

In addition, the CDC must focus on increasing vaccination rates among communities with historically high rates of unvaccinated individuals.

The CDC must also make publicly available any materials and resources I developed for the campaign.

In addition, H.R. 951 would instruct the Centers for Disease Control and Prevention to broaden a public awareness campaign on vaccinations to include pregnant and postpartum individuals and require the campaign to disseminate vaccine information to providers and facilities that provide obstetric care.

The bill would also authorize an additional \$2 million annually from 2021 through 2025 for the vaccination awareness campaign.

This bill would put pregnant woman at the focus of the fight to combat COVID-19.

As the Chair of the Congressional Coronavirus Task Force, I have used every mean possible to sound the alarm about the seriousness of the COVID-19 virus.

On February 10th 2020, I held the first press conference on the issue of COVID-19 at Houston Intercontinental Airport.

I then held a second press conference on February 24th to continue efforts to raise public knowledge of the impending threat.

On February 26th, I wrote the Chair and Ranking Member of the Committee on Homeland Security requesting to be briefed by Acting Secretary of Homeland Security Chad Wolf regarding the preparedness of the Department of Homeland Security to address a possible pandemic.

On March 19th, I announced an innovative partnership with United Methodist Medical Center (UMMC) to open the first drive-through Coronavirus Test Screening facility in the Greater Houston area, which proved beneficial to everyone in the Greater Houston area, as with UMMC's help we have opened multiple that are located within high-risk communities in the Greater Houston area, to reduce the need for travel to get access to COVID-19 testing.

Since the start of this pandemic, I have sought to proactively addressing the critical issues and concerns tied to the COVID-19 virus.

As I stated at the beginning of this pandemic, "We must not panic, but prepare."

I am pleased to see that this bill is not a panic-induced response, but a well-thought-out proposal to further protect our citizens.

When pregnant women get vaccinated, they not only build their immune system to the virus, they also create antibodies for their unborn child.

Throughout history the vaccination of pregnant mothers has shown to be beneficial when it comes to viruses like tetanus, influenza, pertussis.

With this bill we can help newborn children who have not yet developed their immune systems fight off a deadly virus such as COVID-19.

This also gives mothers piece of mind that they'll be safe as they advance in their pregnancy.

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. 951, 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.

PROMOTING RESOURCES TO EXPAND VACCINATION, EDUCATION, AND NEW TREATMENTS FOR HPV CANCERS ACT OF 2021

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1550) to amend the Public Health Service Act to provide for a public awareness campaign with respect to human papillomavirus, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1550

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 "Promoting Resources to Expand Vaccination, Education, and New Treatments for HPV Cancers Act of 2021" or the "PREVENT HPV Cancers Act of 2021".

SEC. 2. PREVENTING HPV AND HPV-ASSOCIATED CANCERS; REAUTHORIZING JOHANNA'S LAW.

Section 317P of the Public Health Service Act (42 U.S.C. 247b-17) is amended—

(1) in subsection (c)(1)—

(A) in subparagraph (B), by striking "cervical";

(B) in subparagraph (C), by striking "and" at the end;

(C) in subparagraph (D) by striking "other" and all that follows through "cancer." and inserting "recommended diagnostics for early intervention for, and prevention of, HPV-associated cancers; and"; and

(D) by adding at the end the following:

"(E) the importance of recommended vaccines for prevention of HPV and HPV-associated cancers, including for males;"; and

(2) by amending subsection (d) to read as follows:

"(d) JOHANNA'S LAW.—

"(1) NATIONAL PUBLIC AWARENESS CAMPAIGN.—

"(A) IN GENERAL.—The Secretary shall carry out a national campaign to increase the awareness and knowledge of health care providers and individuals with respect to gynecologic cancers, HPV, and HPV-associated cancers, and the importance of HPV vaccines in preventing HPV and HPV-associated cancers.

"(B) WRITTEN MATERIALS.—Activities under the national campaign under subparagraph (A) shall include—

"(i) maintaining a supply of written materials that provide information to the public on gynecologic cancers, HPV, and HPV-associated cancers; and

"(ii) distributing the materials to members of the public upon request.

