

117TH CONGRESS
1ST SESSION

S. 1063

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

IN THE SENATE OF THE UNITED STATES

MARCH 25, 2021

Mrs. MURRAY (for herself, Mr. VAN HOLLEN, Ms. BALDWIN, Mr. WYDEN, Mr. MERKLEY, Mr. BLUMENTHAL, Ms. KLOBUCHAR, Mrs. GILLIBRAND, Mrs. SHAHEEN, Mr. BOOKER, Ms. ROSEN, and Mr. PETERS) 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 2021”.

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 in-
6 creasing access to quality health screenings, care,
7 and services, reducing health care disparities and
8 mortality rates among low-income women and
9 women of color, decreasing health care spending,
10 and expanding health literacy, access, and education
11 about the benefits of regular preventive cancer
12 screening for women.

13 **SEC. 3. FINDINGS.**

14 Congress finds as follows:

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

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

24 (3) The cancers that most frequently impact
25 women include breast, uterine, ovarian, and cervical

1 cancer, and there were 341,171 new cases of these
2 cancers in 2017.

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

13 (5) Cervical cancer incidence and mortality
14 rates are higher for women living in rural and un-
15 derserved regions in the United States. Women liv-
16 ing in these areas face unique barriers in accessing
17 reproductive health care services to prevent and
18 treat cervical cancer, including a lack of practicing
19 gynecologists in rural areas and challenges around
20 transportation to preventive and follow-up appoint-
21 ments.

22 (6) Prevention and cancer screening are the
23 best approaches to protecting women from cancer
24 and ensuring early detection and life-saving treat-
25 ment. Many deaths from breast and cervical cancers

1 could be avoided if cancer screening rates and diag-
2 nostic care and services increased among women at
3 risk. Deaths from these cancers occur disproportion-
4 ately among women who are uninsured or under-
5 insured.

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

11 (8) Increased access to education, information,
12 including information on the human papillomavirus
13 vaccine, and preventive cancer screening increase
14 women's ability to survive cancer.

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

20 (10) Women's health care providers that are
21 primarily engaged in family planning services, such
22 as Planned Parenthood health centers, provide nec-
23 essary screening tests, education, and information to
24 women, especially women of color who face the high-

1 est risks of breast cancer and other gynecologic can-
2 cers.

3 (11) Access to preventive gynecological screen-
4 ing is also critical for transgender men who have
5 comparable rates of susceptibility to cervical cancer
6 as cisgender women, but often have less access to
7 preventive screenings.

8 (12) Discrimination and racism in health care
9 continues to contribute to disparate rates of gynecolo-
10 gical cancer in non-White women. Black, Indige-
11 nous, and other Women of Color die at higher rates
12 from cervical cancer than White women, even though
13 fewer women overall die from cervical cancer.

14 (13) Black women with endometrial cancer
15 often receive surgery less often than White women
16 and are more likely to be diagnosed at an advanced
17 stage of the disease, contributing to disparities in
18 mortality in Black women.

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 2022 through 2024.”.

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, research, and rec-
 17 ommendations adopted by the United States Preven-
 18 tive Services Task Force in the area of preventive
 19 cancer 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;

1 “(3) train physicians, nurse practitioners, and
 2 other health care providers to serve rural and under-
 3 served communities, low-income communities, and
 4 communities of color in breast and gynecologic can-
 5 cer screening; and

6 “(4) provide implicit bias, cultural competency,
 7 and patient-centered communication training cov-
 8 ering the ways in which structural racism and dis-
 9 crimination manifest within the medical field and
 10 perpetuate racial disparities in gynecologic cancer in-
 11 cidence and death rates and how to communicate
 12 with patients through a knowledgeable and culturally
 13 empathetic lens.

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

16 “(1) an entity that receives funding under sec-
 17 tion 1001;

18 “(2) an essential community provider, as de-
 19 fined in section 156.235 of title 45, Code of Federal
 20 Regulations (or any successor regulations), that is
 21 primarily engaged in family planning;

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

1 “(4) an entity that, at the time of application,
 2 provides cancer screening services under the Na-
 3 tional Breast and Cervical Cancer Early Detection
 4 Program of the Centers for Disease Control and
 5 Prevention.”.

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

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

16 (b) CONTENTS.—The study and reports under sub-
 17 section (a) shall include—

18 (1) a 50-State analysis of breast and
 19 gynecologic cancer rates among women, including by
 20 geographic area, income, employment status, race,
 21 ethnicity, and status of insurance coverage;

22 (2) a 50-State analysis of cancer screening pro-
 23 vided by women’s health care providers, including
 24 clinical breast exams, other screening for breast can-

1 cer, and screening for cervical cancer, ovarian can-
2 cer, and other gynecologic cancers;

3 (3) an analysis of the awareness and availability
4 of breast, cervical, ovarian, and other gynecological
5 cancer screening options for women with dispropor-
6 tionate rates of gynecological cancers, including Afri-
7 can-American women, Hispanic and Latina women,
8 women living in rural and underserved areas, and
9 other disproportionately impacted groups, according
10 to the 50-State analyses described in paragraphs (1)
11 and (2);

12 (4) an analysis of how structural racism im-
13 pacts access to cancer screening services, its correla-
14 tion to the development of breast, cervical, ovarian,
15 and other gynecological cancers, and how it exacer-
16 bates health care disparities for African-American,
17 Hispanic and Latina women, and other Women of
18 Color;

19 (5) in consultation with the Comptroller Gen-
20 eral of the United States, estimated Federal savings
21 achieved through early detection of breast and
22 gynecologic cancer;

23 (6) an analysis of how access to health care
24 providers trained under the program described in
25 section 317P-2 of the Public Health Service Act, as

1 added by section 5, in comparison to other health
2 care providers, increased early detection of cancer
3 and quality of cancer care for women who are less
4 likely to receive care, including African-American
5 women, Hispanic and Latina women, older women,
6 uninsured and underinsured women, and women liv-
7 ing in rural and underserved areas;

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

15 (8) recommendations for increasing screening
16 rates for women who are less likely to be screened
17 or treated for breast, cervical, ovarian, and other
18 gynecological cancers, including African-American
19 women, Hispanic and Latina women, older women,
20 uninsured and underinsured women, and women liv-
21 ing in rural and underserved areas.

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).”.

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