

Suspend the Rules and Pass the Bill, H.R. 3490, With an Amendment

(The amendment strikes all after the enacting clause and inserts a new text)

119TH CONGRESS
1ST SESSION

H. R. 3490

To require the Government Accountability Office to produce a report on esophageal cancer, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 19, 2025

Mr. CONNOLLY (for himself and Mr. COMER) introduced the following bill; which was referred to the Committee on Oversight and Government Reform

A BILL

To require the Government Accountability Office to produce a report on esophageal cancer, 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 “Gerald E. Connolly
5 Esophageal Cancer Awareness Act of 2025”.

6 **SEC. 2. FINDINGS.**

7 Congress finds that—

1 (1) esophageal cancer is the fastest increasing
2 cancer among American men;

3 (2) esophageal cancer is one of the fastest
4 growing cancer diagnoses among all Americans, in-
5 creasing more than 700 percent in recent decades;

6 (3) esophageal cancer kills 1 American every 36
7 minutes every day;

8 (4) esophageal cancer is among the deadliest of
9 cancers, with only about 1 in 5 patients surviving 5
10 years;

11 (5) esophageal cancer has tripled in incidence
12 among younger Americans in recent decades;

13 (6) esophageal cancer has low survival rates be-
14 cause it is usually discovered at advanced stages
15 when treatment outcomes are poor;

16 (7) raising awareness about esophageal cancer
17 empowers individuals to seek preventive care, recog-
18 nize symptoms, and pursue early detection strate-
19 gies;

20 (8) survivors, caregivers, medical professionals,
21 and researchers have made tremendous strides in
22 advancing treatment options and improving the
23 quality of life for those affected by the disease;

24 (9) esophageal cancer can be prevented through
25 early detection of its precursor, Barrett's esophagus,

1 which can be eliminated with curative outpatient
2 techniques;

3 (10) research indicates that patients diagnosed
4 with early-stage esophageal cancer have a signifi-
5 cantly higher 5-year survival rate (as high as 49 per-
6 cent) compared to those diagnosed at later stages,
7 underscoring the critical need for enhanced screen-
8 ing and awareness; and

9 (11) as of December 2022, the American Gas-
10 troenterological Association recommends screening
11 with a standard upper endoscopy in individuals with
12 3 or more established risk factors for Barrett’s
13 Esophagus and esophageal adenocarcinoma, includ-
14 ing—

15 (A) male sex;

16 (B) non-Hispanic white ethnicity;

17 (C) age of 50 years or older;

18 (D) a history of smoking, chronic gastro-
19 intestinal reflux disease, or obesity; and

20 (E) a family history of Barrett’s Esoph-
21 agus or esophageal adenocarcinoma.

22 **SEC. 3. GAO REPORT.**

23 Not later than 1 year after the date of the enactment
24 of this Act, the Comptroller General of the United States

1 shall submit a report to Congress that includes an evalua-
2 tion of—

3 (1) the total impact of esophageal cancer-re-
4 lated health care spending under the Federal Em-
5 ployee Health Benefits Program for Federal employ-
6 ees and retirees diagnosed with esophageal cancer;
7 and

8 (2) how often individuals covered under the
9 Federal Employees Health Benefits Program with
10 medical records indicating such individuals are high-
11 risk for esophageal cancer undergo screening accord-
12 ing to the established guidelines.