

PROMOTING RESOURCES TO EXPAND VACCINATION, EDUCATION, AND NEW TREATMENTS FOR HPV CANCERS ACT OF 2021

NOVEMBER 30, 2021.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 1550]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 1550) to amend the Public Health Service Act to provide for a public awareness campaign with respect to human papillomavirus, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Promoting Resources to Expand Vaccination, Education, and New Treatments for HPV Cancers Act of 2021” or the “PREVENT HPV Cancers Act of 2021”.

SEC. 2. PREVENTING HPV AND HPV-ASSOCIATED CANCERS; REAUTHORIZING JOHANNA’S LAW.

Section 317P of the Public Health Service Act (42 U.S.C. 247b–17) is amended—

(1) in subsection (c)(1)—

- (A) in subparagraph (B), by striking “cervical”;
- (B) in subparagraph (C), by striking “and” at the end;
- (C) in subparagraph (D) by striking “other” and all that follows through “cancer.” and inserting “recommended diagnostics for early intervention for, and prevention of, HPV-associated cancers; and”; and
- (D) by adding at the end the following:
 - “(E) the importance of recommended vaccines for prevention of HPV and HPV-associated cancers, including for males;” and

(2) by amending subsection (d) to read as follows:

“(d) JOHANNA’S LAW.—

“(1) NATIONAL PUBLIC AWARENESS CAMPAIGN.—

“(A) IN GENERAL.—The Secretary shall carry out a national campaign to increase the awareness and knowledge of health care providers and individuals with respect to gynecologic cancers, HPV, and HPV-associated cancers, and the importance of HPV vaccines in preventing HPV and HPV-associated cancers.

“(B) WRITTEN MATERIALS.—Activities under the national campaign under subparagraph (A) shall include—

- “(i) maintaining a supply of written materials that provide information to the public on gynecologic cancers, HPV, and HPV-associated cancers; and
- “(ii) distributing the materials to members of the public upon request.

“(C) PUBLIC SERVICE ANNOUNCEMENTS.—Activities under the national campaign under subparagraph (A) shall, in accordance with applicable law and regulations, include publishing materials in digital or print form, public engagement, and developing and placing public service announcements intended to encourage individuals to discuss with their physicians—

- “(i) their risk of gynecologic cancers and HPV-associated cancers; and
- “(ii) the importance of HPV vaccines in preventing HPV and HPV-associated cancers.

“(D) TARGETED POPULATIONS.—Activities under the national campaign under subparagraph (A) shall include culturally and linguistically competent public service announcements and other forms of communication and public engagement under subparagraph (C) targeted to—

- “(i) specific higher-risk populations of individuals based on race, ethnicity, level of acculturation, and family history, including African-American and Ashkenazi Jewish individuals;
- “(ii) communities with high rates of unvaccinated individuals, including males;
- “(iii) rural communities;
- “(iv) populations affected by increasing rates of oropharynx cancers;
- “(v) health care providers specializing in assisting survivors of sexual assault; and
- “(vi) such other communities as the Secretary determines appropriate.

“(2) CONSULTATION.—In carrying out the national campaign under this section, the Secretary shall consult with—

- “(A) health care providers;
- “(B) nonprofit organizations (including gynecologic cancer organizations and organizations that represent communities and individuals most affected by HPV-associated cancers and low vaccination rates);
- “(C) State and local public health departments; and
- “(D) elementary and secondary education organizations and institutions of higher education.

“(3) DEMONSTRATION PROJECTS REGARDING OUTREACH AND EDUCATION STRATEGIES.—

“(A) IN GENERAL.—

“(i) PROGRAM.—The Secretary may carry out a program to award grants or contracts to public or nonprofit private entities for the purpose of carrying out demonstration projects to test, compare, and evaluate different evidence-based outreach and education strategies to increase the awareness and knowledge of women, their families, physicians, nurses, and other key health professionals with respect to gynecologic cancers, including with respect to early warning signs, risk factors, prevention, screening, and treatment options.

“(ii) SCIENCE-BASED RESOURCES.—In making awards under clause (i), the Secretary shall encourage awardees to use science-based resources such as the Inside Knowledge About Gynecologic Cancer education campaign of the Centers for Disease Control and Prevention.

