

117TH CONGRESS  
2D SESSION

# H. R. 8185

To amend the Public Health Service Act to reauthorize and improve the National Breast and Cervical Cancer Early Detection Program for fiscal years 2023 through 2027, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 22, 2022

Mr. MORELLE (for himself, Ms. BARRAGÁN, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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 2023 through 2027, 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,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Screening for Commu-  
5       nities to Receive Early and Equitable Needed Services for  
6       Cancer Act” or the “SCREENS for Cancer Act of 2022”.

7       **SEC. 2. FINDINGS.**

8       Congress finds the following:

1           (1) In 2022, there will be more than 290,500  
2       new cases of invasive breast cancer and nearly  
3       44,000 breast cancer deaths in the United States.

4           (2) In 2022, there will be about 14,100 new  
5       cases of invasive cervical cancer and about 4,280  
6       deaths from cervical cancer.

7           (3) Black women have the highest breast, cer-  
8       vical, and uterine cancer death rates of all racial and  
9       ethnic groups and are more likely to be diagnosed  
10      with triple-negative breast cancer, a more aggressive  
11      form of cancer.

12          (4) Research shows that the COVID–19 pan-  
13      demic was associated with a decline of more than  
14      3,900,000 breast cancer screenings in 2020, as com-  
15      pared to 2019. Similarly, cervical cancer screening  
16      utilization dropped by 90 percent in April 2020, rel-  
17      ative to the prior year.

18          (5) Recent National Cancer Institute studies  
19      have estimated that pandemic-related disruptions or  
20      delays in breast care and screening are expected to  
21      result in an excess of 2,500 breast cancer deaths by  
22      2030.

23          (6) Since its creation in 1991, the National  
24      Breast and Cervical Cancer Early Detection Pro-  
25      gram (referred to in this section as the

1 “NBCCEDP”) has provided lifesaving cancer  
2 screening and diagnostic services to low-income, un-  
3 insured, or underinsured women in all 50 States, the  
4 District of Columbia, 6 territories, and 13 Tribes or  
5 Tribal organizations.

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

11 (8) NBCCEDP has served more than  
12 6,000,000 people and provided more than  
13 15,600,000 breast and cervical cancer screening ex-  
14 aminations.

15 (9) These screening exams have diagnosed over  
16 70,000 invasive breast cancers and 23,000  
17 premalignant breast lesions, as well as over 5,000  
18 invasive cervical cancers and 230,000 premalignant  
19 cervical lesions, of which 39 percent were high-  
20 grade.

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

1           (11) Reauthorizing NBCCEDP will result in  
 2           expanded services, leading to more people being  
 3           screened and more cancers diagnosed at earlier  
 4           stages.

5   **SEC. 3. NATIONAL BREAST AND CERVICAL CANCER EARLY**  
 6           **DETECTION PROGRAM.**

7           Title XV of the Public Health Service Act (42 U.S.C.  
 8   300k et seq.) is amended—

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

10           (A) in subsection (a)—

11                   (i) in paragraph (2), by striking “the  
 12                   provision of appropriate follow-up services  
 13                   and support services such as case manage-  
 14                   ment” and inserting “that appropriate fol-  
 15                   low-up services are provided”;

16                   (ii) in paragraph (3), by striking  
 17                   “programs for the detection and control”  
 18                   and inserting “for the prevention, detec-  
 19                   tion, and control”;

20                   (iii) in paragraph (4), by striking “the  
 21                   detection and control” and inserting “the  
 22                   prevention, detection, and control”;

23                   (iv) in paragraph (5)—

24                           (I) by striking “monitor” and in-  
 25                           serting “ensure”; and

1 (II) by striking “; and” and in-  
2 serting a semicolon;

3 (v) by redesignating paragraph (6) as  
4 paragraph (9);

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

7 “(6) to enhance appropriate support activities  
8 to increase breast and cervical cancer screening such  
9 as patient navigation, implementation of evidence-  
10 based or evidence-informed strategies proven to in-  
11 crease breast and cervical cancer screening in health  
12 care settings, and facilitating access to health care  
13 settings;

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

17 “(8) to ensure equitable access to screening and  
18 diagnostic services and improve access for individ-  
19 uals who encounter additional barriers to receiving  
20 services, including due to various social determinants  
21 of health; and”;

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

25 (B) by striking subsection (d);

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

2 (A) in subsection (a)—

3 (i) in paragraph (1), by striking  
4 “that, initially” and all that follows  
5 through the semicolon and inserting “that  
6 appropriate breast and cervical cancer  
7 screening and diagnostic services are pro-  
8 vided based on national recommendations;  
9 and”;

10 (ii) by striking paragraphs (2) and  
11 (4);

12 (iii) by redesignating paragraph (3) as  
13 paragraph (2); and

14 (iv) in paragraph (2), as so redesign-  
15 ated, by striking “; and” and inserting a  
16 period; and

17 (B) by striking subsection (d);

18 (3) in section 1508(b) (42 U.S.C. 300n–4(b))—

19 (A) by striking “1 year after the date of  
20 the enactment of the National Breast and Cer-  
21 vical Cancer Early Detection Program Reau-  
22 thorization of 2007, and annually thereafter,”  
23 and inserting “2 years after the date of enact-  
24 ment of the Screening for Communities to Re-

1           ceive Early and Equitable Needed Services for  
2           Cancer Act, and every 5 years thereafter,”;

3           (B) by striking “Labor and Human Re-  
4           sources” and inserting “Health, Education,  
5           Labor, and Pensions”; and

6           (C) by striking “preceding fiscal year” and  
7           inserting “preceding 2 fiscal years in the case  
8           of the first report after the date of enactment  
9           of the Screening for Communities to Receive  
10          Early and Equitable Needed Services for Can-  
11          cer Act and preceding 5 fiscal years for each re-  
12          port thereafter”; and

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

14                (A) by striking “and” after “2011,”; and

15                (B) by inserting “, and \$500,000,000 for  
16                each of fiscal years 2023 through 2027” before  
17                the period at the end.

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