

116TH CONGRESS
1ST SESSION

S. 1735

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

IN THE SENATE OF THE UNITED STATES

JUNE 5, 2019

Mrs. MURRAY (for herself, Ms. BALDWIN, Mrs. GILLIBRAND, Mrs. SHAHEEN, Mr. BOOKER, Ms. HARRIS, Mr. WYDEN, Mr. MERKLEY, Mr. PETERS, Ms. ROSEN, Ms. KLOBUCHAR, and Mr. BLUMENTHAL) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 2019”.

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 cervical,

1 ovarian, uterine, vaginal, and vulvar cancer screening, pro-
2 vided by leading women’s health care providers who—

3 (1) serve populations most at risk; and

4 (2) play an outsized role in the prevention and
5 detection of cancer in order to serve the goal of re-
6 ducing health care disparities among low-income
7 women and women of color, decrease health care
8 spending, and expand health literacy, access, and
9 education about the benefits of regular preventive
10 cancer screening for women.

11 **SEC. 3. FINDINGS.**

12 Congress finds as follows:

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

18 (2) Ovarian cancer causes more deaths than
19 any other cancer of the female reproductive system,
20 but it accounts for only about 3 percent of all can-
21 cers in women.

22 (3) The cancers that most frequently impact
23 women include breast, uterine, ovarian, and cervical
24 cancer, and there were 331,394 new cases of these
25 cancers in 2015.

1 (4) Rates of incidence and death for gynecologic
2 cancers by race and ethnicity show that, while for
3 some cancers, like ovarian cancer, the rates of inci-
4 dence and death are similar among all races, for
5 other cancers, like cervical cancer, women of color
6 have a disproportionate rate of incidence. While the
7 incidence of uterine cancer is similar for White
8 women and women of color, rates of death for uter-
9 ine cancer are 2 times higher for Black women than
10 for White women.

11 (5) Prevention and cancer screening are the
12 best approaches to protecting women from cancer
13 and ensuring early detection and life-saving treat-
14 ment. Many deaths from breast and cervical cancers
15 could be avoided if cancer screening rates and diag-
16 nostic care and services increased among women at
17 risk. Deaths from these cancers occur disproportion-
18 ately among women who are uninsured or under-
19 insured.

20 (6) Due to enhanced screening, cervical cancer,
21 which used to be the leading cause of cancer death
22 for women in the United States, is now a much more
23 preventable and treatable cancer. It is also highly
24 curable when found and treated early.

1 (7) Increased access to education, information,
2 and preventive cancer screening increase women’s
3 ability to survive cancer.

4 (8) While more than 15 percent of cases of cer-
5 vical cancer are found in women over the age of 65,
6 it becomes less likely that women are tested for cer-
7 vical cancer ever or within the previous 5 years as
8 their age increases.

9 (9) Women’s health care providers that are pri-
10 marily engaged in family planning services, such as
11 Planned Parenthood health centers, provide nec-
12 essary screening tests, education, and information to
13 women, especially women of color who face the high-
14 est risks of breast cancer and other gynecologic can-
15 cers.

16 **SEC. 4. STRENGTHENING ACCESS TO CANCER SCREENING**
17 **FOR WOMEN.**

18 (a) IN GENERAL.—Part B of title III of the Public
19 Health Service Act (42 U.S.C. 243 et seq.) is amended
20 by inserting after section 317P the following:

21 **“SEC. 317P-1. GRANTS FOR WOMEN’S HEALTH CARE PRO-**
22 **VIDERS.**

23 “(a) IN GENERAL.—The Secretary is authorized to
24 make grants and to enter into contracts with public or
25 nonprofit private entities to expand preventive health serv-

ices, as provided for in the Preventive Services Guidelines of the Health Resources and Service Administration that were in effect on October 30, 2017, with an emphasis on increasing access to critical, life-saving cancer screening, Pap tests, human papillomavirus vaccination, and diagnostic tests for women with cancer symptoms, particularly women of color.

“(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$20,000,000 for each of fiscal years 2020 through 2023.”.

(b) FUNDING.—There is authorized to be appropriated to carry out programs related to breast and gynecologic cancers under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and title X of the Public Health Service Act (42 U.S.C. 300 et seq.), and the National Breast and Cervical Cancer Early Detection Program, such sums as may be necessary for each of fiscal years 2020 through 2023.

SEC. 5. EXPAND CANCER SCREENING PROVIDER TRAINING.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.), as amended by section 4, is further amended by inserting after section 317P–1 the following:

1 **“SEC. 317P-2. WOMEN’S HEALTH CARE PROVIDERS DEM-**
 2 **ONSTRATION TRAINING PROJECT.**

3 “(a) ESTABLISHMENT OF PROGRAM.—The Secretary
 4 shall establish a demonstration program (referred to in
 5 this section as the ‘program’) to award 3-year grants to
 6 eligible entities for the training of physicians, nurse practi-
 7 tioners, and other health care providers related to life-sav-
 8 ing breast and gynecologic cancer screening for women.

9 “(b) PURPOSE.—The purpose of the program is to
 10 enable each grant recipient to—

11 “(1) provide to licensed physicians, nurse prac-
 12 titioners, and other health care providers, through
 13 clinical training, education, and practice, the most
 14 up-to-date clinical guidelines and research adopted
 15 by the National Academies of Sciences, Engineering,
 16 and Medicine in the area of preventive cancer
 17 screening for breast and gynecologic cancers;

18 “(2) establish a model of training for physi-
 19 cians, nurse practitioners, and other health care pro-
 20 viders that specializes in women’s health care, with
 21 a specific focus on breast and gynecologic cancer
 22 screening, that may be replicated nationwide; and

23 “(3) train physicians, nurse practitioners, and
 24 other health care providers to serve rural commu-
 25 nities, low-income communities, and communities of
 26 color in breast and gynecologic cancer screening.

