)(A)(i) for the period beginning on the first day occurring after the end of such 60-day period and ending on the last day of the month in which the one-year period (beginning on the last day of her pregnancy) ends.”.

(b) APPLICATION TO CHIP.—

(1) IN GENERAL.—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended—

(A) by redesignating subparagraphs (J) through (S) as subparagraphs (K) through (T), respectively; and

(B) by inserting after subparagraph (I) the following new subparagraph:

“(J) In the case of a State that has elected to apply the option under section 1902(e)(16) with respect to coverage for pregnant and postpartum women under title XIX, the provisions of such section with respect to coverage of pregnant and postpartum women under this title, except that such coverage shall be required and not at the option of the State.”.

(2) OPTIONAL COVERAGE OF TARGETED LOW-INCOME PREGNANT WOMEN.—Section 2112(d)(2)(A) of the Social Security Act (42 U.S.C. 13971(d)(2)(A)) is amended by inserting after “60-day period” the following: “, or, in the case that section 1902(e)(16) applies to the State child health plan (or waiver of such plan) pursuant to section 2107(e)(1), the 1-year period”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to State elections made under paragraph (16) of section 1902(e) of the Social Security Act (42 U.S.C. 1396a(e)), as added by subsection (a), under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) on or after the first day of the first fiscal year quarter beginning at least one year after the date of the enactment of this Act.

SEC. 3. MACPAC REPORT.

(a) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Medicaid and CHIP Payment and Access Commission (referred to in this section as “MACPAC”) shall publish a report on the coverage of doula services under State Medicaid programs, which shall at a minimum include the following:

(1) Information about coverage for doula services under State Medicaid programs that currently provide coverage for such services, including the type of doula services offered (such as prenatal, labor and delivery, postpartum support, and also community-based and traditional doula services).

(2) An analysis of barriers to covering doula services under State Medicaid programs.

(3) An identification of effective strategies to increase the use of doula services in order

to provide better care and achieve better maternal and infant health outcomes, including strategies that States may use to recruit, train, and certify a diverse doula workforce, particularly from underserved communities, communities of color, and communities facing linguistic or cultural barriers.

(4) Recommendations for legislative and administrative actions to increase access to doula services in State Medicaid programs, including actions that ensure doulas may earn a living wage that accounts for their time and costs associated with providing care.

(b) STAKEHOLDER CONSULTATION.—In developing the report required under subsection (a), MACPAC shall consult with relevant stakeholders, including—

(1) States;

(2) organizations representing consumers, including those that are disproportionately impacted by poor maternal health outcomes;

(3) organizations and individuals representing doula services providers, including community-based doula programs and those who serve underserved communities, including communities of color, and communities facing linguistic or cultural barriers; and

(4) organizations representing health care providers.

SEC. 4. GAO REPORT.

(a) IN GENERAL.—Not later than 2 years after the date of the enactment of this Act and every five years thereafter, the Comptroller General of the United States shall submit to Congress a report on the State adoption, under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and the Children’s Health Insurance Program under title XXI of such Act, of extending coverage to 365 days postpartum pursuant to the provisions of (and amendments made by this Act). Such report shall include the information and recommendations described in subsection (b) and shall also identify ongoing gaps in coverage for—

(1) pregnant women under the Medicaid program and the Children’s Health Insurance Program; and

(2) postpartum women under the Medicaid program and the Children’s Health Insurance Program who received assistance under either such program during their pregnancy.

(b) CONTENT OF REPORT.—The report under subsection (a) shall include the following:

(1) Information regarding the extent to which States have elected to extend coverage to 365 days postpartum pursuant to the provisions of (and amendments made by this Act), including which States make the election and when, impacts on perinatal insurance churn in those States compared to States that did not make such election, other health impacts of such election including regarding maternal mortality and morbidity rates, and impacts on State and Federal Medicaid spending.

(2) Information about the abilities, successes, and challenges of State Medicaid agencies in—

(A) transitioning their eligibility systems to incorporate such an election by a State and in determining whether pregnant and postpartum women are eligible under another insurance affordability program; and

(B) transitioning any such women who are so eligible to coverage under such a program, pursuant to section 1943(b)(3) of the Social Security Act (42 U.S.C. 1396w-3(b)(3)).

(3) Information on factors contributing to ongoing gaps in coverage resulting from women transitioning from coverage under the Medicaid program or Children’s Health Insurance Program that disproportionately impact underserved populations, including low-income women, women of color, women

who reside in a health professional shortage area (as defined in section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A))), or who are members of a medically underserved population (as defined by section 330(b)(3) of such Act (42 U.S.C. 254b(b)(3)(A))).