"(C) PUBLIC SERVICE ANNOUNCEMENTS.—Activities under the national campaign under subparagraph (A) shall, in accordance with applicable law and regulations, include publishing materials in digital or print form, public engagement, and developing and placing public service announcements intended to encourage individuals to discuss with their physicians—

"(i) their risk of gynecologic cancers and HPV-associated cancers; and

"(ii) the importance of HPV vaccines in preventing HPV and HPV-associated cancers.

"(D) TARGETED POPULATIONS.—Activities under the national campaign under subparagraph (A) shall include culturally and linguistically competent public service announcements

and other forms of communication and public engagement under subparagraph (C) targeted to—

"(i) specific higher-risk populations of individuals based on race, ethnicity, level of acculturation, and family history, including African-American and Ashkenazi Jewish individuals;

"(ii) communities with high rates of unvaccinated individuals, including males;

"(iii) rural communities;

"(iv) populations affected by increasing rates of oropharynx cancers;

"(v) health care providers specializing in assisting survivors of sexual assault; and

"(vi) such other communities as the Secretary determines appropriate.

"(2) CONSULTATION.—In carrying out the national campaign under this section, the Secretary shall consult with—

"(A) health care providers;

"(B) nonprofit organizations (including gynecologic cancer organizations and organizations that represent communities and individuals most affected by HPV-associated cancers and low vaccination rates);

"(C) State and local public health departments; and

"(D) elementary and secondary education organizations and institutions of higher education.

"(3) DEMONSTRATION PROJECTS REGARDING OUTREACH AND EDUCATION STRATEGIES.—

"(A) IN GENERAL.—

"(i) PROGRAM.—The Secretary may carry out a program to award grants or contracts to public or nonprofit private entities for the purpose of carrying out demonstration projects to test, compare, and evaluate different evidence-based outreach and education strategies to increase the awareness and knowledge of women, their families, physicians, nurses, and other key health professionals with respect to gynecologic cancers, including with respect to early warning signs, risk factors, prevention, screening, and treatment options.

"(ii) SCIENCE-BASED RESOURCES.—In making awards under clause (i), the Secretary shall encourage awardees to use science-based resources such as the Inside Knowledge About Gynecologic Cancer education campaign of the Centers for Disease Control and Prevention.

"(B) PREFERENCES IN AWARDED GRANTS OR CONTRACTS.—In making awards under subparagraph (A), the Secretary shall give preference to—

"(i) applicants with demonstrated expertise in gynecologic cancer education or treatment or in working with groups of women who are at increased risk of gynecologic cancers; and

"(ii) applicants that, in the demonstration project funded by the grant or contract, will establish linkages between physicians, nurses, other key health professionals, health profession students, hospitals, payers, and State health departments.

"(C) APPLICATION.—To seek a grant or contract under subparagraph (A), an entity shall submit an application to the Secretary in such form, in such manner, and containing such agreements, assurances, and information as the Secretary determines to be necessary to carry out this paragraph.

"(D) CERTAIN REQUIREMENTS.—In making awards under subparagraph (A), the Secretary shall—

"(i) make awards, as practicable, to not fewer than five applicants; and

"(ii) ensure that information provided through demonstration projects under this paragraph is consistent with the best available medical information.

"(E) REPORT TO CONGRESS.—Not later than 24 months after the date of the enactment of the PREVENT HPV Cancers Act of 2021, and annually thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that—

“(i) summarizes the activities of demonstration projects under subparagraph (A);

“(ii) evaluates the extent to which the projects were effective in increasing awareness and knowledge of risk factors and early warning signs in the populations to which the projects were directed; and

“(iii) identifies barriers to early detection and appropriate treatment of such cancers.

“(4) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there is authorized to be appropriated \$25,000,000 for the period of fiscal years 2022 through 2026.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) 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. 1550.

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 strong support of H.R. 1550, the PREVENT HPV Cancers Act. This bill will help prevent cancer in thousands of individuals by stepping up our outreach and education to ensure that we are reaching people eligible for human papillomavirus, or HPV vaccines.

HPV causes nearly 36,000 cases of cancer in men and women each year. The Centers for Disease Control and Prevention has found that nearly 33,000 of these cases can be prevented through vaccination.