“(B) PREFERENCES IN AWARDING GRANTS OR CONTRACTS.—In making awards under subparagraph (A), the Secretary shall give preference to—

“(i) applicants with demonstrated expertise in gynecologic cancer education or treatment or in working with groups of women who are at increased risk of gynecologic cancers; and

“(ii) applicants that, in the demonstration project funded by the grant or contract, will establish linkages between physicians, nurses, other key health professionals, health profession students, hospitals, payers, and State health departments.

“(C) APPLICATION.—To seek a grant or contract under subparagraph (A), an entity shall submit an application to the Secretary in such form, in such manner, and containing such agreements, assurances, and information as the Secretary determines to be necessary to carry out this paragraph.

“(D) CERTAIN REQUIREMENTS.—In making awards under subparagraph (A), the Secretary shall—

“(i) make awards, as practicable, to not fewer than five applicants; and

“(ii) ensure that information provided through demonstration projects under this paragraph is consistent with the best available medical information.

“(E) REPORT TO CONGRESS.—Not later than 24 months after the date of the enactment of the PREVENT HPV Cancers Act of 2021, and annually thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that—

“(i) summarizes the activities of demonstration projects under subparagraph (A);

“(ii) evaluates the extent to which the projects were effective in increasing awareness and knowledge of risk factors and early warning signs in the populations to which the projects were directed; and

“(iii) identifies barriers to early detection and appropriate treatment of such cancers.

“(4) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there is authorized to be appropriated \$25,000,000 for the period of fiscal years 2022 through 2026.”.

I. PURPOSE AND SUMMARY

H.R. 1550, the “Promoting Resources to Expand Vaccination, Education, and New Treatments for HPV Cancers Act of 2021” or the “PREVENT HPV Cancers Act of 2021,” amends the Public Health Service Act to require the Secretary of Health and Human Services (the Secretary) to carry out a national campaign to increase the awareness and knowledge of health care providers and individuals with respect to gynecologic cancers, human papillomavirus (HPV), and HPV-associated cancers, highlighting the importance of HPV vaccines in preventing HPV and HPV-associated cancers.

II. BACKGROUND AND NEED FOR LEGISLATION

HPV is a group of more than 200 related viruses, of which more than 40 are spread through direct sexual contact.¹ HPV infections are common, with more than 42 million Americans currently infected with the virus and about 13 million Americans infected each year.² While nine in every 10 HPV infections go away by themselves within two years, in some circumstances, HPV can cause certain cancers, leading to 36,000 cases of cancer in men and women each year.³

Many of these infections and cancer diagnoses could be prevented through greater use of HPV vaccines. The first HPV vaccine, Gardasil, was licensed in the United States in 2006, and was indicated for the prevention of four types of HPV.⁴ An updated vaccine on the market since 2016 Gardasil 9, prevents infection from nine types of HPV.⁵ The Advisory Committee on Immunization Practices (ACIP) recommends HPV vaccination for all adolescents to begin at age 11 or 12, though vaccination could begin as young as age nine. ACIP also recommends catch-up vaccination for individuals as old as 26 if they weren't vaccinated earlier.⁶ Those aged 27 to 45 are not routinely recommended for catch-up vaccines, but vaccines may be recommended for certain individuals in consultation with a physician.⁷

HPV vaccination rates among teens have increased each year but have not risen to the level of other routinely recommended vaccines. As of 2020, only 58.6 percent of adolescents were up to date on the HPV vaccine, well below the Centers for Disease Control and Prevention's (CDC) target of 80 percent of adolescents.^{8,9} Male adolescents lag behind females, with 56 percent up to date on their HPV vaccination, compared to 61.4 percent of females.¹⁰ Moreover, there is an even wider gap between male and female young adults. According to a study from the University of Michigan, 34.1 percent of males from age 18 to 21 reported being vaccinated against HPV, compared to 55.2 percent of females of the same age.¹¹

CDC data indicate that vaccination has been effective at reducing the incidence of HPV infections, anogenital warts, and cervical precancers.¹² Incidences of cervical cancer have also decreased over time in young women, and those who are vaccinated against HPV have been shown to be 90 percent less likely to develop cervical

¹ National Cancer Institute, *Human Papillomavirus (HPV) Vaccines* (<https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-vaccine-fact-sheet-what-are-hpv-vaccines>) (2021).

² Centers for Disease Control and Prevention, *HPV Infection* (https://www.cdc.gov/hpv/parents/about-hpv.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhpv%2Fparents%2Fwhatishpv.html) (2021).

