

115TH CONGRESS
2D SESSION

H. R. 6315

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

IN THE HOUSE OF REPRESENTATIVES

JULY 6, 2018

Mr. GOMEZ (for himself, Mrs. DEMINGS, and Mr. SOTO) 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 2018”.

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 314,257 new cases of these
25 cancers in 2013.

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 higher for White
8 women than for women of color, rates of death for
9 uterine cancer are 2 times higher for Black women
10 than 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 increased
16 among women at risk. Deaths from these cancers
17 occur disproportionately among women who are un-
18 insured or underinsured.

19 (6) Due to enhanced screening, cervical cancer,
20 which used to be the leading cause of cancer death
21 for women in the United States, is now a much more
22 preventable and treatable cancer.

23 (7) Increased access to education, information,
24 and preventive cancer screening increase women's
25 ability to survive cancer.

1 (8) Women’s health care providers that are pri-
2 marily engaged in family planning services, such as
3 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 **SEC. 4. STRENGTHENING ACCESS TO CANCER SCREENING**
9 **FOR WOMEN.**

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

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

15 “(a) IN GENERAL.—The Secretary is authorized to
16 make grants and to enter into contracts with public or
17 nonprofit private entities to expand preventive health serv-
18 ices, as provided for in the Preventive Services Guidelines
19 of the Health Resources and Service Administration that
20 were in effect on October 30, 2017, with an emphasis on
21 increasing access to critical, life-saving cancer screening,
22 Pap tests, human papillomavirus vaccination, and diag-
23 nostic tests for women with cancer symptoms, particularly
24 women of color.

1 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section,
3 \$200,000,000 for each of fiscal years 2019 through
4 2022.”.

5 (b) FUNDING.—There is authorized to be appro-
6 priated to carry out programs related to breast and
7 gynecologic cancers under title XIX of the Social Security
8 Act (42 U.S.C. 1396 et seq.) and title X of the Public
9 Health Service Act (42 U.S.C. 300 et seq.), and the Na-
10 tional Breast and Cervical Cancer Early Detection Pro-
11 gram, such sums as may be necessary for each of fiscal
12 years 2019 through 2022.

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

14 Part B of title III of the Public Health Service Act
15 (42 U.S.C. 243 et seq.), as amended by section 4, is fur-
16 ther amended by inserting after section 317P–1 the fol-
17 lowing:

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

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

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

3 “(1) provide to licensed physicians, nurse prac-
4 titioners, and other health care providers, through
5 clinical training, education, and practice, the most
6 up-to-date clinical guidelines and research adopted
7 by the National Academies of Sciences, Engineering,
8 and Medicine in the area of preventive cancer
9 screening for breast and gynecologic cancers;

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

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

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

21 “(1) an entity that receives funding under sec-
22 tion 1001;

23 “(2) an essential community provider primarily
24 engaged in family planning, as defined in section

1 156.235 of title 45, Code of Federal Regulations (or
2 any successor regulations);

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

6 “(4) an entity that, at the time of application,
7 provides cancer screening services under the Na-
8 tional Breast and Cervical Cancer Early Detection
9 Program of the Centers for Disease Control and
10 Prevention.”.

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

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

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

23 (1) A 50-State analysis of breast and
24 gynecologic cancer rates among women, including by

1 geographic area, income, race, and status of insur-
2 ance coverage.

3 (2) A 50-State analysis of cancer screening pro-
4 vided by women’s health care providers, including
5 clinical breast exams, other screening for breast can-
6 cer, and screening for cervical cancer, ovarian can-
7 cer, and other gynecologic cancers.

8 (3) In consultation with the Comptroller Gen-
9 eral of the United States, estimated Federal savings
10 achieved through early detection of breast and
11 gynecologic cancer.

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

18 (5) Recommendations by the Secretary with re-
19 spect to the need for continued increased access to
20 women’s health care providers, such as the entities
21 described in section 317P–2(c) of the Public Health
22 Service Act, as added by section 4, who provide pre-
23 ventive care, including life-saving cancer screening.

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