The HPV vaccine has been shown to be highly effective in most forms of HPV, and in turn, preventing cancer caused by the virus. For example, women who have been vaccinated against HPV have been shown to be 90 percent less likely to be diagnosed with cervical cancer.

Mr. Speaker, despite the high efficacy of the vaccines and increased vaccination rates, the rates are still below CDC targets and far lower for HPV than for other recommended vaccines. And while cervical cancer rates have gone down, other types of HPV-associated cancers, including head and neck cancers, have been on the rise.

We must do more to improve our outreach to teens and young adults, and this bill does that by creating a national campaign to educate health providers and the public on HPV, HPV-associated cancers, and the importance of HPV vaccines in preventing these cancers.

Mr. Speaker, this bipartisan legislation passed unanimously out of the Committee on Energy and Commerce. It deserves our support here on the floor, so please join me in preventing cancer and supporting this bill.

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

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

Mr. Speaker, the human papillomavirus, or HPV, is a common virus in the United States, infecting about 13 million Americans each year. While 9 out of 10 HPV infections are benign, in some circumstances, HPV can cause cancer. Records from the CDC indicate about 36,000 cases of cancer each year are caused by this virus. Sadly, many of these infections and cancer diagnoses can be prevented by the HPV vaccine.

H.R. 1550 would carry out a national campaign to increase awareness for healthcare providers and patients regarding these cancers. Additionally, the campaign will highlight the benefits associated with HPV vaccines in preventing HPV and HPV-related cancers.

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

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

Ms. CASTOR of Florida. Mr. Speaker, I thank Chairman PALLONE for yielding the time.

Mr. Speaker, I rise today in support of my bipartisan legislation with Representative KIM Schrier, the PREVENT HPV Cancers Act.

Mr. Speaker, if Dr. Francis Collins, the head of the NIH, called a press conference today and announced that we had found a cure for cancer, there would be cause for celebration.

Well, since 2006, there has been a safe and effective vaccine that prevents six types of cancer, including HPV-related cancers, including cervical cancer and throat cancer. It has been a remarkable development. The problem is that with these HPV-related cancers, there are no screening tests for many of these cancers, other than cervical cancer, for which there is a screening test. So you have to rely on prevention in order to avoid ever contracting these types of cancers.

The other problem is that during the pandemic, there has been a dramatic drop-off in childhood vaccinations. It is very troubling. All childhood vaccinations have fallen way off, but particularly with the cancer-preventing HPV vaccine.

According to data from CDC, HPV vaccinations fell by almost 64 percent for children ages 9 to 12, and they fell 71 percent for young people ages 13 to 17 compared to the previous two years. Last year alone, more than 1 million doses were missed.

Mr. Speaker, here is what is also troubling, the trends that are here: There is a distinct rise among men and HPV-related cancers. Four out of ten HPV-related cancers occur among men: a lot of throat cancer. There are now 14,000 men annually being diagnosed with HPV-related cancers. That is a five-fold increase over the past 20 years.

We can tackle this problem by helping educate families and parents all

across America to avoid these catastrophic diagnoses and save lives in doing it.

The PREVENT HPV Cancers Act builds on work the CDC is already doing to raise awareness about gynecological cancers through Johanna's Law and includes HPV and HPV-related cancers in the national public awareness campaign to educate providers, parents, and the general public about the lifesaving HPV vaccine. This is especially important in rural areas where there has also been a very dramatic drop-off.

I thank my friends back home at the Moffitt Cancer Center, Florida's only NCI-designated cancer center, Dr. Anna Giuliano, who is an expert in the field, for educating me, and for bringing together advocates across the country.

I thank Chairman PALLONE, Chair ESHOO, Ranking Member MCMORRIS RODGERS, and Chairman GUTHRIE very much for their help, and Dr. BURGESS as well for his support. Thank you for making this a bipartisan effort.

I also thank Stephen Holland with the majority staff and Kristen Shatynski with the minority staff.

Mr. Speaker, to the parents and families, it is vitally important to know that you can prevent your children from ever contracting cancer through the HPV vaccine. It is safe and effective, and more parents need to understand the import of doing this.