1 “(c) ELIGIBLE ENTITIES.—To be eligible to receive
2 a grant under this section, an entity shall be—

3 “(1) an entity that receives funding under sec-
4 tion 1001;

5 “(2) an essential community provider primarily
6 engaged in family planning, as defined in section
7 156.235 of title 45, Code of Federal Regulations (or
8 any successor regulations);

9 “(3) an entity that furnishes items or services
10 to individuals who are eligible for medical assistance
11 under title XIX of the Social Security Act; or

12 “(4) an entity that, at the time of application,
13 provides cancer screening services under the Na-
14 tional Breast and Cervical Cancer Early Detection
15 Program of the Centers for Disease Control and
16 Prevention.”.

17 **SEC. 6. STUDY AND REPORT TO CONGRESS ON INCREASED**
18 **CANCER SCREENING FOR WOMEN.**

19 (a) IN GENERAL.—The Secretary of Health and
20 Human Services (referred to in this section as the “Sec-
21 retary”) shall conduct a study (and periodically update
22 such study) on increased access to women’s preventive life-
23 saving cancer screening across the United States, and, not
24 later than January 1, 2025, and every 5 years thereafter,

1 the Secretary shall submit a report to Congress on such
2 study.

3 (b) CONTENTS.—The study and reports under sub-
4 section (a) shall include:

5 (1) A 50-State analysis of breast and
6 gynecologic cancer rates among women, including by
7 geographic area, income, race, and status of insur-
8 ance coverage.

9 (2) A 50-State analysis of cancer screening pro-
10 vided by women’s health care providers, including
11 clinical breast exams, other screening for breast can-
12 cer, and screening for cervical cancer, ovarian can-
13 cer, and other gynecologic cancers.

14 (3) An analysis of the awareness and avail-
15 ability of breast, cervical, ovarian, and other gynecolo-
16 gical cancer screening options for women with dis-
17 proportionate rates of gynecological cancers, includ-
18 ing African-American women, Hispanic and Latina
19 women, and other disproportionately impacted
20 groups, according to the 50-State analyses described
21 in paragraphs (1) and (2).

22 (4) In consultation with the Comptroller Gen-
23 eral of the United States, estimated Federal savings
24 achieved through early detection of breast and
25 gynecologic cancer.

1 (5) Analysis of how access to health care pro-
 2 viders trained under the program described in sec-
 3 tion 317P–2 of the Public Health Service Act, as
 4 added by section 5, in comparison to other health
 5 care providers, increased early detection of cancer
 6 for women.

7 (6) Recommendations by the Secretary with re-
 8 spect to the need for continued increased access to
 9 women’s health care providers, such as the entities
 10 described in section 317P–2(c) of the Public Health
 11 Service Act, as added by section 4, who provide pre-
 12 ventive care, including life-saving cancer screening.

13 (7) Recommendations for increasing screening
 14 rates for women who are less likely to be screened
 15 or treated for breast, cervical, ovarian, and other
 16 gynecological cancers, including African-American
 17 women, Hispanic and Latina women, and older
 18 women.

19 **SEC. 7. DEMONSTRATION PROJECT ON CO-TESTING FOR**
 20 **HUMAN PAPILLOMAVIRUS AND CERVICAL**
 21 **CANCER.**

22 Part B of title III of the Public Health Service Act
 23 (42 U.S.C. 243 et seq.), as amended by section 5, is fur-
 24 ther amended by inserting after section 317P–2 the fol-
 25 lowing:

1 **“SEC. 317P-3. DEMONSTRATION PROJECT ON CO-TESTING**
2 **FOR HUMAN PAPILLOMAVIRUS AND CER-**
3 **VICAL CANCER.**

4 “(a) IN GENERAL.—The Secretary, in coordination
5 with the Director of the Centers for Disease Control and
6 Prevention and the Administrator of the Health Resources
7 and Services Administration, shall establish a 2-year dem-
8 onstration project on increasing the co-testing of human
9 papillomavirus and cervical cancer screenings to develop
10 models for increasing the rates of co-testing among women
11 with disproportionate rates of cervical cancer, including
12 African-American and Hispanic and Latina women.

13 “(b) USE OF FUNDS.—Entities receiving funds under
14 this section shall use such funds to—

15 “(1) increase access to co-testing of Human
16 papillomavirus and cervical cancer among patients
17 with disproportionate rates of cervical cancer, in-
18 cluding African American and Hispanic and Latina
19 women;

20 “(2) support culturally- and linguistically-ap-
21 propriate delivery models to such patients, including
22 through the provision of interpretation services; or

23 “(3) provide other services to improve health
24 outcomes with respect to such patients.

25 “(c) PRIORITIZATION.—Priority for funding available
26 under this section shall be given to entities serving low-

1 income, uninsured, and medically underserved populations
2 or populations with historically low rates of such co-test-
3 ing, such as older women.

4 “(d) ELIGIBLE ENTITIES.—To be eligible to receive
5 a grant under this section, an entity shall be an entity
6 described in section 317P–2(c).”.

○