³ *Id.*

⁴ *Supra* note 1.

⁵ *Id.*

⁶ Elissa Meites, et al., *Human Papillomavirus Vaccination for Adults: Updated Recommendations of the Advisory Committee on Immunization Practices*, *Morbidity and Mortality Weekly Rept.* (Aug. 16, 2019).

⁷ *Id.*

⁸ *Id.*

⁹ Cassandra Pingali, et al., *National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years—United States, 2020*, *Morbidity and Mortality Weekly Rept.* (Sept. 3, 2021).

¹⁰ *Id.*

¹¹ Michelle M. Chen, et al., *HPV Vaccination Among Young Adults in the U.S.*, *Journal of the Am. Med. Assn.* (Apr. 27, 2021).

¹² *Supra* note 6.

cancer.¹³ Nevertheless, some HPV-associated cancers, including head and neck cancers, have been on the rise, especially among men.¹⁴

Because adolescents and young adults are below target vaccination rates, and HPV-associated cancers remain on the rise, H.R. 1550 aims to promote vaccination against HPV by improving and reauthorizing programs at CDC to increase awareness of HPV vaccines. Since 2006, as authorized by “Johanna’s Law,” CDC has implemented the “Inside Knowledge About Gynecologic Cancer Campaign,” which promotes early screening of gynecologic cancers and HPV vaccines for recommended populations.^{15 16} Because HPV can cause cancers in individuals regardless of sex, and there is a rise in some non-gynecologic HPV-associated cancers, H.R. 1550 would reauthorize and expand this program to require the Secretary to conduct a national campaign to educate health care providers and the public that include information on gynecologic cancers, HPV, all HPV-associated cancers, and the importance of HPV vaccines in preventing HPV-associated cancers. In executing the national campaign, the Secretary would be required to include culturally and linguistically competent public service announcements and other forms of communication to specific higher-risk populations of individuals; communities with high rates of unvaccinated individuals, including males; rural communities; populations affected by increasing rates of oropharynx cancers; health care providers specializing in assisting survivors of sexual assault, and other communities as the Secretary determines appropriate. The Secretary would be required to consult with health care providers; nonprofit organizations, including gynecologic cancer organizations and those that represent communities and individuals most affected by HPV-associated cancers and low vaccination rates; State and local public health departments; and elementary and secondary education organizations and institutions of higher education. In addition, the bill authorizes the Secretary to award grants or contracts to public or nonprofit entities to carry out demonstration projects to test, compare, and evaluate different evidence-based outreach and education to increase awareness of gynecologic cancers. H.R. 1550 would authorize \$25 million for the period of fiscal years 2022 through 2026 to carry out these activities.

III. COMMITTEE HEARINGS

For the purposes of section 3(c) of rule XIII of the Rules of the House of Representatives, the following hearing was used to develop or consider H.R. 1550:

The Subcommittee on Health held a legislative hearing on June 15, 2021, entitled “Booster Shot: Enhancing Public Health through Vaccine Legislation.” The Subcommittee received testimony from the following witnesses:

¹³ National Cancer Institute, *Large Study Confirms that HPV Vaccine Prevents Cervical Cancer* (<https://www.cancer.gov/news-events/cancer-currents-blog/2020/hpv-vaccine-prevents-cervical-cancer-sweden-study>) (Oct. 14, 2020).

¹⁴ Memorial Sloan Kettering Cancer Center, *5 Reasons Boys and Young Men Need the HPV Vaccine, Too* (<https://www.mskcc.org/news/5-reasons-boys-and-young-men-need-hpv-vaccine-too>) (June 10, 2021).

¹⁵ Johanna’s Law, Public Health Service Act § 317P(d).

¹⁶ Centers for Disease Control and Prevention, *About the Inside Knowledge Campaign* (<https://www.cdc.gov/cancer/gynecologic/knowledge/about.htm>) (2021).

- Phyllis Arthur, Vice President, Infectious Diseases and Emerging Science Policy, Biotechnology Innovation Organization;
- Rebecca Coyle, Executive Director, American Immunization Registry Association;
- Yvonne Maldonado, M.D., Chair, Committee on Infectious Diseases, American Academy of Pediatrics; and
- Lijen (L.J.) Tan, Ph.D., Chief Strategy Officer, Immunization Action Coalition.