Mr. Speaker, I urge adoption, a “yes” vote on H.R. 1550, the PREVENT HPV Cancers Act.

□ 1545

Mr. GUTHRIE. Mr. Speaker, I yield such time as he may consume to the gentleman from California (Mr. ISSA).

Mr. ISSA. Mr. Speaker, it was 16 years ago that we first authorized Johanna's Law, it was a long time ago. I was a fairly junior Member and Congresswoman DELAURO had worked on it for a number of years before that. It is something that today will easily be reauthorized—and America has been and will be better for—and seems easy. But it is never easy to begin the process of helping people understand what they don't know.

Misinformation or a failure to have information continues to cause young women to die of cancer needlessly: whether it is ovarian cancer, gynecological cancer of any sort, whether it is related to HPV, or some other fashion. The fact is, Johanna's Law, H.R. 1550, which it is merged with, in fact, is something that America needs to understand today and in the future.

When we originally passed Johanna's Law, we had 257 cosponsors and could have had more. More than 100 Republicans and Democrats signed on before we brought it to the floor. On that day, we said, if we can only get \$10 million to get the awareness. We passed the bill and then we went looking for the money.

Over time the money has increased. The fact is, Americans today, especially young women, are not as informed as they need to be. Reauthorizing both of these bills in one goes a step further to educating people about preventable death, preventable cancer.

The fact is, I am thrilled that Congress, in such a tumultuous time, from time to time, comes together across the aisle and does something so important.

These bills do not cost much, but the lives they save are precious and priceless. Mr. Speaker, I urge its support.

Mr. PALLONE. Mr. Speaker, I have no additional speakers and I reserve the balance of my time.

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

Mr. PALLONE. Mr. Speaker, I would urge support for this bipartisan and very important bill, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in full support of H.R. 1550, the "PREVENT HPV Cancers Act of 2021."

I would like to thank my colleagues Congresswoman KATHY CASTOR and Congresswoman KIM SCHRIER for introducing this important legislation.

The "Promoting Resources to Expand Vaccination, Education and New Treatments for HPV Cancers Act" or the PREVENT HPV Cancers Act has the ultimate goal of preventing HPV-related cancers.

Human Papillomavirus (HPV) is a very common virus that causes six types of cancers, leading to nearly 36,000 cases of cancer in the United States every year, according to the CDC.

Nearly 42 million people are currently infected with HPV in the United States.

The HPV vaccine provides safe, effective, and lasting protection against the HPV infections that most commonly cause cancer.

This vaccine is so effective that the World Health Organization established a goal of total eradication of cervical cancer—and this legislation can be part of our nation's commitment to reaching that goal.

This vaccine can help prevent these cancers, and it is the goal of the PREVENT HPV Cancers Act to increase vaccination rates.

HPV-related cancers disproportionately affect individuals who are living on a lower income, have lower education levels, and are from a racial or ethnic minority group.

Increased public awareness and immunization initiatives would help improve vaccination rates in these underserved communities.

More comprehensive research on the HPV vaccine, as authorized in the PREVENT HPV Cancers Act, would also help better identify these disparities and ways to address them.

There is rampant societal mistrust and vaccine hesitancy, and while immunizations are one of the greatest public health tools we have, they work best when there is widespread use.

This legislation will spread awareness so that more people will be vaccinated against HPV, and fund research to help stop the largely preventable deaths caused by HPV linked cancers.

When we have the tools to prevent cancer, we should without a doubt utilize them.

Mr. Speaker, I rise in full support of H.R. 1550, the PREVENT HPV Cancers Act of 2021.

I would like to thank my colleagues Congresswoman KATHY CASTOR and Congresswoman KIM SCHRIER for introducing this important legislation.

The Promoting Resources to Expand Vaccination, Education, and New Treatments for HPV Cancers Act, or the PREVENT HPV Cancers Act, has the ultimate goal of preventing HPV-related cancers.

Human Papillomavirus (HPV) is a very common virus that causes six types of cancers, leading to nearly 36,000 cases of cancer in the United States every year, according to the CDC.

Nearly 42 million people are currently infected with HPV in the United States.