(4) Recommendations for addressing and reducing such gaps in coverage.

(5) Such other information as the Comptroller General determines appropriate.

SEC. 5. REPORT ON MEDICAID BUNDLED PAYMENTS FOR PREGNANCY-RELATED SERVICES.

Not later than 2 years after the date of the enactment of this Act, the Medicaid and CHIP Payment Advisory Commission shall submit to Congress a report containing an analysis of the use of bundled payments for reimbursing health care providers with respect to pregnancy-related services furnished under State plans (or waivers of such plans) under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

SEC. 6. SUNSET OF LIMIT ON MAXIMUM REBATE AMOUNT FOR SINGLE SOURCE DRUGS AND INNOVATOR MULTIPLE SOURCE DRUGS.

Section 1927(c)(2)(D) of the Social Security Act (42 U.S.C. 1396r-8(c)(2)(D)) is amended by inserting after “December 31, 2009,” the following: “and before January 1, 2023.”.

SEC. 7. MEDICAID IMPROVEMENT FUND.

Section 1941(b)(3) of the Social Security Act (42 U.S.C. 1396w-1(b)(3)) is amended—

(1) in subparagraph (A), by striking “for fiscal year 2025 and thereafter, \$1,960,000,000” and inserting “for fiscal year 2022 and thereafter, \$9,286,000,000”; and

(2) in subparagraph (B), by striking “fiscal year 2025” and inserting “fiscal year 2022”.

SEC. 8. 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. 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. 4996.

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.

I rise today in strong support of H.R. 4996, the Helping Medicaid Offer Maternity Services Act, or the Helping MOMS Act of 2020.

The U.S. has some of the world’s leading healthcare providers. We have cutting-edge researchers and first-class facilities for those who can afford it.

At the same time, women are more likely to die from complications from

childbirth here in the U.S. than in other nations in the developed world. Maternal mortality especially affects women of color. Black women and American Indian and Alaska Native women are three times more likely than White women to die from pregnancy-related causes. Even more tragically, most of these deaths are preventable.

These statistics are unacceptable. They are an indictment of our healthcare system, Madam Speaker, and I believe we can do better.

Ensuring that women have access to health insurance for the first year postpartum is an obvious first step that we can take to ensure that all women, regardless of income, have access to the care they need for the critical first year after giving birth.

Currently, Medicaid covers pregnant women for 60 days postpartum. After that, many women lose eligibility and go without a consistent source of care. The Helping MOMS Act would build on this coverage by giving States the option to extend Medicaid coverage to women to a full year postpartum.

This bill is endorsed by the American College of Obstetricians and Gynecologists, the Association of Maternal and Child Health Programs, the National Birth Equity Collaborative, the March of Dimes, and many more organizations.

I want to commend Representative ROBIN KELLY for her passion and commitment to this bill and to improving the lives of new mothers.

I also want to thank and recognize Representative MICHAEL BURGESS, the ranking member of the Health Subcommittee, for his steadfast leadership on the Republican side.

Finally, I want to recognize the efforts of Representatives LAUREN UNDERWOOD, CATHY RODGERS, AYANNA PRESSLEY, and BUDDY CARTER for their leadership on this issue and their commitment to bipartisan solutions.

Too many children in this country, Madam Speaker, grow up knowing their mothers only as a fading picture on the wall or as someone whose name brings a bittersweet smile and a tear to friends and loved ones. It doesn't have to be this way.

This bill will not singlehandedly fix the maternal health crisis in this country, but it will mean that more of these children will have a mother to take care of them, tuck them in at night, comfort them in moments of need, and share in their moments of joy and sorrow. I urge my colleagues to support this bill for these children and their mothers.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I rise today in support of H.R. 4996. This is the Helping Medicaid Offer Maternity Services, or MOMS, Act of 2019. It was introduced by Representative KELLY from Illinois and Dr. BURGESS from Texas.

As you have heard, this legislation gives States the option to extend the length of continuous postpartum eligibility for Medicaid to 12 months. Now, this is a critically important bill. Despite everything that is going on in the country, it is an example of, once again, Congress coming together to do the right thing for the right reason.

This bipartisan legislation furthers the Committee on Energy and Commerce's mission to address maternal mortality, which we all agree needs further attention, and to improve the health outcomes in expectant or new moms.

Last Congress, Madam Speaker, President Trump signed bipartisan legislation from our committee into law to advance maternal health. We are now building on that progress today.