IV. COMMITTEE CONSIDERATION

H.R. 1550, the “Promoting Resources to Expand Vaccination, Education, and New Treatments for HPV Cancers Act of 2021” or the “PREVENT HPV Cancers Act of 2021,” was introduced on March 3, 2021, by Representatives Kathy Castor (D–FL) and Kim Schrier (D–WA) and referred to the Committee on Energy and Commerce. Subsequently, on March 4, 2021, H.R. 1550 was referred to the Subcommittee on Health. A legislative hearing was held on the bill on June 15, 2021.

On July 15, 2021, the Subcommittee on Health met in open markup session, pursuant to notice, to consider H.R. 1550 and 18 other bills. During consideration of the bill, an amendment in the nature of a substitute (AINS) offered by Representative Castor was agreed to by a voice vote. Upon conclusion of consideration of the bill, the Subcommittee on Health agreed to report the bill favorably to the full Committee, amended, by a voice vote.

On July 21, 2021, the full Committee met in open markup session, pursuant to notice, to consider H.R. 1550 and 23 other bills. An amendment offered by Representative Burgess was agreed to by a voice vote. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage offered by Representative Pallone (D–NJ), Chairman of the Committee, to order H.R. 1550 reported favorably to the House, amended, by a voice vote.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 1550.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of

the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

VIII. CONGRESSIONAL BUDGET OFFICE ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 21, 2021.

Hon. FRANK PALLONE, JR.,
*Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 1550, the PREVENT HPV Cancers Act of 2021.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Sarah Sajewski.

Sincerely,

PHILLIP L. SWAGEL,
Director.

Enclosure.

H.R. 1550, PREVENT HPV Cancers Act of 2021			
As ordered reported by the House Committee on Energy and Commerce on July 21, 2021			
By Fiscal Year, Millions of Dollars	2021	2021-2026	2021-2031
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	0	25	not estimated
Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2032?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

H.R. 1550 would authorize appropriations of \$25 million over the 2022–2026 period for the Secretary of Health and Human Services to conduct a national public awareness campaign on human papillomavirus (HPV) and HPV-associated cancers. The campaign would include public service announcements about the risk of gynecological cancers and the importance of HPV vaccines as well as an annual Congressional report. It also could include grants to evaluate strategies to increase awareness of gynecologic cancers. The bill would update the requirements for educational materials on HPV to include the importance of vaccination.

For this estimate, CBO assumes H.R. 1550 will be enacted near the beginning of fiscal year 2022. Based on historical spending on similar activities, CBO estimates that implementing H.R. 1550 would increase federal spending by \$25 million over the 2022–2026 period, subject to the availability of appropriated funds.

The CBO staff contact for this estimate is Sarah Sajewski. The estimate was reviewed by Leo Lex, Deputy Director of Budget Analysis.

IX. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

X. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to support efforts to increase HPV vaccination rates, and otherwise prevent and treat gynecologic cancers and HPV-associated cancers, including through a public awareness campaign, and support for demonstration projects to support outreach and education strategies.

XI. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 1550 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

XII. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XIII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 1550 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIV. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XVI. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the Act may be cited as the “Promoting Resources to Expand Vaccination, Education, and New Treatments

for HPV Cancers Act of 2021” or the “PREVENT HPV Cancers Act of 2021.”

Sec. 2. Preventing HPV and HPV-associated cancers; reauthorizing Johanna’s Law.

Section 2 amends the Public Health Service Act by broadening existing language on HPV education and prevention to include all HPV and HPV-associated cancers, and by reauthorizing Johanna’s Law and extending it to carry out a national campaign to increase awareness and knowledge of gynecologic cancers, HPV, and HPV-associated cancers, and the importance of HPV vaccines in preventing HPV and HPV-associated cancers.

The updated provisions of Johanna’s Law would require the Secretary, when carrying out the campaign, to include culturally and linguistically competent public service announcements and other forms of communication and public engagement targeted to specific higher risk populations of individuals based on race, ethnicity, level of acculturation, and family history; communities with high rates of unvaccinated individuals; rural communities; populations affected by increasing rates of oropharynx cancer; health care providers specializing in assisting survivors of sexual assault; and other communities as the Secretary determines appropriate.

Section 2 also requires the Secretary to consult with health care providers, nonprofit organizations (including gynecologic cancer organizations and organizations that represent communities and individuals most affected by HPV-associated cancers and low vaccination rates); state and local public health departments; and elementary and secondary education organizations and institutions of higher education.

