

Calendar No. 317118TH CONGRESS
2^D SESSION**S. 1840**

To amend the Public Health Service Act to reauthorize and improve the National Breast and Cervical Cancer Early Detection Program for fiscal years 2024 through 2028, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 7, 2023

Ms. BALDWIN (for herself, Ms. COLLINS, Ms. CORTEZ MASTO, Mrs. CAPITO, Ms. KLOBUCHAR, and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

FEBRUARY 1, 2024

Reported by Mr. SANDERS, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

A BILL

To amend the Public Health Service Act to reauthorize and improve the National Breast and Cervical Cancer Early Detection Program for fiscal years 2024 through 2028, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Screening for Commu-
3 nities to Receive Early and Equitable Needed Services for
4 Cancer Act of 2023” or the “SCREENS for Cancer Act
5 of 2023”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) In 2023, there will be more than 300,590
9 new cases of invasive breast cancer and nearly
10 44,000 breast cancer deaths in the United States.

11 (2) In 2023, there will be about 13,960 new
12 cases of invasive cervical cancer and about 4,310
13 deaths from cervical cancer.

14 (3) Black women have the highest breast, cer-
15 vical, and uterine cancer death rates of all racial and
16 ethnic groups and are more likely to be diagnosed
17 with triple-negative breast cancer, a more aggressive
18 form of cancer.

19 (4) Research shows that the COVID–19 pan-
20 demic was associated with a decline of more than
21 3,900,000 breast cancer screenings in 2020, as com-
22 pared to 2019. Similarly, cervical cancer screening
23 utilization dropped by 90 percent in April 2020, rel-
24 ative to the prior year.

25 (5) Research suggests that those postponed
26 breast screenings appeared to disproportionately af-

1 fect women of color: Non-Hispanic White women
2 had 17 percent fewer breast cancer diagnoses, while
3 the year-over-year decline was 53 percent for Asian
4 women, 43 percent for Hispanic women, and 27 per-
5 cent for Black women.

6 (6) The National Cancer Institute estimates
7 that pandemic-related disruptions or delays in breast
8 care and screening are expected to result in an ex-
9 cess of 2,500 breast cancer deaths by 2030.

10 (7) Since its creation in 1991, the National
11 Breast and Cervical Cancer Early Detection Pro-
12 gram (referred to in this section as the
13 “NBCCEDP”) has provided lifesaving cancer
14 screening and diagnostic services to low-income, un-
15 insured, or underinsured women in all 50 States, the
16 District of Columbia, 6 territories, and 13 Tribes or
17 Tribal organizations.

18 (8) NBCCEDP seeks to reduce inequities in
19 breast and cervical cancer screening and diagnosis,
20 placing special emphasis on outreach to women who
21 are members of racial or ethnic minority groups, and
22 those who are geographically or culturally isolated.

23 (9) NBCCEDP has served more than
24 6,100,000 people and provided more than

1 15,700,000 breast and cervical cancer screening ex-
 2 aminations.

3 (10) These screening exams have diagnosed
 4 nearly 76,000 invasive breast cancers and more than
 5 24,000 premalignant breast lesions, as well as more
 6 than 5,100 invasive cervical cancers and 235,000
 7 premalignant cervical lesions, of which 39 percent
 8 were high-grade.

9 (11) The program also provides public edu-
 10 cation, outreach, patient navigation, and care coordi-
 11 nation to increase breast and cervical cancer screen-
 12 ing rates and reach underserved populations.

13 (12) Reauthorizing NBCCEDP will result in
 14 expanded services, leading to more people being
 15 screened and more cancers diagnosed at earlier
 16 stages.

17 **SEC. 3. NATIONAL BREAST AND CERVICAL CANCER EARLY**
 18 **DETECTION PROGRAM.**

19 Title XV of the Public Health Service Act (42 U.S.C.
 20 300k et seq.) is amended—

21 (1) in section 1501 (42 U.S.C. 300k)—

22 (A) in subsection (a)—

23 (i) in paragraph (2), by striking “the
 24 provision of appropriate follow-up services
 25 and support services such as case manage-

1 ment” and inserting “that appropriate fol-
2 low-up services are provided”;

3 (ii) in paragraph (3), by striking
4 “programs for the detection and control”
5 and inserting “for the prevention, detec-
6 tion, and control”;

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

10 (iv) in paragraph (5)—

11 (I) by striking “monitor” and in-
12 serting “ensure”; and

13 (II) by striking “; and” and in-
14 serting a semicolon;

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

17 (vi) by inserting after paragraph (5),
18 the following:

19 “(6) to enhance appropriate support activities
20 to increase breast and cervical cancer screening such
21 as patient navigation, implementation of evidence-
22 based or evidence-informed strategies proven to in-
23 crease breast and cervical cancer screening in health
24 care settings, and facilitating access to health care
25 settings;

1 “(7) to reduce disparities in incidents of and
2 deaths due to breast and cervical cancer in popu-
3 lations with higher than average rates;

4 “(8) to ensure equitable access to screening and
5 diagnostic services and improve access for individ-
6 uals who encounter additional barriers to receiving
7 services, including due to various social determinants
8 of health; and”;

9 (vii) in paragraph (9), as so redesign-
10 nated, by striking “through (5)” and in-
11 serting “through (8)”;

12 (B) by striking subsection (d);

13 (2) in section 1503 (42 U.S.C. 300m)—

14 (A) in subsection (a)—

15 (i) in paragraph (1), by striking
16 “that, initially” and all that follows
17 through the semicolon and inserting “that
18 appropriate breast and cervical cancer
19 screening and diagnostic services are pro-
20 vided based on national recommendations;
21 and”;

