[~117H2216]

.....................................................................
(Original Signature of Member)

118TH CONGRESS
2D SESSION

# H. R. ____

To provide women with increased access to preventive and life-saving cancer screening.

IN THE HOUSE OF REPRESENTATIVES

Mr. GOMEZ introduced the following bill; which was referred to the Committee on ______________________________

# A BILL

To provide women with increased access to preventive and life-saving cancer screening.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the "Jeanette Acosta Invest
5 in Women's Health Act of 2024".

6 **SEC. 2. PURPOSE.**

7 It is the purpose of this Act to provide women with
8 increased access to preventive and life-saving cancer
9 screening (including clinical breast exams and breast, cer-

1 vical, ovarian, uterine, vaginal, and vulvar cancer screen-
2 ing), as well as access to appropriate care and early detec-
3 tion (including via diagnostic testing and treatment and
4 provider education and awareness of best clinical prac-
5 tices), provided by leading women's health care providers
6 who—

7 (1) serve populations most at risk of lacking ac-
8 cess to preventive care; and

9 (2) play an outsized role in the prevention and
10 detection of cancer in order to serve the goal of in-
11 creasing access to quality health screenings, care,
12 and services, reducing health care disparities and
13 mortality rates among low-income women and
14 women of color, decreasing health care spending,
15 and expanding health literacy, access, and education
16 about the benefits of regular preventive cancer
17 screening for women.

18 **SEC. 3. FINDINGS.**

19 Congress finds as follows:

20 (1) Breast cancer is the leading cause of cancer
21 death in women under the age of 54, and the Amer-
22 ican Cancer Society recommends that women in
23 their 20s and 30s have a clinical breast exam at
24 least every 3 years.

1 (2) Ovarian cancer causes more deaths than
2 any other cancer of the female reproductive system,
3 but it accounts for only about 3 percent of all can-
4 cers in women.
5 (3) The cancers that most frequently impact
6 women include breast, uterine, ovarian, and cervical
7 cancer, and there were 355,937 new cases of these
8 cancers in 2019.
9 (4) Rates of incidence and death for gynecologic
10 cancers by race and ethnicity show that, while for
11 some cancers, like ovarian cancer, the rates of inci-
12 dence and death are similar among all races, for
13 other cancers, like cervical cancer, women of color
14 have disproportionate incidence and mortality rates.
15 While the incidence of uterine cancer is similar for
16 White women and women of color, rates of death for
17 uterine cancer are 2 times higher for Black women
18 than for White women.
19 (5) Cervical cancer incidence and mortality
20 rates are higher for women living in rural and un-
21 derserved regions in the United States. Women liv-
22 ing in such areas face unique barriers in accessing
23 reproductive health care services to prevent and
24 treat cervical cancer, including a lack of practicing
25 gynecologists in rural areas and challenges around

1 transportation to preventive and follow-up appoint-
2 ments.
3 (6) Prevention and cancer screening are the
4 best approaches to protecting women from cancer
5 and ensuring early detection and life-saving treat-
6 ment. Many deaths from breast and cervical cancers
7 could be avoided if cancer screening rates and diag-
8 nostic care and services increased among women at
9 risk. Deaths from such cancers occur disproportion-
10 ately among women who are uninsured or under-
11 insured.
12 (7) Due to enhanced screening, cervical cancer
13 is now a much more preventable and treatable can-
14 cer. It is also highly curable when found and treated
15 early.
16 (8) Increased access to education; information,
17 including information on the human papillomavirus
18 vaccine; and preventive cancer screenings, resulting
19 in timely and adequate treatment, increase women's
20 ability to survive cancer.
21 (9) While more than 20 percent of cases of cer-
22 vical cancer are found in women over the age of 65,
23 it becomes less likely that women are tested for cer-
24 vical cancer ever or within the previous 5 years as
25 their age increases.

1 (10) Women's health care providers that are
2 primarily engaged in family planning services, such
3 as Planned Parenthood health centers, provide nec-
4 essary screening tests, education, and information to
5 women, especially women of color who face the high-
6 est risks of breast cancer and other gynecologic can-
7 cers.

8 (11) Access to preventive gynecological screen-
9 ing is also critical for transgender men who have
10 comparable rates of susceptibility to cervical cancer
11 as cisgender women, but often have less access to
12 preventive screenings.

13 (12) Discrimination and racism in health care
14 continues to contribute to disparate rates of gyneco-
15 logical cancer in non-White women. Black, Indige-
16 nous, and other women of color die at higher rates
17 from cervical cancer than White women, even though
18 fewer women overall die from cervical cancer.

19 (13) Black women with endometrial cancer
20 often receive surgery less often than White women
21 and are more likely to be diagnosed at an advanced
22 stage of the disease, contributing to disparities in
23 mortality in Black women.