Additionally, section 2 authorizes the Secretary to award grants to public or nonprofit organizations for purposes of carrying out demonstration projects to test, compare, and evaluate different evidence-based outreach and education strategies to increase the awareness and knowledge of women, their families, physicians, nurses, and other key health professionals with respect to gynecologic cancers. Priority for grants would be given to applicants with demonstrated expertise in gynecologic cancer education or treatment or in working with groups of women who are at increased risk of gynecologic cancers; and to applicants that will establish linkages between physicians, nurses, and other health professionals, health profession students, hospitals, payers, and State health departments. The Secretary is required to make awards to no fewer than five applicants, as practicable, and ensure that information provided under demonstration projects is consistent with the best available medical information. Section 2 requires the Secretary to report to the Committee on Energy and Commerce of the House of Representatives as well as the Committee on Health, Education, Labor, and Pensions of the Senate within 24 months of enactment, and annually thereafter, on demonstration projects funded by these grants. Such report shall summarize the activities of the demonstration projects, evaluate the effectiveness in increasing awareness and knowledge in the populations to which projects were directed, and identify barriers to early detection and appropriate treatment of such cancers.

Section 2 authorizes \$25 million for the period of fiscal years 2022 through 2026 to carry out these activities.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART B—FEDERAL-STATE COOPERATION

* * * * *

HUMAN PAPILLOMAVIRUS (JOHANNA’S LAW)

SEC. 317P. (a) SURVEILLANCE.—

(1) **IN GENERAL.**—The Secretary, acting through the Centers for Disease Control and Prevention, shall—

- (A) enter into cooperative agreements with States and other entities to conduct sentinel surveillance or other special studies that would determine the prevalence in various age groups and populations of specific types of human papillomavirus (referred to in this section as “HPV”) in different sites in various regions of the United States, through collection of special specimens for HPV using a variety of laboratory-based testing and diagnostic tools; and
- (B) develop and analyze data from the HPV sentinel surveillance system described in subparagraph (A).

(2) **REPORT.**—The Secretary shall make a progress report to the Congress with respect to paragraph (1) no later than 1 year after the effective date of this section.

(b) PREVENTION ACTIVITIES; EDUCATION PROGRAM.—

(1) **IN GENERAL.**—The Secretary, acting through the Centers for Disease Control and Prevention, shall conduct prevention research on HPV, including—

- (A) behavioral and other research on the impact of HPV-related diagnosis on individuals;
- (B) formative research to assist with the development of educational messages and information for the public, for patients, and for their partners about HPV;
- (C) surveys of physician and public knowledge, attitudes, and practices about genital HPV infection; and
- (D) upon the completion of and based on the findings under subparagraphs (A) through (C), develop and disseminate educational materials for the public and health

care providers regarding HPV and its impact and prevention.

(2) REPORT; FINAL PROPOSAL.—The Secretary shall make a progress report to the Congress with respect to paragraph (1) not later than 1 year after the effective date of this section, and shall develop a final report not later than 3 years after such effective date, including a detailed summary of the significant findings and problems and the best strategies to prevent future infections, based on available science.

(c) HPV EDUCATION AND PREVENTION.—

(1) IN GENERAL.—The Secretary shall prepare and distribute educational materials for health care providers and the public that include information on HPV. Such materials shall address—

(A) modes of transmission;

(B) consequences of infection, including the link between HPV and **【cervical】** cancer;

(C) the available scientific evidence on the effectiveness or lack of effectiveness of condoms in preventing infection with HPV; **【and】**

(D) the importance of regular Pap smears, and **【other diagnostics for early intervention and prevention of cervical cancer purposes in preventing cervical cancer.】** *recommended diagnostics for early intervention for, and prevention of, HPV-associated cancers; and*

(E) *the importance of recommended vaccines for prevention of HPV and HPV-associated cancers, including for males;*

(2) MEDICALLY ACCURATE INFORMATION.—Educational material under paragraph (1), and all other relevant educational and prevention materials prepared and printed from this date forward for the public and health care providers by the Secretary (including materials prepared through the Food and Drug Administration, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration), or by contractors, grantees, or subgrantees thereof, that are specifically designed to address STDs including HPV shall contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STD the materials are designed to address. Such requirement only applies to materials mass produced for the public and health care providers, and not to routine communications.