Medicaid is the largest single-payer of maternity care in the United States. Medicaid covered 43 percent of all births in 2017, the latest data we have. Now, in some of our States, the share of healthcare costs of births financed by Medicaid is even higher. As such, this program plays a significant role in improving maternal health and helping to eliminate preventable maternal mortality.

I want to thank Ms. KELLY and Dr. BURGESS for leading this effort, and I want to thank Chairman PALLONE and his staff for working together to find a path forward with this important legislation.

Getting this measure signed into law will have a meaningful impact on the maternal mortality crisis. We will make a difference with this legislation. We will save more moms' lives.

Madam Speaker, I urge all Members to support this legislation, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield such time as she may consume to the gentlewoman from Illinois (Ms. KELLY), the sponsor of the bill.

Ms. KELLY of Illinois. Madam Speaker, I rise to encourage my colleagues to support the Helping MOMS Act. This bipartisan legislation, which I authored together with my colleagues on the House Energy and Commerce Committee, would allow States to use their own funds to extend Medicaid coverage for new moms to the entire postpartum period of 1 year, which is the recommendation of medical professionals and experts. Right now, States must seek a waiver from the Secretary of Health and Human Services to expand postpartum coverage beyond 60 days.

With Medicaid providing coverage for more than half of new American moms, expanding Medicaid would save lives. Study after study has proven this to be the case. This bill will help correct a hurdle that has existed for too many women.

Tragically, we know that our Nation's maternal mortality crisis, like so many public health challenges, is taking a disproportionate toll on African-American moms. Black moms die

at 2½ times the rate of White moms. In my home State of Illinois, the disparity grows to six times. It is time for us to give new moms that opportunity to stay healthy by seeing their doctors.

On top of removing the waiver requirement, this bill also studies the availability of, access to, and success of doulas in providing care to moms before, during, and after birth within the Medicaid program.

For those unfamiliar with the term, a doula is a trained companion who, while not always a healthcare professional, supports mothers through the pregnancy process. Studies have shown that doulas are a powerful and cost-effective way to improve care delivery and prevent maternal death.

Before closing, I want to thank my colleagues from Texas and Washington for their leadership and support. Likewise, I would like to thank the more than dozen organizations that endorsed this legislation, including the American College of Obstetricians and Gynecologists.

While the Helping MOMS Act is a compromise and not as comprehensive as I had hoped, this is a major step forward that Congress can and should take in a bipartisan way to help save mothers' lives.

In 2020, starting or growing a family should never cost a woman her life, so I urge a "yes" on the Helping MOMS Act. It will help ensure healthy and happy moms, babies, and families across America.

Mr. WALDEN. Madam Speaker, I have no other speakers on this measure. I would encourage its passage.

I yield back the balance of my time.

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

Ms. ESHOO. Madam Speaker, I rise in support of H.R. 4996, the Helping MOMS Act of 2019. I'm proud to have advanced this bipartisan bill through my Health Subcommittee and I'm pleased to support it on the Floor today.

My thanks to Reps. KELLY, BURGESS, UNDERWOOD, RODGERS, PRESSLEY, and CARTER for introducing the Helping Medicaid Offer Maternity Services Act, a bipartisan bill to make it easier for states to expand Medicaid or CHIP coverage for one year postpartum.

While the uninsured rate among postpartum women has decreased thanks to the Affordable Care Act, many women still lose Medicaid coverage two months after having a baby.

In Texas, Georgia, and Oklahoma, 20 percent of new mothers are uninsured. Lack of coverage keeps women from receiving needed care, including mental health services to detect and treat postpartum depression.

This bill makes it easier for states to expand coverage by removing administrative red tape and by offering a small financial incentive to states to expand postpartum care.

I think we should go further and make postpartum coverage a mandatory benefit in the Medicaid program, but I'm pleased we're taking this step today to make it an easy option for states.

I ask my colleagues to join me in voting for 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. 4996, 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.

SOUTH ASIAN HEART HEALTH AWARENESS AND RESEARCH ACT OF 2020

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3131) to amend the Public Health Service Act to provide for research and improvement of cardiovascular health among the South Asian population of the United States, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3131

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 “South Asian Heart Health Awareness and Research Act of 2020”.

SEC. 2. HEART HEALTH PROMOTION GRANTS.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting after section 317U (42 U.S.C. 247b–23) the following new section:

“SEC. 317V. HEART HEALTH PROMOTION GRANTS.

“(a) IN GENERAL.—The Secretary shall make grants to States for the purpose of promoting awareness of the increasing prevalence of heart disease, including, where appropriate, its relationship to type 2 diabetes, in communities disproportionately affected by heart disease such as South Asian communities in the United States.

