

116TH CONGRESS
1ST SESSION

H. R. 3129

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

IN THE HOUSE OF REPRESENTATIVES

JUNE 5, 2019

Mr. GOMEZ (for himself, Mr. AGUILAR, Ms. BARRAGÁN, Ms. BROWNLEY of California, Mr. DANNY K. DAVIS of Illinois, Mrs. DEMINGS, Ms. ESCOBAR, Ms. HAALAND, Mr. HASTINGS, Ms. JACKSON LEE, Mr. KHANNA, Ms. LEE of California, Mr. LUJÁN, Mrs. CAROLYN B. MALONEY of New York, Ms. MOORE, Mr. MORELLE, Mr. MOULTON, Ms. MUCARSEL-POWELL, Ms. NORTON, Mr. PETERS, Miss RICE of New York, Ms. SCHAKOWSKY, Mr. SOTO, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Mr. WELCH, Ms. PRESSLEY, Mr. BLUMENAUER, Mr. HIGGINS of New York, Mr. RASKIN, Mrs. FLETCHER, and Mr. GRIJALVA) introduced the following bill; which was referred to the Committee on Energy and Commerce

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”.

1 **SEC. 2. PURPOSE.**

2 It is the purpose of this Act to provide women with
3 increased access to preventive and life-saving cancer
4 screening, including clinical breast exams and cervical,
5 ovarian, uterine, vaginal, and vulvar cancer screening, pro-
6 vided by leading women’s health care providers who—

7 (1) serve populations most at risk; and

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

15 **SEC. 3. FINDINGS.**

16 Congress finds as follows:

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

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

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

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

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

24 (6) Due to enhanced screening, cervical cancer,
25 which used to be the leading cause of cancer death

1 for women in the United States, is now a much more
2 preventable and treatable cancer. It is also highly
3 curable when found and treated early.

4 (7) Increased access to education, information,
5 and preventive cancer screening increase women's
6 ability to survive cancer.

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

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

19 **SEC. 4. STRENGTHENING ACCESS TO CANCER SCREENING**
20 **FOR WOMEN.**

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

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

3 “(a) IN GENERAL.—The Secretary is authorized to
4 make grants and to enter into contracts with public or
5 nonprofit private entities to expand preventive health serv-
6 ices, as provided for in the Preventive Services Guidelines
7 of the Health Resources and Service Administration that
8 were in effect on October 30, 2017, with an emphasis on
9 increasing access to critical, life-saving cancer screening,
10 Pap tests, human papillomavirus vaccination, and diag-
11 nostic tests for women with cancer symptoms, particularly
12 women of color.

13 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
14 is authorized to be appropriated to carry out this section,
15 \$20,000,000 for each of fiscal years 2020 through 2023.”.

16 (b) FUNDING.—There is authorized to be appro-
17 priated to carry out programs related to breast and
18 gynecologic cancers under title XIX of the Social Security
19 Act (42 U.S.C. 1396 et seq.) and title X of the Public
20 Health Service Act (42 U.S.C. 300 et seq.), and the Na-
21 tional Breast and Cervical Cancer Early Detection Pro-
22 gram, such sums as may be necessary for each of fiscal
23 years 2020 through 2023.

24 **SEC. 5. EXPAND CANCER SCREENING PROVIDER TRAINING.**

25 Part B of title III of the Public Health Service Act
26 (42 U.S.C. 243 et seq.), as amended by section 4, is fur-

1 ther amended by inserting after section 317P–1 the fol-
2 lowing:

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

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

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

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

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

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

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

7 “(1) an entity that receives funding under sec-
 8 tion 1001;

9 “(2) an essential community provider primarily
 10 engaged in family planning, as defined in section
 11 156.235 of title 45, Code of Federal Regulations (or
 12 any successor regulations);

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

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

21 **SEC. 6. STUDY AND REPORT TO CONGRESS ON INCREASED**
 22 **CANCER SCREENING FOR WOMEN.**

23 (a) IN GENERAL.—The Secretary of Health and
 24 Human Services (referred to in this section as the “Sec-
 25 retary”) shall conduct a study (and periodically update

1 such study) on increased access to women’s preventive life-
2 saving cancer screening across the United States, and, not
3 later than January 1, 2025, and every 5 years thereafter,
4 the Secretary shall submit a report to Congress on such
5 study.

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

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

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

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

1 (4) In consultation with the Comptroller Gen-
2 eral of the United States, estimated Federal savings
3 achieved through early detection of breast and
4 gynecologic cancer.

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

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

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

1 **SEC. 7. DEMONSTRATION PROJECT ON CO-TESTING FOR**
2 **HUMAN PAPILLOMAVIRUS AND CERVICAL**
3 **CANCER.**

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

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

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

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

22 “(1) increase access to co-testing of Human
23 papillomavirus and cervical cancer among patients
24 with disproportionate rates of cervical cancer, in-
25 cluding African-American and Hispanic and Latina
26 women;

1 “(2) support culturally and linguistically appro-
2 pate delivery models to such patients, including
3 through the provision of interpretation services; or

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

6 “(c) PRIORITIZATION.—Priority for funding available
7 under this section shall be given to entities serving low-
8 income, uninsured, and medically underserved populations
9 or populations with historically low rates of such co-test-
10 ing, such as older women.

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

○