【(d) JOHANNA'S LAW.—

【(1) NATIONAL PUBLIC AWARENESS CAMPAIGN.—

【(A) IN GENERAL.—The Secretary shall carry out a national campaign to increase the awareness and knowledge of health care providers and women with respect to gynecologic cancers.

【(B) WRITTEN MATERIALS.—Activities under the national campaign under subparagraph (A) shall include—

【(i) maintaining a supply of written materials that provide information to the public on gynecologic cancers; and

【(ii) distributing the materials to members of the public upon request.

[(C) PUBLIC SERVICE ANNOUNCEMENTS.—Activities under the national campaign under subparagraph (A) shall, in accordance with applicable law and regulations, include developing and placing, in telecommunications media, public service announcements intended to encourage women to discuss with their physicians their risks of gynecologic cancers. Such announcements shall inform the public on the manner in which the written materials referred to in subparagraph (B) can be obtained upon request, and shall call attention to early warning signs and risk factors based on the best available medical information.

[(2) REPORT AND STRATEGY.—

[(A) REPORT.—Not later than 6 months after the date of the enactment of this subsection, the Secretary shall submit to the Congress a report including the following:

[(i) A description of the past and present activities of the Department of Health and Human Services to increase awareness and knowledge of the public with respect to different types of cancer, including gynecologic cancers.

[(ii) A description of the past and present activities of the Department of Health and Human Services to increase awareness and knowledge of health care providers with respect to different types of cancer, including gynecologic cancers.

[(iii) For each activity described pursuant to clause (i) or (ii), a description of the following:

[(I) The funding for such activity for fiscal year 2006 and the cumulative funding for such activity for previous fiscal years.

[(II) The background and history of such activity, including—

[(aa) the goals of such activity;

[(bb) the communications objectives of such activity;

[(cc) the identity of each agency within the Department of Health and Human Services responsible for any aspect of the activity; and

[(dd) how such activity is or was expected to result in change.

[(III) How long the activity lasted or is expected to last.

[(IV) The outcomes observed and the evaluation methods, if any, that have been, are being, or will be used with respect to such activity.

[(V) For each such outcome or evaluation method, a description of the associated results, analyses, and conclusions.

[(B) STRATEGY.—

[(i) DEVELOPMENT; SUBMISSION TO CONGRESS.—Not later than 3 months after submitting the report required by subparagraph (A), the Secretary shall develop and submit to the Congress a strategy for improving efforts to increase awareness and knowledge of the public and health care providers with respect to

different types of cancer, including gynecological cancers.

[(ii) CONSULTATION.—In developing the strategy under clause (i), the Secretary should consult with qualified private sector groups, including nonprofit organizations.]

[(3) FULL COMPLIANCE.—

[(A) IN GENERAL.—Not later than March 1, 2008, the Secretary shall ensure that all provisions of this section, including activities directed to be carried out by the Centers for Disease Control and Prevention and the Food and Drug Administration, are fully implemented and being complied with. Not later than April 30, 2008, the Secretary shall submit to Congress a report that certifies compliance with the preceding sentence and that contains a description of all activities undertaken to achieve such compliance.]

[(B) If the Secretary fails to submit the certification as provided for under subparagraph (A), the Secretary shall, not later than 3 months after the date on which the report is to be submitted under subparagraph (A), and every 3 months thereafter, submit to Congress an explanation as to why the Secretary has not yet complied with the first sentence of subparagraph (A), a detailed description of all actions undertaken within the month for which the report is being submitted to bring the Secretary into compliance with such sentence, and the anticipated date the Secretary expects to be in full compliance with such sentence.]

[(4) CONSULTATION WITH NONPROFIT GYNECOLOGIC CANCER ORGANIZATIONS.—In carrying out the national campaign under this subsection, the Secretary shall consult with nonprofit gynecologic cancer organizations, with a mission both to conquer ovarian or other gynecologic cancer and to provide outreach to State and local governments and communities, for the purpose of determining the best practices for providing gynecologic cancer information and outreach services to varied populations.]

[(6) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there is authorized to be appropriated \$16,500,000 for the period of fiscal years 2007 through 2009 and \$18,000,000 for the period of fiscal years 2012 through 2014.]