“(b) USE OF FUNDS.—A State that receives a grant under subsection (a) shall use such grant funds—

“(1) to develop culturally appropriate materials on evidence-based topics such as nutrition education, optimal diet plans, and programs for regular exercise;

“(2) to support heart health promotion activities of community organizations that work with or serve communities disproportionately affected by heart disease, such as South Asian communities in the United States; or

“(3) to support conferences or workshops on research practices, methodology, and design to include more members of communities disproportionately affected by heart disease, such as South Asian communities in the United States, in scientific studies.

“(c) ANNUAL REPORT TO CONGRESS.—Not later than 180 days after the date of the enactment of the South Asian Heart Health Awareness and Research Act of 2020, and annually thereafter, the Secretary shall submit to Congress a report on outreach efforts and data relating to heart disease in communities disproportionately affected by heart disease, such as South Asian communities in the United States.

“(d) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated \$1,000,000 for each of fiscal years 2021 through 2025.”.

SEC. 3. HEART HEALTH RESEARCH.

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 new section:

“SEC. 409K. HEART HEALTH RESEARCH.

“(a) IN GENERAL.—The Secretary may—

“(1) conduct or support research and related activities regarding cardiovascular disease, type 2 diabetes, and other heart health-related ailments among at-risk populations, including South Asian communities in the United States; and

“(2) establish an Internet clearinghouse to catalog existing evidence-based heart health research and treatment options for communities disproportionately affected by heart disease, such as South Asian communities in the United States, to prevent, treat, or reverse heart disease and diabetes.

“(b) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated \$1,000,000 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. 3131.

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, heart disease is the leading cause of death in the United States, and tragically, the risk of heart disease death differs dramatically by race and ethnicity.

Overall, racial and ethnic minorities have an elevated risk of morbidity and mortality due to heart disease. Racial and ethnic minorities confront more barriers to heart health care than White Americans, including higher comorbidity rates, less culturally competent care, and fewer proactive heart health interventions.

This bill, the South Asian Heart Health Awareness and Research Act of 2020, directs the Department of Health and Human Services to build on current heart disease programs to improve further heart health awareness, education, training, and research for groups disproportionately affected by heart disease.

In November 2019, the American Heart Association and other medical groups issued updated cholesterol guidelines that, for the first time, urged doctors to consider ethnicity when determining a patient’s cardiovascular risk and treatment options.

This bill builds upon the work of determined medical partners like the American Heart Association to provide more resources for States that wish to expand their heart health programs.

This bill would not be on the floor today without the determined effort of Congresswoman JAYAPAL, and I commend her for her leadership on this. I urge my colleagues to support H.R. 3131.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I rise today to talk about H.R. 3131, the South Asian Heart Health Awareness and Research Act of 2020 sponsored by my friend and colleague from the Northwest, Representative JAYAPAL. This bill authorizes initiatives that will help improve our understanding of cardiovascular disease in South Asians living in the United States, a laudable goal.

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The intent of this bill is laudable, as South Asians are a population disproportionately impacted by diabetes and heart disease. In fact, according to the American College of Cardiology, South Asians represent approximately 25 percent of the world’s population, yet they account for 60 percent of the world’s heart disease patients.

While I support initiatives to improve health in ethnic and minority communities, I do have some concerns with the bill itself.

In providing technical feedback on the legislation, the Centers for Disease Control and Prevention, CDC, expressed concerns that the grants authorized under the legislation would be duplicative of their current efforts to address cardiovascular disease in disproportionately impacted communities. These efforts include the CDC’s Division of Nutrition, Physical Activity and Obesity, in addition to the health promotion grants to States and the WISEWOMAN Program, which stands for Well-Integrated Screening and Evaluation for WOMen Across the Nation.

In addition, the CDC expressed concerns that it would not be able to provide the data that the bill is mandating the agency report on.

Broadly, the agency does have data on minority and disproportionately impacted groups with regard to cardiovascular disease; that is true. However, they do not have enough data on the specific subgroup of the South Asian population in order to put together a complete and meaningful report that would be useful for Congress in making future policy decisions. While unfortunate, it is because CDC does not yet have the data collection technology nor the capabilities to obtain that kind of granular data.

Therefore, before mandating such a report, Congress should instead pass H.R. 5321, the Public Health Infrastructure Modernization Act, led by Representatives CARTER and MCBATH, bipartisan legislation which would modernize CDC’s data infrastructure and