

119TH CONGRESS
1ST SESSION

S. 1866

To amend the Public Health Service Act to reauthorize and improve the National Breast and Cervical Cancer Early Detection Program for fiscal years 2026 through 2030, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 22, 2025

Ms. BALDWIN (for herself, Ms. COLLINS, Ms. CORTEZ MASTO, 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 2026 through 2030, 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 2025” or the “SCREENS for Cancer Act
7 of 2025”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) In 2025, there will be more than 319,750
4 new cases of invasive breast cancer and nearly
5 43,000 breast cancer deaths in the United States.

6 (2) In 2025, there will be about 13,360 new
7 cases of invasive cervical cancer and about 4,320
8 deaths from cervical cancer.

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

17 (4) NBCCEDP places special emphasis on out-
18 reach to women who are geographically or culturally
19 isolated.

20 (5) NBCCEDP has served more than
21 6,400,000 people and provided more than
22 16,500,000 breast and cervical cancer screening ex-
23 aminations.

24 (6) These screening exams have diagnosed
25 nearly 80,000 invasive breast cancers and more than
26 25,000 premalignant breast lesions, as well as al-

1 most 5,300 invasive cervical cancers and over
 2 248,000 premalignant cervical lesions, of which 38
 3 percent were high-grade.

4 (7) The program also provides public education,
 5 outreach, patient navigation, and care coordination
 6 to increase breast and cervical cancer screening
 7 rates.

8 (8) Reauthorizing NBCCEDP will result in ex-
 9 panded services, leading to more people being
 10 screened and more cancers diagnosed at earlier
 11 stages.

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

14 Title XV of the Public Health Service Act (42 U.S.C.
 15 300k et seq.) is amended—

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

17 (A) in subsection (a)—

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

23 (ii) in paragraph (3), by striking
 24 “programs for the detection and control”

1 and inserting “for the prevention, detec-
 2 tion, and control”;

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

6 (iv) in paragraph (5)—

7 (I) by striking “monitor” and in-
 8 serting “ensure”; and

9 (II) by striking “; and” and in-
 10 serting a semicolon;

11 (v) by redesignating paragraph (6) as
 12 paragraph (9);

13 (vi) by inserting after paragraph (5)
 14 the following:

15 “(6) to enhance appropriate support activities
 16 to increase breast and cervical cancer screening,
 17 such as navigation of health care services, implemen-
 18 tation of evidence-based or evidence-informed strate-
 19 gies proven to increase breast and cervical cancer
 20 screening in health care settings, and facilitation of
 21 access to health care settings that provide breast
 22 and cervical cancer screenings;

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

“(8) to improve equitable access to breast and cervical cancer screening and diagnostic services and to reduce related barriers, including due to factors that relate to negative health outcomes; and”; and

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

(B) by striking subsection (d);

(2) in section 1503 (42 U.S.C. 300m)—

(A) in subsection (a)—

(i) in paragraph (1), by striking “that, initially” and all that follows through the semicolon and inserting “that appropriate breast and cervical cancer screening and diagnostic services are provided consistent with relevant evidence-based recommendations; and”; and

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

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

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

(B) by striking subsection (d);

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

2 (A) by striking “1 year after the date of
3 the enactment of the National Breast and Cer-
4 vical Cancer Early Detection Program Reau-
5 thorization of 2007, and annually thereafter,”
6 and inserting “2 years after the date of enact-
7 ment of the Screening for Communities to Re-
8 ceive Early and Equitable Needed Services for
9 Cancer Act of 2025, and every 5 years there-
10 after,”;

11 (B) by striking “Labor and Human Re-
12 sources” and inserting “Health, Education,
13 Labor, and Pensions”; and

14 (C) by striking “preceding fiscal year” and
15 inserting “preceding 2 fiscal years in the case
16 of the first report after the date of enactment
17 of the Screening for Communities to Receive
18 Early and Equitable Needed Services for Can-
19 cer Act of 2025 and preceding 5 fiscal years for
20 each report thereafter”; and

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

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

23 (B) by inserting “, and \$235,000,000 for
24 each of fiscal years 2026 through 2030” before
25 the period at the end.

1 **SEC. 4. GAO STUDY.**

2 Not later than September 30, 2027, the Comptroller
3 General of the United States shall report to the Committee
4 on Health, Education, Labor, and Pensions of the Senate
5 and the Committee on Energy and Commerce of the
6 House of Representatives on the work of the National
7 Breast and Cervical Cancer Early Detection Program, in-
8 cluding—

9 (1) an estimate of the number of individuals eli-
10 gible for services provided under such program;

11 (2) a summary of trends in the number of indi-
12 viduals served through such program; and

13 (3) an assessment of any factors that may be
14 driving the trends identified under paragraph (2),
15 including any barriers to accessing breast and cer-
16 vical cancer screenings provided by such program.

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