The HPV vaccine provides safe, effective, and lasting protection against the HPV infections that most commonly cause cancer.

This vaccine is so effective that the World Health Organization established a goal of total eradication of cervical cancer—and this legislation can be part of our nation's commitment to reaching that goal.

This vaccine can help prevent these cancers, and it is the goal of the PREVENT HPV Cancers Act to increase vaccination rates.

HPV-related cancers disproportionately affect individuals who are living on a lower income, have lower education levels, and are from a racial or ethnic minority group.

Increased public awareness and immunization initiatives would help improve vaccination rates in these underserved communities.

More comprehensive research on the HPV vaccine, as authorized in the PREVENT HPV Cancers Act, would also help better identify these disparities and ways to address them.

There is rampant societal mistrust and vaccine hesitancy, and while immunizations are one of the greatest public health tools we have, they work best when there is widespread use.

This legislation will spread awareness so that more people will be vaccinated against HPV, and fund research to help stop the largely preventable deaths caused by HPV linked cancers.

When we have the tools to prevent cancer, we should without a doubt utilize them.

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. 1550, 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.

IMMUNIZATION INFRASTRUCTURE MODERNIZATION ACT OF 2021

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 550) to amend the Public Health Service Act with respect to immunization system data modernization and expansion, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 550

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 "Immunization Infrastructure Modernization Act of 2021".

SEC. 2. IMMUNIZATION INFORMATION SYSTEM DATA MODERNIZATION AND EXPANSION.

Subtitle C of title XXVIII of the Public Health Service Act (42 U.S.C. 300hh–31 et seq.) is amended by adding at the end the following:

"SEC. 2824. IMMUNIZATION INFORMATION SYSTEM DATA MODERNIZATION AND EXPANSION.

"(a) EXPANDING CDC AND PUBLIC HEALTH DEPARTMENT CAPABILITIES.—

"(1) IN GENERAL.—The Secretary shall—

"(A) conduct activities (including with respect to interoperability, population reporting, and bidirectional reporting) to expand, enhance, and improve immunization information systems that are administered by health departments or other agencies of State, local, Tribal, and territorial governments and used by health care providers; and

"(B) award grants or cooperative agreements to the health departments, or such other governmental entities as administer immunization information systems, of State, local, Tribal, and territorial governments, for the expansion, enhancement, and improvement of immunization information systems to assist public health departments in—

"(i) assessing current data infrastructure capabilities and gaps among health care providers to improve and increase consistency in patient matching, data collection, reporting, bidirectional exchange, and analysis of immunization-related information;

"(ii) providing for technical assistance and the efficient enrollment and training of health care providers, including at pharmacies and other settings where immunizations are being provided, such as long-term care facilities, specialty health care providers, community health centers, Federally qualified health centers, rural health centers, organizations serving adults 65 and older, and organizations serving homeless and incarcerated populations;

"(iii) improving secure data collection, transmission, bidirectional exchange, maintenance, and analysis of immunization information;

"(iv) improving the secure bidirectional exchange of immunization record data among Federal, State, local, Tribal, and territorial governmental entities and non-governmental entities, including by—

"(I) improving such exchange among public health officials in multiple jurisdictions within a State, as appropriate; and

"(II) by simplifying and supporting electronic reporting by any health care provider;

"(v) supporting the standardization of immunization information systems to accelerate interoperability with health information technology, including with health information technology certified under section 3001(c)(5) or with health information networks;

"(vi) supporting adoption of the immunization information system functional standards of the Centers for Disease Control and Prevention and the maintenance of security standards to protect individually identifiable health information;

"(vii) supporting and training immunization information system, data science, and informatics personnel;

"(viii) supporting real-time immunization record data exchange and reporting, to support rapid identification of immunization coverage gaps;

"(ix) improving completeness of data by facilitating the capability of immunization information systems to exchange data, directly or indirectly, with immunization information systems in other jurisdictions;

"(x) enhancing the capabilities of immunization information systems to evaluate, forecast, and operationalize clinical decision support tools in alignment with the recommendations of the Advisory Committee on Immunization Practices as approved by the Director of the Centers for Disease Control and Prevention;