1 **SEC. 4. STRENGTHENING ACCESS TO CANCER SCREENING**
2 **FOR WOMEN.**

3 Part B of title III of the Public Health Service Act
4 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
5 tion 317P the following:

6 **"SEC. 317P–1. GRANTS FOR WOMEN'S HEALTH CARE PRO-**
7 **VIDERS.**

8 ''(a) IN GENERAL.—The Secretary is authorized to
9 make grants and to enter into contracts with public or
10 nonprofit private entities to expand preventive health serv-
11 ices, including the cancer screening services required to
12 be covered by group health plans and health insurance
13 coverage pursuant to section 2713(a)(4). In awarding
14 such grants, the Secretary shall seek to increase access
15 to critical, life-saving cancer screening, cervical cytology
16 (commonly referred to as 'Pap tests'), human
17 papillomavirus tests,human papillomavirus and Pap
18 cotests, human papillomavirus vaccinations, and diag-
19 nostic tests for women with cancer symptoms, particularly
20 women of color.

21 ''(b) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section,
23 $20,000,000 for each of fiscal years 2025 through 2027.''.

1 **SEC. 5. EXPANDING CANCER SCREENING PROVIDER TRAIN-**
2 **ING.**

3 Part B of title III of the Public Health Service Act
4 (42 U.S.C. 243 et seq.), as amended by section 4, is fur-
5 ther amended by inserting after section 317P–1 the fol-
6 lowing:

7 **"SEC. 317P–2. WOMEN'S HEALTH CARE PROVIDERS DEM-**
8 **ONSTRATION TRAINING PROJECT.**

9 "(a) ESTABLISHMENT OF PROGRAM.—The Secretary
10 shall establish a demonstration program to award 3-year
11 grants to eligible entities for the training of physicians,
12 nurse practitioners, physician assistants, and other health
13 care providers related to life-saving breast and gynecologic
14 cancer screening for women, including appropriate follow-
15 up care and screening for abnormal results.

16 "(b) PURPOSE.—The purpose of the program under
17 this section is to enable each grant recipient to—

18 "(1) provide to licensed physicians, nurse prac-
19 titioners, physician assistants, and other health care
20 providers, through clinical training, education, and
21 practice, the most up-to-date clinical guidelines, re-
22 search, and recommendations adopted by the United
23 States Preventive Services Task Force in the area of
24 preventive cancer screening for breast and
25 gynecologic cancers, including for women with dense
26 breast tissue;

1 "(2) establish a model of training for physi-
2 cians, nurse practitioners, physician assistants, and
3 other health care providers that specialize in wom-
4 en's health care, with a specific focus on breast and
5 gynecologic cancer screening and follow up care, that
6 may be replicated nationwide;

7 "(3) train physicians, nurse practitioners, phy-
8 sician assistants, and other health care providers to
9 serve rural and underserved communities, low-in-
10 come communities, and communities of color in
11 breast and gynecologic cancer screening and follow
12 up care; and

13 "(4) provide implicit bias, cultural competency,
14 and patient-centered communication training cov-
15 ering the ways in which structural racism and dis-
16 crimination manifest within the medical field and
17 perpetuate racial disparities in gynecologic cancer in-
18 cidence and mortality rates and how to communicate
19 with patients through a knowledgeable and culturally
20 empathetic lens.

21 "(c) ELIGIBLE ENTITIES.—To be eligible to receive
22 a grant under this section, an entity shall be—

23 "(1) an entity that receives funding under sec-
24 tion 1001 or section 1003;

1 "(2) an essential community provider, as de-
2 fined in section 156.235 of title 45, Code of Federal
3 Regulations (or any successor regulations), that is
4 primarily engaged in family planning;
5 "(3) an entity that furnishes items or services
6 to individuals enrolled in a State Medicaid program
7 or waiver of such a plan; or
8 "(4) an entity that, at the time of application,
9 provides cancer screening services under the Na-
10 tional Breast and Cervical Cancer Early Detection
11 Program under title XV.".

