

118TH CONGRESS
1ST 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, and Ms. KLOBUCHAR) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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,*

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 of 2023” or the “SCREENS for Cancer Act
7 of 2023”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) In 2023, there will be more than 300,590
4 new cases of invasive breast cancer and nearly
5 44,000 breast cancer deaths in the United States.

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

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

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

20 (5) Research suggests that those postponed
21 breast screenings appeared to disproportionately af-
22 fect women of color: Non-Hispanic White women
23 had 17 percent fewer breast cancer diagnoses, while
24 the year-over-year decline was 53 percent for Asian
25 women, 43 percent for Hispanic women, and 27 per-
26 cent for Black women.

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

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

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

18 (9) NBCCEDP has served more than
19 6,100,000 people and provided more than
20 15,700,000 breast and cervical cancer screening ex-
21 aminations.

22 (10) These screening exams have diagnosed
23 nearly 76,000 invasive breast cancers and more than
24 24,000 premalignant breast lesions, as well as more
25 than 5,100 invasive cervical cancers and 235,000

1 premalignant cervical lesions, of which 39 percent
2 were high-grade.

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

7 (12) Reauthorizing NBCCEDP will result in
8 expanded services, leading to more people being
9 screened and more cancers diagnosed at earlier
10 stages.

11 **SEC. 3. NATIONAL BREAST AND CERVICAL CANCER EARLY**
12 **DETECTION PROGRAM.**

13 Title XV of the Public Health Service Act (42 U.S.C.
14 300k et seq.) is amended—

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

16 (A) in subsection (a)—

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

22 (ii) in paragraph (3), by striking
23 “programs for the detection and control”
24 and inserting “for the prevention, detec-
25 tion, and control”;

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

4 (iv) in paragraph (5)—

5 (I) by striking “monitor” and in-
6 serting “ensure”; and

7 (II) by striking “; and” and in-
8 serting a semicolon;

9 (v) by redesignating paragraph (6) as
10 paragraph (9);

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

13 “(6) to enhance appropriate support activities
14 to increase breast and cervical cancer screening such
15 as patient navigation, implementation of evidence-
16 based or evidence-informed strategies proven to in-
17 crease breast and cervical cancer screening in health
18 care settings, and facilitating access to health care
19 settings;

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

23 “(8) to ensure equitable access to screening and
24 diagnostic services and improve access for individ-
25 uals who encounter additional barriers to receiving

1 services, including due to various social determinants
2 of health; and”;

3 (vii) in paragraph (9), as so redesignated,
4 by striking “through (5)” and inserting “through (8)”;

5 (B) by striking subsection (d);

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

7 (A) in subsection (a)—

8 (i) in paragraph (1), by striking
9 “that, initially” and all that follows
10 through the semicolon and inserting “that
11 appropriate breast and cervical cancer
12 screening and diagnostic services are provided
13 based on national recommendations;
14 and”;

15 (ii) by striking paragraphs (2) and
16 (4);

17 (iii) by redesignating paragraph (3) as
18 paragraph (2); and

19 (iv) in paragraph (2), as so redesignated,
20 by striking “; and” and inserting a
21 period; and

22 (B) by striking subsection (d);

23 (3) in section 1508(b) (42 U.S.C. 300n-4(b))—
24

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

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
15 of the first report after the date of enactment
16 of the Screening for Communities to Receive
17 Early and Equitable Needed Services for Can-
18 cer Act of 2023 and preceding 5 fiscal years for
19 each report thereafter”; and

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

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

22 (B) by inserting “, \$275,000,000 for fiscal
23 year 2024, \$330,000,000 for fiscal year 2025,
24 \$385,000,000 for fiscal year 2026,
25 \$440,000,000 for fiscal year 2027, and

1 \$500,000,000 for fiscal year 2028” before the
2 period at the end.

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