22 (ii) by striking paragraphs (2) and
23 (4);

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

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

4 (B) by striking subsection (d);
 5 (3) in section 1508(b) (42 U.S.C. 300n-4(b))—

6 (A) by striking “1 year after the date of
 7 the enactment of the National Breast and Cer-
 8 vical Cancer Early Detection Program Reau-
 9 thorization of 2007, and annually thereafter,”
 10 and inserting “2 years after the date of enact-
 11 ment of the Screening for Communities to Re-
 12 ceive Early and Equitable Needed Services for
 13 Cancer Act of 2023, and every 5 years there-
 14 after,”;

15 (B) by striking “Labor and Human Re-
 16 sources” and inserting “Health, Education,
 17 Labor, and Pensions”; and

18 (C) by striking “preceding fiscal year” and
 19 inserting “preceding 2 fiscal years in the case
 20 of the first report after the date of enactment
 21 of the Screening for Communities to Receive
 22 Early and Equitable Needed Services for Can-
 23 cer Act of 2023 and preceding 5 fiscal years for
 24 each report thereafter”; and

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

1 (A) by striking “and” after “2011,”; and
 2 (B) by inserting “, \$275,000,000 for fiscal
 3 year 2024, ~~\$330,000,000 for fiscal year 2025,~~
 4 ~~\$385,000,000 for fiscal year 2026,~~
 5 ~~\$440,000,000 for fiscal year 2027, and~~
 6 ~~\$500,000,000 for fiscal year 2028”~~ before the
 7 period at the end.

8 **SECTION 1. SHORT TITLE.**

9 *This Act may be cited as the “Screening for Commu-*
 10 *nities to Receive Early and Equitable Needed Services for*
 11 *Cancer Act of 2023” or the “SCREENS for Cancer Act of*
 12 *2023”.*

13 **SEC. 2. NATIONAL BREAST AND CERVICAL CANCER EARLY**
 14 **DETECTION PROGRAM.**

15 *Title XV of the Public Health Service Act (42 U.S.C.*
 16 *300k et seq.) is amended—*

17 (1) *in section 1501 (42 U.S.C. 300k)—*

18 (A) *in subsection (a)—*

19 (i) *in paragraph (2), by striking “the*
 20 *provision of appropriate follow-up services*
 21 *and support services such as case manage-*
 22 *ment” and inserting “that appropriate fol-*
 23 *low-up services are provided”;*

24 (ii) *in paragraph (3), by striking*
 25 *“programs for the detection and control”*

1 and inserting “for the prevention, detection,
2 and control”;

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

6 (iv) in paragraph (5)—

7 (I) by striking “monitor” and in-
8 serting “ensure”; and

9 (II) by striking “; and” and in-
10 serting a semicolon;

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

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

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

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

1 “(8) to improve access to breast and cervical
2 cancer screening and diagnostic services and reduce
3 related barriers, including factors that relate to nega-
4 tive health outcomes; and”;

5 (vii) in paragraph (9), as so redesign-
6 nated, by striking “through (5)” and insert-
7 ing “through (8)”;

8 (B) by striking subsection (d);

9 (2) in section 1503 (42 U.S.C. 300m)—

10 (A) in subsection (a)—

11 (i) in paragraph (1), by striking “that,
12 initially” and all that follows through the
13 semicolon and inserting “that appropriate
14 breast and cervical cancer screening and di-
15 agnostic services are provided consistent
16 with relevant evidence-based recommenda-
17 tions; and”;

18 (ii) by striking paragraphs (2) and
19 (4);

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

22 (iv) in paragraph (2), as so redesign-
23 nated, by striking “; and” and inserting a
24 period; and

25 (B) by striking subsection (d);

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

2 (A) *by striking “1 year after the date of the*
3 *enactment of the National Breast and Cervical*
4 *Cancer Early Detection Program Reauthoriza-*
5 *tion of 2007, and annually thereafter,” and in-*
6 *serting “2 years after the date of enactment of*
7 *the Screening for Communities to Receive Early*
8 *and Equitable Needed Services for Cancer Act of*
9 *2023, and every 5 years thereafter,”;*

10 (B) *by striking “Labor and Human Re-*
11 *sources” and inserting “Health, Education,*
12 *Labor, and Pensions”;* and

13 (C) *by striking “preceding fiscal year” and*
14 *inserting “preceding 2 fiscal years in the case of*
15 *the first report after the date of enactment of the*
16 *Screening for Communities to Receive Early and*
17 *Equitable Needed Services for Cancer Act of 2023*
18 *and preceding 5 fiscal years for each report*
19 *thereafter”;* and

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

21 (A) *by striking “2011, and” and inserting*
22 *“2011,”;* and

23 (B) *by inserting “, and \$275,000,000 for*
24 *each of fiscal years 2024 through 2028” before*
25 *the period at the end.*

1 **SEC. 3. GAO STUDY.**

2 *Not later than September 30, 2027, the Comptroller*
3 *General of the United States shall report to the Committee*
4 *on Health, Education, Labor, and Pensions of the Senate*
5 *and the Committee on Energy and Commerce of the House*
6 *of Representatives on the work of the National Breast and*
7 *Cervical Cancer Early Detection Program, including—*

8 *(1) an estimate of the number of individuals eli-*
9 *gible for services provided under such program;*

10 *(2) a summary of trends in the number of indi-*
11 *viduals served through such program; and*

12 *(3) an assessment of any factors that may be*
13 *driving the trends identified under paragraph (2), in-*
14 *cluding any barriers to accessing breast and cervical*
15 *cancer screenings provided by such program.*

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