12 **SEC. 6. STUDY AND REPORT TO CONGRESS ON INCREASED**
13 **CANCER SCREENING FOR WOMEN.**

14 (a) IN GENERAL.—The Secretary of Health and
15 Human Services (referred to in this section as the "Sec-
16 retary") shall—
17 (1) conduct a study (and periodically update
18 such study) on increased access to women's preven-
19 tive life-saving cancer screenings across the United
20 States; and
21 (2) not later than 2 years after the date of en-
22 actment of this Act, and every 5 years thereafter,
23 submit a report to Congress on such study.
24 (b) CONTENTS.—The study and reports under sub-
25 section (a) shall include—

1 (1) an analysis of breast and gynecologic cancer
2 rates among women across all 50 States, the Dis-
3 trict of Columbia, and the territories, including by
4 geographic area, income, employment status, race,
5 ethnicity, and status of insurance coverage;
6 (2) an analysis of cancer screenings provided by
7 women's health care providers across all 50 States,
8 the District of Columbia, and the territories, includ-
9 ing clinical breast exams, other screening for breast
10 cancer, and screening for cervical cancer, ovarian
11 cancer, and other gynecologic cancers;
12 (3) with respect to women with disproportionate
13 rates of gynecological cancers, or who are less likely
14 to receive screenings and care, and broken down by
15 categories of such women that include African-Amer-
16 ican women, Hispanic and Latina women, older
17 women, uninsured and underinsured women, and
18 women living in rural and underserved areas—
19 (A) an analysis of the awareness, avail-
20 ability, and uptake of breast, cervical, ovarian,
21 and other gynecological cancer screening op-
22 tions;
23 (B) an analysis of how access to health
24 care providers trained under the program de-
25 scribed in section 317P–2 of the Public Health

1 Service Act, as added by section 5, in compari-
2 son to other health care providers, increased
3 early detection of cancer and quality of cancer
4 care for such women; and
5 (C) recommendations for increasing
6 screening rates for such women who are less
7 likely to be screened or treated for breast, cer-
8 vical, ovarian, and other gynecological cancers;
9 (4) an analysis of how structural racism im-
10 pacts access to cancer screening services, correlates
11 to the development of breast, cervical, ovarian, and
12 other gynecological cancers, and exacerbates health
13 care disparities for African-American, Hispanic and
14 Latina women, and other women of color;
15 (5) in consultation with the Comptroller Gen-
16 eral of the United States, estimated Federal savings
17 achieved through early detection of breast and
18 gynecologic cancers;
19 (6) recommendations by the Secretary with re-
20 spect to the need for continued increased access to
21 women's health care providers, such as the entities
22 described in section 317P–2(c) of the Public Health
23 Service Act, as added by section 5, who provide pre-
24 ventive care, including life-saving cancer screenings;
25 and

1 (7) an evaluation of the demonstration project
2 on co-testing for human papillomavirus and cervical
3 cancer under section 317P–3 of the Public Health
4 Service Act, as added by section 7, including the re-
5 sults of the demonstration project and a rec-
6 ommendation on whether expansion of the co-testing
7 model described in such section 317P–3 would be
8 advised in order to promote early intervention,
9 screening uptake, and reduce cervical cancer deaths
10 and racial and ethnic disparities.

11 **SEC. 7. DEMONSTRATION PROJECT ON CO-TESTING FOR**
12 **HUMAN PAPILLOMAVIRUS AND CERVICAL**
13 **CANCER.**

14 Part B of title III of the Public Health Service Act
15 (42 U.S.C. 243 et seq.), as amended by section 5, is fur-
16 ther amended by inserting after section 317P–2 the fol-
17 lowing:

18 **"SEC. 317P–3. DEMONSTRATION PROJECT ON CO-TESTING**
19 **FOR HUMAN PAPILLOMAVIRUS AND CER-**
20 **VICAL CANCER.**

21 "(a) IN GENERAL.—The Secretary, in consultation
22 with the Director of the Centers for Disease Control and
23 Prevention and the Administrator of the Health Resources
24 and Services Administration, as appropriate, shall estab-
25 lish a 2-year demonstration project on increasing the cer-

1 vical cancer screening co-testing of human papillomavirus
2 and cervical cytology (commonly referred to as 'Pap tests')
3 to develop models for increasing the rates of co-testing
4 among women with disproportionate rates of cervical can-
5 cer, including African-American and Hispanic and Latina
6 women.

7 "(b) USE OF FUNDS.—Entities receiving an award
8 under this section shall use such award to—

9 "(1) increase access to co-testing of human
10 papillomavirus testing and cervical cancer among pa-
11 tients with disproportionate rates of cervical cytol-
12 ogy, including African-American and Hispanic and
13 Latina women;

14 "(2) support culturally and linguistically appro-
15 priate delivery models to such patients, including
16 through the provision of interpretation services; or

17 "(3) provide other services to improve health
18 outcomes with respect to such patients.

19 "(c) PRIORITIZATION.—In making awards under this
20 section, the Secretary shall give priority to eligible entities
21 serving low-income, uninsured, or medically underserved
22 populations (as defined in section 330(b)(3)) or popu-
23 lations with historically low rates of such co-testing, such
24 as older women.

1 "(d) ELIGIBLE ENTITIES.—To be eligible to receive
2 a grant under this section, an entity shall be an entity
3 described in section 317P–2(c).".