(d) JOHANNA'S LAW.—

(1) NATIONAL PUBLIC AWARENESS CAMPAIGN.—

(A) IN GENERAL.—*The Secretary shall carry out a national campaign to increase the awareness and knowledge of health care providers and individuals with respect to gynecologic cancers, HPV, and HPV-associated cancers, and the importance of HPV vaccines in preventing HPV and HPV-associated cancers.*

(B) WRITTEN MATERIALS.—*Activities under the national campaign under subparagraph (A) shall include—*

(i) maintaining a supply of written materials that provide information to the public on gynecologic cancers, HPV, and HPV-associated cancers; and

(ii) distributing the materials to members of the public upon request.

(C) *PUBLIC SERVICE ANNOUNCEMENTS.*—Activities under the national campaign under subparagraph (A) shall, in accordance with applicable law and regulations, include publishing materials in digital or print form, public engagement, and developing and placing public service announcements intended to encourage individuals to discuss with their physicians—

(i) their risk of gynecologic cancers and HPV-associated cancers; and

(ii) the importance of HPV vaccines in preventing HPV and HPV-associated cancers.

(D) *TARGETED POPULATIONS.*—Activities under the national campaign under subparagraph (A) shall include culturally and linguistically competent public service announcements and other forms of communication and public engagement under subparagraph (C) targeted to—

(i) specific higher-risk populations of individuals based on race, ethnicity, level of acculturation, and family history, including African-American and Ashkenazi Jewish individuals;

(ii) communities with high rates of unvaccinated individuals, including males;

(iii) rural communities;

(iv) populations affected by increasing rates of oropharynx cancers;

(v) health care providers specializing in assisting survivors of sexual assault; and

(vi) such other communities as the Secretary determines appropriate.

(2) *CONSULTATION.*—In carrying out the national campaign under this section, the Secretary shall consult with—

(A) health care providers;

(B) nonprofit organizations (including gynecologic cancer organizations and organizations that represent communities and individuals most affected by HPV-associated cancers and low vaccination rates);

(C) State and local public health departments; and

(D) elementary and secondary education organizations and institutions of higher education.

(3) *DEMONSTRATION PROJECTS REGARDING OUTREACH AND EDUCATION STRATEGIES.*—

(A) *IN GENERAL.*—

(i) *PROGRAM.*—The Secretary may carry out a program to award grants or contracts to public or nonprofit private entities for the purpose of carrying out demonstration projects to test, compare, and evaluate different evidence-based outreach and education strategies to increase the awareness and knowledge of women, their families, physicians, nurses, and other key health professionals with respect to gynecologic cancers, including with respect to early warning signs, risk factors, prevention, screening, and treatment options.

(ii) *SCIENCE-BASED RESOURCES.*—*In making awards under clause (i), the Secretary shall encourage awardees to use science-based resources such as the Inside Knowledge About Gynecologic Cancer education campaign of the Centers for Disease Control and Prevention.*

(B) *PREFERENCES IN AWARDING GRANTS OR CONTRACTS.*—*In making awards under subparagraph (A), the Secretary shall give preference to—*

(i) *applicants with demonstrated expertise in gynecologic cancer education or treatment or in working with groups of women who are at increased risk of gynecologic cancers; and*

(ii) *applicants that, in the demonstration project funded by the grant or contract, will establish linkages between physicians, nurses, other key health professionals, health profession students, hospitals, payers, and State health departments.*

(C) *APPLICATION.*—*To seek a grant or contract under subparagraph (A), an entity shall submit an application to the Secretary in such form, in such manner, and containing such agreements, assurances, and information as the Secretary determines to be necessary to carry out this paragraph.*

(D) *CERTAIN REQUIREMENTS.*—*In making awards under subparagraph (A), the Secretary shall—*

(i) *make awards, as practicable, to not fewer than five applicants; and*

(ii) *ensure that information provided through demonstration projects under this paragraph is consistent with the best available medical information.*

(E) *REPORT TO CONGRESS.*—*Not later than 24 months after the date of the enactment of the PREVENT HPV Cancers Act of 2021, and annually thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that—*

(i) *summarizes the activities of demonstration projects under subparagraph (A);*

(ii) *evaluates the extent to which the projects were effective in increasing awareness and knowledge of risk factors and early warning signs in the populations to which the projects were directed; and*

(iii) *identifies barriers to early detection and appropriate treatment of such cancers.*

(4) *AUTHORIZATION OF APPROPRIATIONS.*—*For the purpose of carrying out this subsection, there is authorized to be appropriated \$25,000,000 for the period of fiscal years 2022 through 2026.*

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